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Lowering IOP With Medical Therapy in Patients With Glaucoma: Concomitant Treatment of Glaucoma

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Concomitant Treatment of Glaucoma

Three classes of drugs, topical beta-blockers, topical carbonic anhydrase inhibitors (CAIs), and alpha-agonists, are used concomitantly as second-line treatment or as an alternative if prostaglandins are insufficiently effective or poorly tolerated. With so many alternatives, the optimal sequencing of therapy is less obvious than ever before. Indeed, when the first prostaglandin was approved, it was not approved for initial monotherapy. As a result, a number of well-designed studies[20,21] demonstrated the additivity of prostaglandins to patients already on monotherapy (most commonly a beta-blocker). Unfortunately, the converse is not true: There are few well-designed and sufficiently powered studies in regard to the efficacy of adding other medications to patients who are already on a prostaglandin. In fact, no clear consensus or body of evidence exists to favor one class of drugs over another as second-line therapy. The challenge then for practitioners is to keep medical therapy reasonable and understand that additional therapy does not always result in added efficacy, but will result in additional cost and possible adverse effects. A good general principle is to use the least amount of medication necessary to achieve the desired IOP reduction. Sometimes this approach will mean switching drugs rather than adding them.

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ALLERGAN Glaucoma

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