

How to differentiate your practice and wow your patients: lessons learned through management of Pseudotumor Cerebri/Idiopathic Intracranial Hypertension

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Course Description

This course will include an interactive discussion of two patient cases and conditions that exemplify how we can differentiate our practice and wow our patients even in general optometric care. A general review of the medical condition as it relates to the ocular disease will be presented as well as a review of the ocular conditions. This course will help every OD and their team to understand how to create a practice that looks at the patient and the disease and treats the patient always considering what is in the best interest of the patient.

Learning Objectives:

1. Review a patient case and diagnosis and management of the disease
2. Learn how to create the best treatment plan for the best patient outcome
3. How to turn our knowledge into an amazing patient care experience.

Course Outline:

1. Pseudotumor Cerebri/Idiopathic Intracranial Hypertension
 - A. Subjective History with the Optometrist
 - a. History of findings
 - b. Description of symptoms
 - c. Other testing done
 - d. Timing of findings
 - B. Objective findings with the Optometrist
 - a. Visual Acuity
 - b. Pupils
 - c. Fields
 - d. IOP
 - e. Slit lamp exam
 - f. Posterior segment findings
 - C. Differential Diagnosis
 - a. Papillitis
 - b. Hypertensive Optic Neuropathy
 - c. Central Retinal Vein Occlusion
 - d. Ischemic Optic Neuropathy
 - e. Infiltration of the Optic Disc
 - f. Leber Hereditary Optic Neuropathy
 - g. Orbital optic nerve tumors
 - h. Diabetic papillopathy
 - i. Thyroid related optic neuropathy
 - j. Uveitis
 - k. Amiodarone toxicity
 - D. Ocular Disease Review
 - a. Trials done and results
 - b. Findings from Clinical trials
 - c. Changes in treatment from findings
 - d. Masqueraders

- E. Signs of Pseudotumor Cerebri

Pseudotumor Cerebri

Signs:

- Papilledema secondary to increased intracranial pressure
- Negative MRI/MRV of the brain
- Increased opening pressure on lumbar puncture with normal CSF composition

- F. Treatment of Ocular Disease
- a. In our practice education is key and verification that treatment is being followed
 - b. In neurologist office treatment is often lifestyle change first followed by oral medication and surgical intervention when needed
- G. Pearls from the Optometrist in each case
- a. When to refer and how and with what documentation
 - b. Who to refer to and how to set patient expectations
- H. Subjective History with the Internist
- I. Objective findings with the Internist
- J. Systemic Disease Review
- K. Treatment of Systemic Disease
- a. Doctors involved
 - b. Testing involved
 - c. Future follow up care required
 - d. Risk of progression
- A. Objective findings with the Internist
- B. Systemic Disease Review
- C. Treatment of Systemic Disease
- a. Epinephrine
 - b. Diphenhydramine
 - c. Corticosteroids

- d. Bronchodilator
 - e. Normal Saline
 - f. Oral antihistamines
2. Vision changes in patient with Headaches, nausea and dizziness
- A. Subjective History with the Optometrist
 - a. History of findings
 - b. Description of symptoms
 - c. Other testing done
 - d. Timing of findings
 - B. Objective findings with the Optometrist
 - a. Visual Acuity
 - b. Pupils
 - c. Fields
 - d. IOP
 - e. Slit lamp exam
 - f. Posterior segment findings
 - C. Differential Diagnosis
 - a. Intracranial hypertension
 - b. Migraines
 - c. Tension headaches
 - d. Aneurysm
 - e. Meningitis
 - f. Tumor
 - D. Disease review
 - a. CSF leak ocular findings
 - b. CSF systemic findings
 - E. Treatment of Disease
 - a. Lifestyle changes
 - b. Oral medications
 - c. Surgical intervention
 - F. Team members involved
 - a. PCP
 - b. Neurosurgery
 - c. Neurology
 - G. Patient considerations
 - a. How to set patient expectations
 - b. When to refer