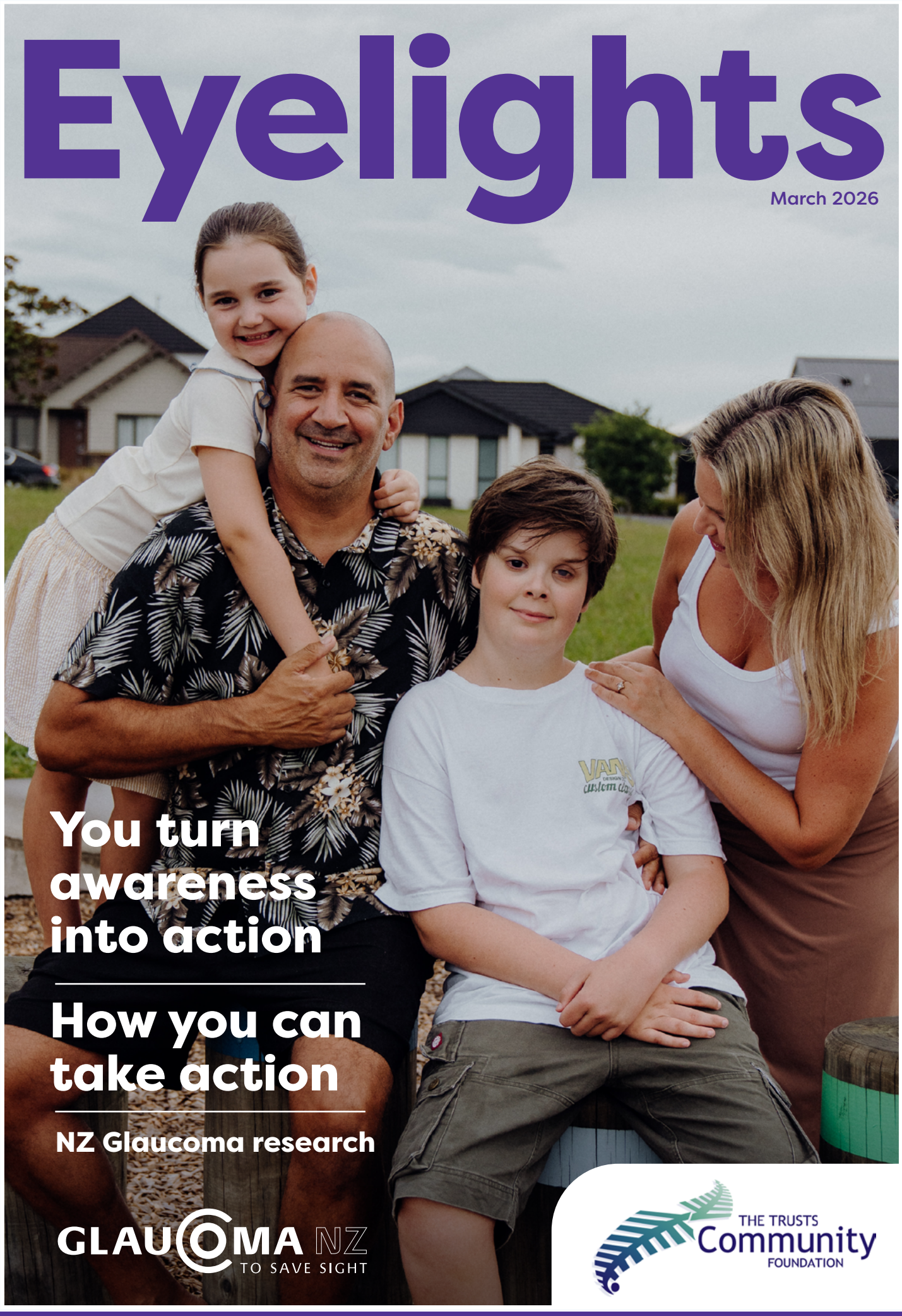
Eyelights

March 2026



You turn awareness into action

How you can take action

NZ Glaucoma research

GLAUCOMA NZ
TO SAVE SIGHT

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You help turn awareness into action

Welcome to this edition of *Eyelights* and thank you for being part of the Glaucoma NZ community.

This issue reflects what it means to be supported when facing glaucoma, and the many ways that support comes to life. Leo's story reminds us that it's okay to feel scared or overwhelmed, and that glaucoma does not take away who you are. With the right people and services around you, you can still lead a fulfilling life.

