

Glaucoma medications may be associated with reduced risk of death over 4-year period

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Glaucoma patients who take medication for the condition appear to have a reduced likelihood of death, according to a report in the February issue of *Archives of Ophthalmology*.

Glaucoma (a common condition that consists of elevated pressure in the eye, and that can lead to loss of vision) usually affects [older adults](#), who are at risk for co-existing medical conditions that can negatively affect their survival, according to background information in the article. "In recent years, numerous studies have assessed whether [glaucoma](#) is associated with mortality," the authors write. "Few studies, however, have considered whether the medications commonly used to treat glaucoma may affect the association between glaucoma and death."

Joshua D. Stein, M.D., M.S., and colleagues at the University of Michigan, Ann Arbor, conducted a study evaluating the relationship between glaucoma medication use and death in 21,506 individuals age 40 or older (average age 60) with glaucoma or suspected glaucoma from January 2003 to December 2007 who were enrolled in a large managed care network. Glaucoma medication use was defined as filling one or more prescriptions for a 30-day or more supply of the drug during the study period. Deaths were reported by family members, employers or health care professionals and other demographic information was noted at the beginning of the study.

More than half of the patients had suspected glaucoma, the others had one or more types of glaucoma. "During the study period, 6,049

beneficiaries (28.1 percent) filled one or more prescriptions for a glaucoma medication; 2,021 individuals (9.4 percent) underwent glaucoma surgery," the authors write.

Of the 21,506 patients, 237 (1.1 percent) died during the study. When compared to those with no glaucoma medication use, those using any class of glaucoma medication had a 74 percent reduced risk of death. "This association was observed for use of a single agent alone, such as a topical beta-antagonist or a prostaglandin analogue, and for use of different combinations of drug classes," the authors write.

"Additional studies are needed to determine whether this result is best explained by a protective effect of the medications themselves or by other confounding factors, such as access to care or providers' prescribing patterns," the authors conclude. "Future investigations should explore this association further because these findings may have important clinical implications."

More information: Arch Ophthalmol. 2010;128[2]:235-240.

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