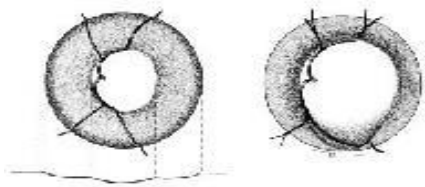
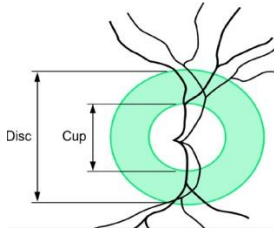


## Glaucoma Suspect

- The most common reason for being given a diagnosis of “glaucoma suspect” is that one or both of your optic nerves look as though there are changes associated with early glaucoma
- The optic nerve is described by the “cup-to-disc ratio.” In glaucoma, the cup expands because the surrounding nerve tissue is damaged and then lost



The nerve on the left is normal, the right has glaucoma

- Some patients are considered suspects because they have a large cup-to-disc ratio, a difference in the cup-to-disc ratio between eyes, or a thin area on the optic nerve that suggests glaucoma
- Whether a glaucoma suspect is treated or just monitored is decided on an individual basis
- Whether treated or not, glaucoma suspects are followed by optic nerve imaging and visual field testing

Other reasons to be called “glaucoma suspect:”

- having a blood relative with glaucoma damage
- having optic nerve imaging or visual field findings on the border between glaucoma and normal
- African-American or Latino ethnicity
- being myopic (near-sighted)
- having a thin cornea
- having conditions called exfoliation or pigment dispersion that increase the risk of developing high IOP
- having “narrow angles”
- having a broken blood vessel on the optic nerve called a “disc hemorrhage”
- some patients with high IOP may be classified as either a glaucoma suspect or ocular hypertension