What is ocular hypertension?
Ocular hypertension is when the pressure inside the eye (intraocular pressure or IOP) is higher than normal.

With ocular hypertension, the front of the eye does not drain fluid properly. This causes eye pressure to build up. Higher than normal eye pressure can cause glaucoma. Glaucoma is a disease where eye pressure damages the optic nerve, causing vision loss.

Ocular hypertension is not the same as glaucoma. With ocular hypertension, the optic nerve looks normal and there are no signs of vision loss. However, people with ocular hypertension are considered "glaucoma suspects." That means they should see their ophthalmologist regularly to be checked for glaucoma.

Ocular hypertension usually does not have any signs or symptoms. Because you can have high eye pressure and not know it, it is important to have regular eye exams with your ophthalmologist.

What causes ocular hypertension?
A clear fluid called aqueous (AY-kwee-us) humor flows inside the front of your eye. Your eye continually makes aqueous humor while an equal amount of it flows out of your eye. This keeps a constant healthy eye pressure.

If the aqueous humor does not flow out of the eye properly, pressure builds up and causes ocular hypertension. If high pressure causes damage to the optic nerve, it leads to glaucoma. Glaucoma causes vision loss.

An eye injury or certain eye diseases can cause ocular hypertension. Some medications (such as steroids) can also raise eye pressure.
Who is at risk for ocular hypertension?
Anyone can develop ocular hypertension, but some people have a higher risk for this condition. They include:

- those with family history of ocular hypertension or glaucoma
- people who have diabetes
- people over age 40
- African-Americans
- people who are very myopic (nearsighted)

How is ocular hypertension diagnosed?
Your ophthalmologist will measure the pressure in your eye. During this test, your eye is numbed with eyedrops. Your doctor uses an instrument called a tonometer to measure how your cornea resists slight pressure. This helps determine your eye pressure.

Your ophthalmologist will also check for glaucoma. They will examine your optic nerve for signs of damage, and check your side (peripheral) vision.

How is ocular hypertension treated?
It is important to lower high eye pressure before it causes vision loss or damage to the optic nerve.

Depending on your eye pressure, your ophthalmologist may decide not to start treatment right away. He or she will monitor pressure with regular testing instead.

However, your ophthalmologist may decide that you need medicine to lower your intraocular pressure. Eye-drop medicine can lower eye pressure. It is important that you follow the directions exactly for them to work.

Sometimes, your ophthalmologist may prescribe more than one medicine. They will schedule a visit within several weeks of starting the medicine to see how it is working.

Many patients with ocular hypertension may go on to develop glaucoma. If that happens, your ophthalmologist will talk with you about treatment options.

If you have any questions, be sure to ask them. Your ophthalmologist is committed to protecting your sight.
Summary

Ocular hypertension is when the pressure inside your eye is higher than normal. This can lead to glaucoma, an eye disease that causes vision loss. Ocular hypertension does not have any signs or symptoms, so it is important to see your ophthalmologist regularly.

If you have a family history of glaucoma, you may be at risk for ocular hypertension. People with diabetes or severe nearsightedness are also at higher risk. It is also more common among African-Americans and people over age 40.

Eye drop medication is often used to lower eye pressure. If ocular hypertension is left untreated, it can lead to glaucoma and vision loss.

Get more information about ocular hypertension from EyeSmart-provided by the American Academy of Ophthalmology - at aao.org/hypertension-link.