

MAR Pulmonology & Respiratory Medicine (2024) 7:2

Research Article

Effect of Inhaled Anticholinergic Drugs on Intraocular Pressure in Patients with Chronic Obstructive Pulmonary Disease Patients

Dr Amit Kumar Pandey*¹, Dr Richa Tripathi²

1. 1Department of Respiratory medicine, GSVM medical college, Kanpur

Correspondence to: Dr Amit Kumar Pandey, N9/29 J-8 janki nagar colony , patiya p.o. bazrardiha ,kakarmatta Varanasi 221002,Uttar Pradesh

Copyright.

© 2024 **Dr. Amit Kumar Pandey.** This is an open access article distributed under the Creative Commons AttributionLicense, which permits unrestricted use, distribution, and reproduction in any medium, provided the originalwork is properly cited.

Received: 29 March 2024 Published: 01 May 2024

Introduction

Nebulized Beta2 agonists and ipratropium bromide used for the treatment of COPD patients are known to cause glaucoma due to accidental instillation in eyes. Significance of anticholinergic drugs used as pressurised metered dose inhalers (pMDI) or dry powder inhalers (DPI) by patients with Chronic Obstructive Pulmonary Disease (COPD) causing raised intraocular pressure is unknown in patients with risk factors for glaucoma.

Material and Methods

Initially 126 patients were included. 6 were taking oral antihistamine cetrizine did not fulfil the protocol. 10 patients were excluded because they were not co-operating with the study protocol. There remained 110 patients on whom study was done. These 110 patients were divided into study group (70) received Ipratropium 40µg eight hourly or Tiotropium 18 µg once a day and Formoterol 6 µg twice a day plus Fluticasone 125 µg twice a day and control group (40) received above medicines minus Ipratropium or Tiotropium. All the inhalers were given as metered dose Inhaler (pMDI) with spacer device. Ophthalmic examination and Gonioscopy were done as pre-treatment. Intra ocular pressure (IOP) measurements were done by Applanation tonometer before starting treatment, and thereafter weekly for four weeks at 4.00pm every day.

Observation and Result

In study group maximum change in intraocular pressure at 28th day was +7.4 mmHg in left eye and +7.0 mmHg in right eye in one patient. In control group maximum change in intraocular pressure was 3 mmHg in right eye and 3.70 mmHg in left eye in one patient.

In study group patients, mean change in intraocular pressure was 3.25 ± 2.3 mmHg right , 3.52 ± 2.2 mmHg left ,more in grade 2 than in grade 3 which was 1.52 ± 1.5 mmHg right, 1.55 ± 1.3 mmHg left and least in grade 4 (1.37 ± 1.06 mmHg right, 1.38 ± 1.2 mmHg left) mmHg. Also the change was statistically significant (p=0.035). In control group the change was found to be almost same among different angles.

4 patients with narrow angle (grade 2) and 3 with open angle (grade 3) developed intraocular pressure (IOP) beyond normal range (>20 mmHg), but all were normal on fundoscopic examination (Ocular Hypertension). Mean change in intraocular pressure (IOP) was more in female population (2.18±1.76 right eye and 2.21±1.46 left eye) than in male population (1.60±1.71 right eye, 1.66±1.72 left eye) in study group. The change was not statistically significant. The change was almost same in control group.

In study group there were 4 patients with ocular symptoms at the end of 28^{th} day which disappeared after discontinuing Tiotropium inhaler .

Table 1: Intra Ocular Pressure Before Starting Anticholinergic Inhaler

Intraocular pressure (IOP)	Study group		Control group		
	Right eye	Left eye	Right eye	Left eye	
mmHg	No. (%)	No. (%)	No. (%)	No. (%)	
10-13	24 (34.28)	24 (34.28)	06 (15)	05 (12.5)	
13-15	29 (41.42)	31 (44.28)	17(42.5)	19 (47.5)	
15-17	09 (12.85)	09 (12.85)	13(32.5)	14 (35)	
17-19	07 (10)	06 (8.57)	04 (10)	02(5)	
More than 20	01(1.42)	01 (1.42)	00	00	
Mean IOP	13.931 ±1.968	13.931 ±2.221	13.774 ±1.540	13.689 ±1.789	

Table 2: Intraocular Pressure 28th Day After Starting Anticholinergic Inhaler

Intraocular Pressure (IOP)	Righ	t eye	Control group		
mmHg	No. (%)	No. (%)	No. (%)	No. (%)	
10-13	06	03	04	04	
	(8.57%)	(4.28%)	(10%)	(10)	
13-15	23	21	21	22	
	(32.85%)	(30%)	(52.50%)	(55%)	
15-17	30	34	11	12	
	(42.85%)	(48.57%)	(27.5%)	(30%)	
17-19	07	08	04	02	
	(10%)	(11.42%)	(10%)	(5%)	
>20	05 (7.14%)	05 (7.14%)	00	00	
Mean IOP	15.701	15.755	14.305±1.36	14.128±1	
	±2.405	±2.370	5	.709	