I hope the stories in this issue show that effective awareness leads to meaningful action. You'll hear from volunteers Ross and Ruth, who turn awareness into action by giving their time, starting conversations, and helping others take eye health seriously. Miles shares a personal reflection on living with glaucoma in a newly created video. Our Glaucoma NZ Trust Chair, Professor Dame Helen Danesh-Meyer, also shares research insights that show why early detection and staying connected to care matter.

Thank you to the trusts and foundations that support our work, and thank you to you, our members. Through volunteering, sharing experiences, and staying engaged, you help turn awareness into action.

Warm regards,

Pippa

Could Leo's way of seeing help you?

Lived experience to awareness and action

"Nothing will stop you from being you."

Leo says it plainly, like it's a fact. It's something he knows.

At just 12 years old, he's wise beyond his years.

He sits on his living room couch, chatting away with infectious positivity. It's hard to believe he had eye surgery just the day before.

Leo was born with congenital glaucoma. He has lost count of the eye surgeries he's had; it's well over 50 now. Eye drops, hundreds of hospital visits, and days off school are part of his world. But when Leo talks about his life, that's not where he begins...

He starts with details. The practical stuff.

For his most recent procedure, Leo didn't have to undergo general anaesthetic. He sat on a chair in his specialist's office like a champ.

He explains how the needle works. "But don't worry", he says, reassuringly. "The local anaesthetic makes everything numb so it doesn't hurt, even though you can still feel the pressure". He talks about the gowns that never feel comfortable, and the moment when fear feels worse before anything happens.

"The closer you get to it, the more it builds," he says. "That's the worst part of it, then it's over very quickly."

Leo is very analytical when describing the difference.

"Fear is being scared of something that's happening," Leo explains. "Dread is the feeling when something will happen, and you're not ready for it."

Then he shares something that feels important: "You can't just do it," he says. "That can suppress your emotions."

Listening to Leo, trust matters. It grows when things are explained, when questions are answered, and when health professionals take the time to help him understand what's happening.

"You have to trust your doctor," Leo says. "Compassion and empathy really matter."

That trust helps the operating theatre feel less frightening when dread builds.

What also helps is visualising what comes after.

"I picture that when the surgery's over, my eyesight will be better", he says.

And he doesn't face it alone. There are loved ones around him, like his mum, dad, and stepdad. He also has his little sister, Dot, and his Russian blue cat, Bella. Their presence helps steady him during hard times.

Leo is still battling to preserve the sight he has left, while remaining positive and optimistic about the future.

For Leo, being himself means doing what he loves.

Leo expresses himself with music. He loves to sing and writes his own music. Leo lives for being on stage performing, whether it's acting, singing or comedy. Anything to make people laugh or entertain them.

"I just want to bring people happiness," he says.

Glaucoma is part of Leo's life. It isn't the centre of it.

Leo also talks openly about glaucoma, helping others understand what it's like to live with it. Last year, he ran a simple awareness activity at school. His classmates wore glaucoma simulation glasses and were challenged to complete a short colouring task.

"It wasn't about colouring within the lines perfectly. It was about noticing what changed when your sight was taken away".

"I wanted people to understand how much you need your eyes," Leo says.

"Nothing will stop you from being you." - Leo, 12.

For Leo, awareness is personal. And it's shared. It's how lived experience becomes something that helps other people feel less alone.

Leo's story isn't about pushing through or being brave for the sake of it. It's about letting yourself feel what's hard, trusting the people caring for you, and holding on to who you are along the way.

Because nothing about glaucoma takes away your right to be yourself.

This is where Glaucoma NZ comes in.

- By supporting Glaucoma NZ, you help ensure people affected by glaucoma have access to trusted information, support, and a community that understands what they're facing. You help turn lived experience into awareness and awareness into action.
- Donate to Glaucoma NZ to encourage early eye checks, support families, and help ensure no one faces glaucoma alone.

How you can take action, **one conversation at a time**

Ruth never set out to be a spokesperson. “I’m not somebody who would push myself forward,” she says. But over the past year, Ruth and her husband Ross have stepped into something new.

At community health events across the Wellington region, they spoke with people about glaucoma, answered questions, and shared information to help others understand the condition and take it seriously.

Ross was diagnosed with glaucoma around 18 years ago following a retinal detachment and cataracts. Ruth’s glaucoma diagnosis came later, picked up during a routine optometrist visit. “You don’t know when it starts,” Ruth says. “You don’t realise you’ve lost a little bit of vision.”

