Clinicians tend to underestimate the problem of patient noncompliance and its role in glaucoma progression, said Steven L. Mansberger, MD, MPH, at the 2006 glaucoma subspecialty day meeting of the American Academy of Ophthalmology.

"Some experts estimate that about 10 per cent of glaucomatous visual field loss is related to noncompliance. So, don’t ignore it. After controlling IOP, treating noncompliance may be the most amenable factor available to clinicians for decreasing the risk of glaucoma blindness in our patients," noted Dr. Mansberger, Devers Eye Institute, Portland, Oregon.

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Dr. Mansberger defined noncompliance as failure to use medications as directed. That description encompasses patients who do not use their prescribed treatment every day or at designated times, as well as those who are using too many drops or are missing the eye upon instillation.

Dr. Mansberger reported evidence that noncompliance is widespread among glaucoma patients and provided some suggestions for determining whether it exists and how to counteract it.

Although many clinicians might expect problems with noncompliance to persist only to patients of other physicians, results from various studies suggest it is a problem within all practices. Dr. Mansberger told attendees that in a study he is now conducting with Christopher Girkin MD, using the new Travatan dosing aid (Alcon) to investigate compliance among 50 patients, the results showed about 40 per cent of patients were not using their drops at least 90 per cent of the time. Findings from another study using a pharmacy record database to examine over 4,000 new medication starts showed that at six months, only 50 per cent of the patients were still on their treatment.

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The very act of asking patients about compliance likely has some value for getting patients to think using their medication as directed. However, they also need to be educated about the benefit of treatment for preventing vision loss and even blindness.

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Building a partnership with the patient is helpful as well. Engaging in some social conversation is useful in that regard. In addition, seeking patient input on treatment preferences and meeting those desires whenever possible can help to achieve “buy in” from the patient in the disease management and at the same time decrease barriers by selecting an administration time that will be convenient for the patient’s schedule. Providing positive feedback on disease status can also encourage compliance.

"Telling patients their IOP is well controlled with current treatment, that they are doing great, or that they have stable vision can help motivate good compliance, and bringing family and friends into the room during the counselling can have a benefit for creating a larger team effort," Dr. Mansberger said.

Keeping the treatment as simple as possible is another way to minimise obstacles to compliance. There is ample evidence that once-a-day dosing enhances compliance and limiting the number of medications used is also a factor.

Monotherapy is best. Fixed combination therapy may be a good option when more than one agent is needed, and three medications should be considered the maximum.

For patients who have demonstrated difficulty with compliance, increasing the frequency of visits may be tried based on findings from compliance monitoring studies showing that medication use tends to improve right before a physician office visit.

"The patient may still be noncompliant, but at least this strategy can shorten the duration of the noncompliance interval," Dr. Mansberger said.