Table 3: Change In Intraocular Pressure (Iop) At 28th Day

Change in intraocular pressure (IOP)	Study g	group	Control group		
mmHg	Right eye	Left eye	Right eye	Left eye	
1-2	18	19	2	2	
2-3	12	14	1	1	
3-4	6	6	0	1	
>4	4	5	0	0	
TOTAL	40	44	3	4	

Table 4; Mean Change In Intraocular Pressure Among Different Angles

	Study group				Control group			
Angle of	Right eye		Left eye		Right eye		Left eye	
anterior chamber (grade)	No.of patient s	Mean change	No.of patient s	Mean change	No.of patients	Mean change	No.of patients	Mean change
2	13	3.25±2.3	11	3.52±2.2	3	0.53±0.3	3	0.56±0.8
3	38	1.52±1.5	42	1.55±1.3	21	0.54±0.7	21	0.58±0.8
4	19	1.37±1.0 6	17	1.38±1.2	16	0.48±0.6	16	0.03±0.9
TOTAL	70		70		40		40	

Table 5: Distribution Of Change In Intraocular Pressure According To Sex

Change in intraocular pressure (IOP)	Study group				Control group			
	Male (n=50)		Female (n=20)		Male (n=30)		Female (n=10)	
	Right eye	Left eye	Right eye	Left eye	Right eye	Left eye	Right eye	Left eye
Increase	44	44	17	20	27	24	10	10
Decrease	6	6	3	0	6	6	0	0

Table 6: Distribution Of Angle And Intraocular Pressure Beyond Normal At 28th Day After Inhaled Anticholinergics

<u> </u>							
Angle of anterior chamber(grade) Number of patients with intraocular pressure beyond normal(>20mmhg)		Fundoscopy					
2	4	NORMAL					
3	3	NORMAL					
4	0	NORMAL					

Table 7: Distribution Of Mean Change In Intraocular Pressure With Sex

	Study	group	Control group				
	Mean change in pressure(Mean change in intraocular pressure(mmhg)				
	Right eye Left eye		Right eye	Left eye			
MALE (n=50)	1.60±1.71	1.66±1.72	0.56±0.73	0.31±0.98			
FEMALE (n=20)	2.18±1.76	2.21±1.46	0.41±0.24	0.82±1.08			