When Glaucoma NZ asked if they would help staff a stand at a local health event, they said yes. “They asked Ross how he’d feel about going,” Ruth recalls. “And that I’d go with him. So, I thought, well... all right then.”

At the stand, Ross and Ruth use glaucoma simulation glasses to help people understand what vision loss can look like. “That’s when it clicks,” Ruth says. “People say, ‘Oh my goodness.’”

By the time of their second event in Porirua, Ruth felt more confident talking to people herself. “At the first one, I let Ross do most of the talking,” she says. “By the second, I felt comfortable stepping in.”

For Ruth, volunteering is about helping people feel less alone and more informed. “When you meet someone else who has glaucoma,” she says, “you realise you’re not the only one.”

“As a group,” Ruth says, “we need to be out there.” She says, sometimes it starts with thinking: “Yes... I could do that.”

Phone 0800 452 826 or email info@glaucoma.org.nz to volunteer with raising awareness.

Miles: finding a way forward

After his glaucoma diagnosis, Miles faced the disappointment of realising that some things in his life might need to change. Rather than staying stuck, he made a decision to focus on what was still possible and how to live fully and meaningfully with glaucoma. Miles has shared his experience in a short video created for Glaucoma Awareness Month 2026. Watch it at glaucoma.org.nz/watchmiles

Special thanks to our 2026 Fundraising Partners: Auckland Eye, Eye Institute NZ, Matthews Eyecare, OPSM and Specsavers.

Glaucoma in Aotearoa New Zealand

By Professor Dame Helen V Danesh-Meyer

Glaucoma is common, quiet, and unforgiving when we miss it. For New Zealand eye care providers that means two jobs: find it earlier and keep people in care. Below is a clinician-facing synthesis of New Zealand prevalence/prescribing data, what's changing in our armentarium of treatment, why preservative-free access lags, and how Glaucoma New Zealand (GNZ) is moving the needle—plus what we can hard-wire into practice.

How common is glaucoma - really?

New Zealand has no national glaucoma registry, so the best proxy comes from community dispensing of publicly funded glaucoma medicines (2012–2021). Dr Shi and Professor McKelvie presented their research findings at the RANZCO Branch meeting in May 2025[1]: over the decade, treated prevalence rose from 0.90% to 0.98%—a 25.9% increase in unique NHIs treated—with more than three million prescriptions dispensed. Yet treated prevalence always undercounts the true burden: many people remain undiagnosed or are monitored but not yet medicated. International studies show that over half of glaucoma cases—often 50–60%—go undetected, and Glaucoma NZ estimates that around 100,000 New Zealanders currently have glaucoma, with at least 50,000 unaware they have it. If we extrapolate global figures to our population of 5.3 million, between 20,000 and 60,000 people in New Zealand likely have undiagnosed glaucoma. Europeans are most likely to be treated, while Māori and Pasifika are markedly under-represented. The age distribution of glaucoma ensures that caseloads will only rise through the 2030s—making earlier diagnosis and equitable access to care a pressing priority.

Changing shelves, shifting choices

In 2006, a RANZCO survey showed New Zealand ophthalmologists still favoured beta-blockers as first-line therapy because of cost and funding restrictions on prostaglandin analogues (PGAs)—despite more than 95% indicating they would choose a PGA first-line if restrictions were lifted [2,3]. Fast-forward to 2012–2021: latanoprost emerged as the most commonly prescribed glaucoma medication, followed by timolol and bimatoprost. Brinzolamide, brimonidine, and fixed combinations such as dorzolamide/timolol and brimonidine/timolol were also widely used.1 In contrast, older agents including travoprost, betaxolol, pilocarpine, and dorzolamide steadily declined over the decade. Most drugs peaked in prescribing volume during 2020, a pattern likely influenced by pandemic-related stockpiling. Today, practice in New Zealand is effectively prostaglandin-first, with latanoprost dominant and timolol still heavily used in selected contexts.[1-3]

The New Zealand glaucoma formulary is in flux. Some drugs are no longer available: Betaxolol (Betoptic/Betoptic S) has now been discontinued—PHARMAC confirmed that the final stock was distributed in June 2025, forcing every patient still on this agent to switch therapy.[4] Dorzolamide monotherapy has also disappeared from the October 2025 community schedule, though the dorzolamide/timolol fixed combination (Dortimopt) remains funded alongside brinzolamide, timolol, brimonidine and the main prostaglandin analogues.[5,6]

