

## Primary Open-Angle Glaucoma (POAG - Chronic)

The most common form of glaucoma is chronic or primary open-angle glaucoma (POAG) and is characterized by a slow increase in intraocular pressure (IOP) without symptoms of pain or pressure.



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### Mechanism

#### Flow of Aqueous Humor Slowed

##### [Water from Eye-fountain Slowed](#)

This reduced outflow or stoppage of aqueous humor by obstruction leads to a slow increase in IOP. Due to a decreased trabecular meshwork, drainage channels will clog, thus increasing intraocular pressure. Ultimately, there will be damage to the optic nerve and eventual blindness.

### Signs and Symptoms

#### Slow Onset

##### [Snail On-switch](#)

POAG has a slow onset unlike its counterpart primary angle-closure glaucoma (PACG) which has a rapid onset. The patient may not notice the gradual visual field loss until peripheral vision has been largely compromised.

#### No Pain

##### [No Pain-sign](#)

The patient does not experience any pain in POAG.

#### Tunnel Vision

##### [Tunnel View](#)

Untreated glaucoma leads to tunnel vision, which is the loss of peripheral vision and only a small center visual area field can be seen.

#### IOP 22-32mm Hg

##### [Eye-squeezing \(2\)\(2\) Tutus to \(3\) Tree \(2\) Tutu](#)

The normal range for IOP is between 10 to 21 mm Hg, but those with open-angle glaucoma typically have an elevated IOP reading between 22 to 32 mm Hg.

### Considerations

## Drug Therapy

### Med-bottle

While drugs do not cure glaucoma, they can help control symptoms. Several options exist including miotics, beta adrenergic blockers, alpha adrenergic agonists, and systemic carbonic anhydrase inhibitors.