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## Review

# Guidelines for treatment of chronic primary angle-closure glaucoma<sup>☆</sup>



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## ABSTRACT

**Objective:** To present a clinical practice guideline update on the medical, laser, and surgical treatment of primary angle closure glaucoma (PACG) in adults.

**Methods:** Following the formulation of key questions using the PICO scheme (Patient/Problem, Intervention, Comparison, Outcome), a systematic review was performed on the literature published to date, including international clinical practice guidelines. The AMSTAR and Risk of Bias tools were used for evaluating the quality of the information. The level of evidence and grade of recommendation were established following the Scottish Intercollegiate Guidelines Network (SIGN) system.

**Results:** Following the above methodology, recommendations of medical, laser and surgical treatment in adult PACG and levels of evidence are presented.

**Conclusions:** Although the level of scientific evidence for many of the questions raised is not very high, a review is presented on updated treatment recommendations for adult PACG. The limitations for the implementation of these recommendations is include two criteria: (a) most studies have been conducted in Asian populations, and (b) the effectiveness is

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measured almost exclusively in terms of reducing intraocular pressure, but limitations do not include visual function, quality of life or cost-effectiveness parameters.

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## Guía terapéutica del glaucoma crónico por cierre angular primario

### R E S U M E N

#### Palabras clave:

Glaucoma  
Ángulo cerrado  
Guía práctica clínica  
Tratamiento del glaucoma

**Objetivo:** Realización de una guía de práctica clínica actualizada sobre el tratamiento médico, láser y quirúrgico del glaucoma por cierre angular primario (GCAP) en el adulto.

**Métodos:** Tras la formulación de preguntas clave utilizando el esquema PICO (Paciente/Problema, Intervención, Comparación, Outcome/Resultado), se realiza una revisión de la literatura publicada hasta el momento, incluyendo guías de práctica clínica internacionales, utilizándose las herramientas AMSTAR y «Risk of Bias» para la evaluación de la calidad de la información. El nivel de evidencia y la elaboración del grado de recomendación se establecieron siguiendo el sistema *Scottish Intercollegiate Guidelines Network* (SIGN).

**Resultados:** Siguiendo la metodología expuesta, se presentan recomendaciones de tratamiento médico, láser y quirúrgico en el GCAP del adulto y los niveles de evidencia.

**Conclusiones:** Aunque el nivel de evidencia científica para muchas de las preguntas planteadas no es muy alto, se presenta una revisión actualizada de las recomendaciones terapéuticas en el GCAP del adulto. Entre las limitaciones para la aplicación de estas recomendaciones se encuentra que la mayoría de los estudios han sido realizados en población de origen asiático, y que la eficacia se mide casi exclusivamente en términos de reducción de tensión ocular y no en parámetros de función visual, calidad de vida o coste-efectividad.

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## Scope and objectives

### Clinical need for this clinical guide

Glaucoma is one of the main causes of blindness in the world. Data from Asia indicate that open angle primary glaucoma (OAPG) accounts for 75% of glaucoma cases and that primary angle closure glaucoma (PACG) would account for a fourth part. However the severity of the latter is greater, which means that the number of patients who lose their eyesight is similar in both types of glaucoma.<sup>1,2</sup> The probability that a patient with PACG will become blind is 4% at 5 years,<sup>3</sup> making early diagnostic and treatment an imperative need.

From the therapeutic viewpoint, we are faced with a broad range of options: isolated or combined topical and systemic antiglaucoma drugs for treating glaucoma generally and closed angle glaucoma particularly. In addition, a number of laser or surgical procedures can be applied including the suggestion of cataract surgery for reducing intraocular pressure (IOP), halting or slowing down vision loss or acting on etiopathogeny mechanisms.

However, the variability of this entity in clinical practice is very large as can be seen by the dissimilar conclusions and uncertainties expressed in publications. Most of our knowledge is based on information on IOP reduction but does not

adequately cover other aspects such as preservation of vision or cost-effectiveness. In addition, a large part of published studies have been carried out on Asian populations, which means that the conclusions cannot be directly extrapolated to Caucasian populations.

Accordingly, the development of a therapeutic guide for PACG seems entirely justified and in both the Glaucoma Society of Spain [*Sociedad Española de Glaucoma* (SEG)] and the Glaucoma Research Group of RETICS RD12/0034 on ocular diseases "Prevention, early detection and treatment of degenerative and chronic prevalent ocular pathology" (OFTARED) have promoted and supported the development of this clinical practice guide (CPG), in which glaucoma experts of both organizations have taken part.

### Population

#### Groups included in the guide

This guide comprises adults over 18 years of age with a diagnostic of chronic primary angle closure glaucoma (CPACG), associated or not to lens opacity. In order to comprise the entire range of the disease, the study has also included subtypes with suspected primary angle closure (SPAC) and primary angle closure (PAC).

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