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The Bhaktapur Glaucoma Study was designed especially to determine the prevalence of glaucoma in one of the districts of Nepal within Kathmandu valley. It is the first study in Nepal to report the prevalence of glaucoma based on the International Society for Geographic and Epidemiological Ophthalmology criteria and is therefore comparable to other studies from the world that follows the same criteria.

The overall prevalence of glaucoma was 1.9% among subjects forty years and above. Primary - open angle glaucoma was the most common form of glaucoma, although the visual morbidity from primary angle - closure glaucoma was higher. There was an increase in the prevalence of glaucoma with increase in age but no significant difference was seen in gender. Primary –angle closure glaucoma was however three fold more common among females than males. The shorter axial length in females with primary angle – closure glaucoma than males could be one of the factors responsible for this condition to be more commonly seen among females. Subjects with primary angle – closure glaucoma were also older in age, which could be related to the thickening of the lens associated with increase in age. A large majority of subjects with primary - open angle glaucoma had not been previously diagnosed and most of them had Normal Tension Glaucoma. A positive association between intraocular pressure with central corneal thickness reinforces the fact that central corneal thickness can influence recordings of intraocular pressure while using applanation tonometry, thus suggesting that central corneal thickness should be measured in subjects with glaucoma in this population.

The prevalence of visual impairment was low. The prevalence of blindness at presentation was 0.73 % among subjects forty years and above. Visual impairment had a positive association with increasing age and at presentation was significantly higher among females but after best correction there was no difference. Literacy had no direct association with visual impairment. Cataract was the principle cause of visual impairment followed by uncorrected refractive error. The high cataract surgical coverage suggests that cataract intervention programs have been successful in Bhaktapur although the visual outcome after cataract surgery did not meet the standards proposed by World Health Organization. The correction of refractive errors, preoperative screening of coincidental diseases, reduction in the surgical complication rates and monitoring of postoperative follow up care has to be addressed seriously in order to improve the outcome of cataract surgery.

Awareness and knowledge of cataract and glaucoma was very poor in this population. In the future, eye care programs have to focus their activities towards promoting health education and creating awareness of common eye diseases to reduce of visual impairment and blindness in Bhaktapur district.