**Primary Angle Closure Suspects Referral Guidance**

|  |  |
| --- | --- |
| **To** | All community optometrists in the Norfolk & Waveney Area |
| **From** | NNUH, JPH, QEH |
| **Date** | 04/08/2022 |
| **Topic** | Changes to the management of certain patients with narrow anterior chamber angles & the consequences for local referral guidance |

The following is an extract from the document:

NNUH Referral Guidance for Community Optometrists version 18 (July 2022)

**Primary Angle Closure Suspects** (formerly ‘Narrow Anterior Chamber Angles’)

The Royal College of Ophthalmologists issued new guidance on the management of patients with narrow anterior chamber angles in June 20221.

In response, the College of Optometrists have revised their Clinical Management Guidelines accordingly2. Eyes are classified as ‘Primary Angle Closure Suspect’ (PACS) if they have a limbal AC depth less than 25% of limbal corneal thickness (or ITC confirmed on anterior segment OCT) but NO elevation of IOP. If elevated IOP is present (or PAS have been seen), the eye is classified as ‘Primary Angle Closure’ and should be referred.

Eyes with PACS should now only be referred to an ophthalmologist if at least one of the ‘PLUS’ factors in Table 1 below apply. Such eyes are described as having ‘PACS-PLUS’ status.

Referrals for eyes meeting the criteria for PACS but with neither ‘plus’ factors nor symptoms will be rejected back to the community optometrist for annual monitoring.

**Table 1. ‘PLUS’ factors which should trigger referral for cases of PACS1,2**

|  |  |
| --- | --- |
| * people with only one ‘good’ eye
* vulnerable adults who may not report ocular or vision symptoms
* family history of significant angle closure disease
* high hypermetropia (> +6.00 dioptres)
* diabetes or another condition necessitating regular pupil dilation
 | * those using antidepressants or medication with an anticholinergic action (see <http://www.acbcalc.com/> for details of drugs with anticholinergic properties)
* people living in remote locations where rapid access to emergency ophthalmic care is not possible.
 |

**Important: As a local variation to the RCOphth guidance, NNUH, JPH & QEH will also accept referrals for PACS where the patient has symptoms consistent with primary angle closure (e.g. aching pain in or above the eye, intermittent blurring, rainbow haloes around lights, etc).**

**References**

1. Royal College of Ophthalmologists Guideline on the Management of Angle Closure Glaucoma 24/06/2022 [www.rcophth.ac.uk/resources-listing/management-of-angle-closure-glaucoma-guideline/](http://www.rcophth.ac.uk/resources-listing/management-of-angle-closure-glaucoma-guideline/) [Accessed 12/07/2022]
2. College of Optometrists Clinical Management Guidelines on Primary Angle Closure / Primary Angle Closure Glaucoma. Updated 27/06/2022:

[www.college-optometrists.org/clinical-guidance/clinical-management-guidelines/primaryangleclosure\_primaryangleclosureglaucoma\_pa](http://www.college-optometrists.org/clinical-guidance/clinical-management-guidelines/primaryangleclosure_primaryangleclosureglaucoma_pa) [Accessed 12/07/2022]

**Abbreviations**

NNUH Norfolk & Norwich University Hospital NHS Foundation Trust

JPH James Paget University Hospital NHS Foundation Trust

QEH Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust

PAS Peripheral Anterior Synechia

OCT Optical Coherence Tomography

|  |  |
| --- | --- |
| **Author** | Dr Dan Rosser, Principal Optometrist, NNUH |
| **Supported by** | Prof David Broadway, Consultant Ophthalmologist, NNUHMr Stephen Byard, Consultant Ophthalmologist, QEHMr Tom Eke, Consultant Ophthalmologist, NNUHMr Nuwan Niyadurupola, Consultant Ophthalmologist, NNUHMr Avinash Prabhu, Consultant Ophthalmologist, JPH |