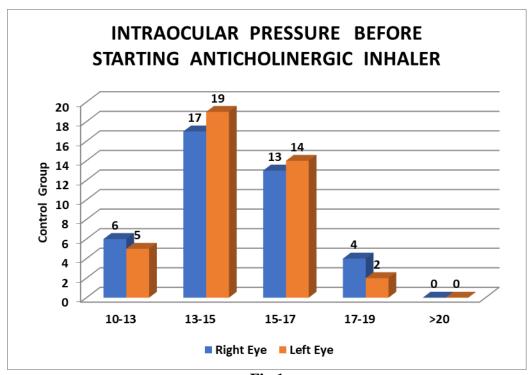


Fig 1

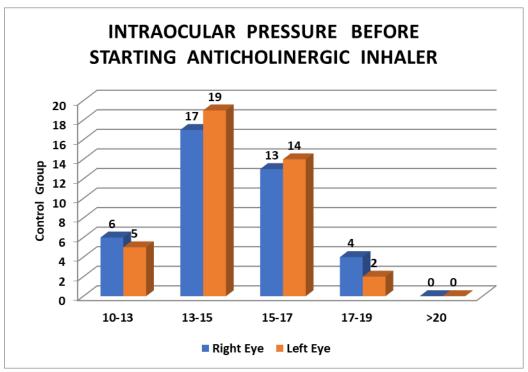


Fig 2

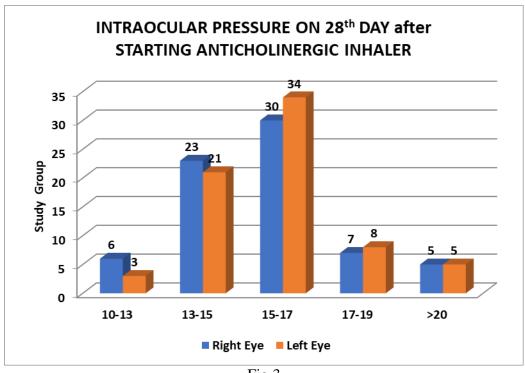


Fig 3

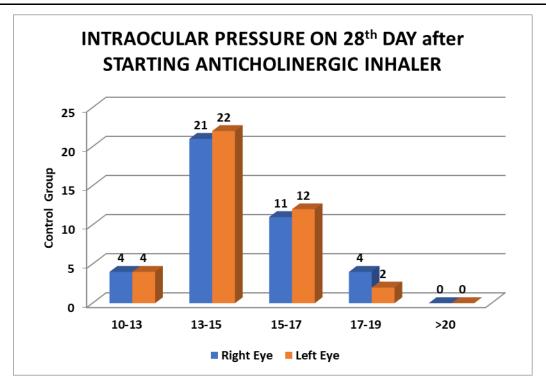


Fig 4

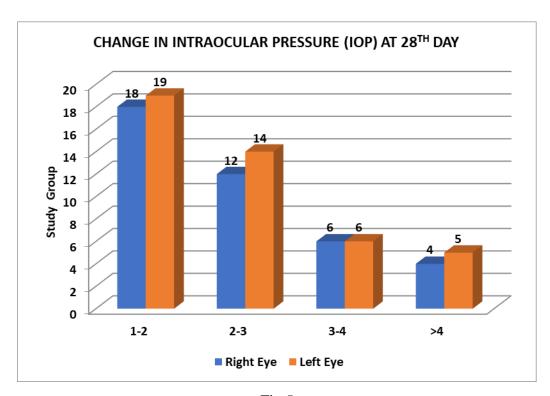


Fig 5

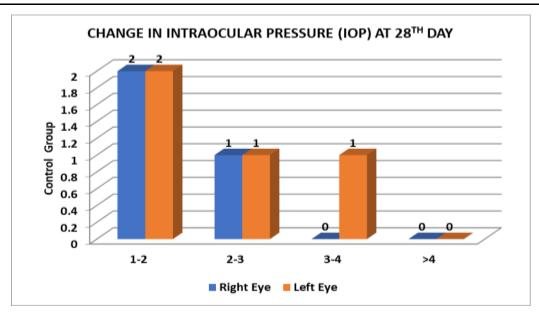


Fig 6

Conclusion

- 1. The inhaled anticholinergics (Tiotropium) once in a day given along with Formetrol and Fluticasone twice a day in COPD patients, all by Metered Dose Inhalers with spacer led to significant change (mainly increase) in intraocular pressure (IOP) after 4th week of starting treatment.
- 2. In control group where COPD patients were given only Formoterol plus Fluticasone by Metered Dose Inhalers did not lead to any significant change in intraocular pressure (IOP) after 4th week of starting treatment. Minor changes seen in some patients were within clinical therapeutic range.
- 3. Inhaled Anti-cholinergic drugs given as Metered Dose Inhalers can lead to Ocular Hypertension in COPD patients whose eyes were normal at initial clinical examination.
- 4. Increase in intraocular pressure was more in patients with narrow angle of anterior chamber in eyes than in open angle. Therefore, narrow angle of anterior chamber appeared to be a risk factor for intra ocular hypertension.
- 5. Increase in intraocular in study group was more among females (100%).

Recommendation

Initial evaluation of angle of anterior chamber and intraocular pressure and regular follow up monitoring of intraocular pressure is recommended in COPD patients receiving Tiotropium metered dose inhalers. This would possibly apply to DPIs as well.

References

- 1. Akhtar MA, Latif PA. Prevalence of chronic bronchitis in urban population of Kashmir. J Indian Med Assocl 999; 97: 365-6.
- 2. Anthonisen NR, Connett JE, Kiley JP, Altose MD, Bailey WC, Buist AS, et al. Effects of smoking intervention and the use of an inhaled anticholinergic bronchodilator on the rate of decline of FEV. TheLung health Study. JAMA 1994;272(19):1497505.
- 3. Anthonisen NR, Skeans MA, Wise RA, Manfreda J, Kanner RE, Connett JE. et al. The effects of smoking cessation intervention on 14.5 year mortality: a randomized clinical trial. Ann Intem Med 2005;142(4):2339.
- 4. Anthonisen NR, Wright EC, Hodgkin JE. Prognosis in chronic obstructive pulmonary disease. Am Rev Respir Dis 1986;133:14-20.
- 5. Augusti A, Farer R: Systemic inflammation and comorbidities in chronic obstructive pulmonary disease. Proc Am Thorac Soc. 2012; 9: 43 6.
- 6. Bestall, JC, Paul, EA, Garrod, R, et al Usefulness of the Medical Research Council (MRC) dyspnoea scale as a measure of disability in patients with chronic obstructive pulmonary disease. Thorax 999;54,581-586.
- 7. Brreintos F, Jimenez SM, Delacasa M JM, Hernandez MC. Acute angle-closure glaucoma resulting from treatment with nebulised bronchodilators. Garcia-Feijoo J 2006;81(11):657-60.
- 8. Brusasco V, Hodder B, Miraitles M, Korducki L, Towse L; Kester S.: Health outcomes following treatment for six months with once daily tiotropium compared with twice daily salnetherel in patients with COPD: Thorax 2003 May; 58(5); 399 404.
- 9. Chhabra SK, Rajpal S, Gupta R. Patterns of smoking in Delhi and comparison of chronic respiratory morbidity among beedi and cigarette smokers. Indian J Chet Dis Allied Sci 2001; 43: 19-26.
- 10. Dada T, Konkal V, Tondon R, Sihota R: Comeal toperlapin response to TOP reduction is steroid induced Glaucoma with VKC Eye 2005, 5:122-29.
- 11. Devereux, Graham (May 2006). "ABC of chronic obstructive pulmonary disease. Definition, epidemiology, and risk factors". BMJ 332 (7550): 1142–4.