The bigger frustration for both clinicians and patients is preservative-free (PF) glaucoma drops. Despite well-established arguments around adherence and ocular surface health, most PF formulations remain unfunded in New Zealand. Glaucoma NZ lists the options—bimatoprost PF, Ganfort PF, and timolol PF—but these are available only through

private purchase.[7] While Medsafe has approved PF fixed combinations such as Vizo-PF Dorzolatim (dorzolamide/timolol PF), these too are absent from the community schedule, meaning patients face either out-of-pocket costs or hospital-only access.[7,8] The lack of funded preservative-free glaucoma drops introduces a clear inequity in glaucoma management: patients intolerant of preservatives or with fragile ocular surfaces are forced to pay privately or compromise with less tolerable funded options.

Selective laser trabeculoplasty (SLT) is now a genuine first-line option for open-angle glaucoma and ocular hypertension. The LiGHT trial showed SLT matches drops for initial IOP control, with better cost-effectiveness and lower long-term progression and surgery rates.[9] Both the European Glaucoma Society and the AAO now endorse SLT as appropriate first-line therapy, especially where adherence, side-effects, or preservative exposure are concerns.[10,11]

Minimally invasive glaucoma surgeries (MIGS) such as iStent and Preserflo microshunt are also reshaping the treatment landscape. Positioned between drops/SLT and traditional surgery, MIGS offer modest pressure reduction with faster recovery and a safer risk profile. For selected patients—particularly those needing cataract surgery or struggling with drops—MIGS can provide durable control while preserving quality of life.

Management problems we can actually fix

Late detection is common; adherence is fragile; equity is uneven. Those problems are ours to solve. Adherence remains a stubborn challenge in glaucoma care. Glaucoma NZ's 2024 synthesis, drawing on a national patient telephone survey mapped against the WHO framework, found striking gaps: two-thirds of patients could not name their glaucoma subtype, one in four wanted help with drop instillation technique or devices, and many described system-level frictions such as difficulties accessing appointments.[12] The interventions that made a difference were simple but effective—tailored education, direct phone contact, reminder systems, and streamlined regimens. Equity concerns compound these issues: dispensing data show Māori and Pasifika are significantly under-represented in glaucoma prescribing relative to their population share, pointing to access and retention gaps that warrant active monitoring and correction in our own clinics.[1]

Uniting Forces for Glaucoma Patients

If glaucoma is to be managed effectively in New Zealand, ophthalmology and optometry must work in much closer partnership. The legal scope for optometrists has steadily expanded—diagnostic agents since 1996, therapeutic prescribing since 2004, and, with the 2005 Medicines Regulations, full authority to prescribe within scope, including glaucoma medical management with additional accreditation.[13] Despite this, between 2012 and 2021 optometrists authored only ~1.4% of publicly funded glaucoma prescriptions, compared with 97% by doctors. This gap does not reflect a lack of capability. Optometry clinics in New Zealand are now exceptionally well equipped, with widespread access to OCT and visual fields, and never before have optometrists been so skilled in glaucoma diagnosis and care.

The imbalance arises from structural barriers (funding models, referral pathways) and cultural ones—habits that limit shared-care. Structural barriers take time to reform, but cultural ones are ours to change. Optometry should not remain underutilised at the front line of glaucoma care, and ophthalmology must embrace closer integration. Shared-care models—where optometrists monitor stable or early glaucoma, while ophthalmologists focus on complex disease, surgical intervention, and oversight—are the only sustainable response to the rising burden of glaucoma. Building trust, clarity of referral protocols, and shared patient pathways will

be essential if we are to meet the challenge ahead.

What GNZ is doing (and how to plug in)

Glaucoma NZ plays a critical role in supporting both patients and professionals across the glaucoma journey. For patients, the national helpline (0800 GLAUCOMA), onboarding programme SiGHTWiSE and resources such as Your Eyes, and the regular Eyelights newsletter—available in both print and digital formats—help keep education and engagement "warm" between clinical visits[14]. For professionals, GNZ provides ODOB-accredited education through an online programme that earns CPD points and the interactive one-day Professional Education Symposium, both tailored to real-world optometry decision-making and invaluable for team calibration and new graduates. On the adherence front, GNZ's 2024 "lessons in drop adherence" emphasise immediately actionable strategies: teaching technique, simplifying regimens, and reinforcing with reminders and phone follow-ups. And at the advocacy level, GNZ is pushing for funded preservative-free (PF) glaucoma medications, commissioning NZ-specific evidence for PHARMAC and supplying a concise PF explainer that clinicians can use to frame discussions with patients.[14-17]

A clinic framework that makes a difference

Glaucoma care needs to be deliberate. Start case-finding early—age 40–50, sooner with family history, myopia, or steroid exposure. Careful optic nerve assessment and IOP should be part of routine exams, escalating to OCT/fields when indicated (either by clinical appearance or risk factors), and documenting a follow-up plan. Trust serial data, not single yellow or red OCT sectors in myopes, and make glaucoma progression analysis your anchor. Engineer adherence from day one: teach and check technique, simplify to once-daily, and preload reminders—SMS, apps, whānau cues—using GNZ's resources and helpline. Be upfront about preservatives and funding: explain the trade-off between funded BAK-containing drops and unfunded PF alternatives, and consider early SLT when surface disease or adherence is a problem [9]. Finally, close the equity gap deliberately: track recalls and no-shows by postcode and ethnicity, invite whānau screening, and take glaucoma to the community. The disparities are visible in dispensing data—so measure your own and improve them.

Professor Dame Helen Danesh-Meyer, Chair of Glaucoma NZ, is a globally respected eye specialist and was named Dame Companion of the Order of New Zealand in The King's 2026 New Year's Honours.

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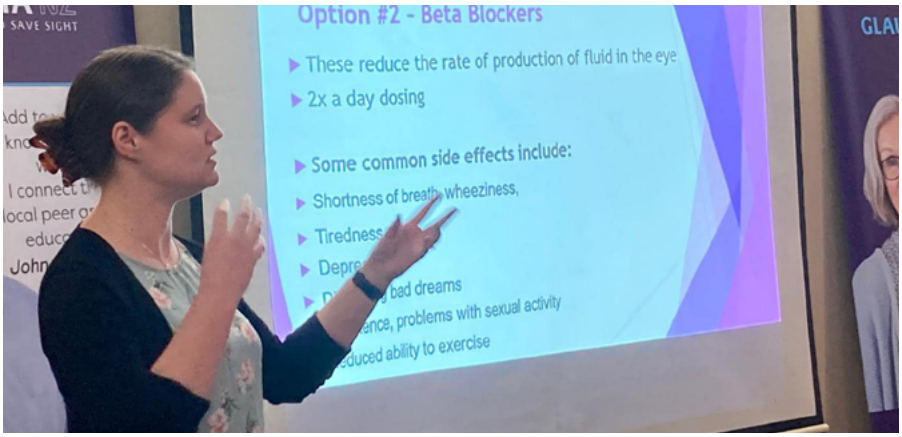
For the full list of references, go to glaucoma.org.nz/news

Love Your Eyes **glaucoma symposiums 2026**

In 2026, you're invited to join us at one of 13 Love Your Eyes patient education symposiums being held around the country. These events are designed for you to learn more about glaucoma, ask questions, and connect with others who share similar experiences.



Thanks to the generous support of the Freemasons Foundation, helping more people like you access trusted information and local support. **To book call 0800 452 826.**

South Island		
Saturday 9th May – 10am – 11:30am	Queenstown	Sudima Queenstown 5 Mile
Monday 11th May- 10am – 11:30am	Alexandra	Alexander Club Function Centre
Wed 13th May – 10am – 11:30am	Oamaru	Brydone Hotel Oamaru - Moreraki Room
Saturday 16th May – 10am – 11:30am	Christchurch	Rydges Christchurch - Savoy East
Monday 18th May – 10am – 11:30am	Blenheim	Scenic Hotel - Chart Room
Tuesday 19th May – 10am – 11:30am	Nelson	The Hotel Nelson - Kawai Room
Thursday 21st May – 10am – 11:30am	Hokitika	Hokitika Westland RSA

Northland		
Monday 22nd June – 2pm – 3:30pm	Dargarville	Lighthouse Function Centre
Tuesday 23rd June – 2pm – 3:30pm	Kaitaia	Te Ahu Community Centre - Banquet Room
Wednesday 24th June – 2pm – 3:30pm	Kerikeri	Turners Centre

Central North Island		
Thurs 10th Sept – 10am – 11:30am	New Plymouth	Devon Hotel
Friday 11th Sept – 10am – 11:30am	Palmerston North	Palmy Conference and Function Centre
Saturday 12th Sept – 10am – 11:30am	Rotorua	JetPark Hotels Rotorua - Matthews Room

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