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Prospective Study

Longitudinal observation of intraocular pressure variations with acute altitude changes

Xie Y *et al.* Intraocular pressure and altitudinal changes

Yuan Xie, Yun-Xiao Sun, Ying Han, Di-Ya Yang, Yi-Quan Yang, Kai Cao,
Shu-Ning Li, Xue Li, Xin-Xin Lu, Shi-Zheng Wu, Ning-Li Wang

Abstract

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However, there was no correlation between **change** in CCT and **change** in IOP. Although **blood pressure** is known to affect IOP, **this** study failed to show any relationship between **acute changes** in BP at **altitude** and **change** in IOP. The reason for the **observed increase** in IOP may include both **changes** in CCT and exercise but a complete understanding of the mechanisms behind these **changes**

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Initial intraocular pressure (baseline), heart rate, and arterial oxygen saturation were measured after 7 min of rest under normal ambient conditions at an altitude 250 m above sea level.

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Using the human Friedenwald rigidity coefficient, the human **eye estimate** for **intraocular pressure change** was 2.1, 1.8, 1.4, and 1.1 mmHg per every 100 m of attitude rise. **Altitude changes** have a significant impact on **intraocular pressure**. The final effect depends on the percentage of vitreous cavity fill and scleral rigidity.

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Jan 01, 2018 · Background To estimate and compare **changes** in the Bruch's membrane opening —minimum rim width (BMO-MRW) and area in normal, **ocular hypertensive** and glaucoma eyes following **acute elevations** in **intraocular pressure** (IOP). Methods The optic nerve heads (ONHs) of 104 subjects (31 normals, 20 **ocular hypertension** (OHT) and 53 with primary glaucoma) were imaged ...

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an **optic neuropathy** characterized by progressive damage to the optic nerve called cupping, damage to the retinal nerve fiber layer (RNFL), and subsequent sensory damage to the **visual field**; damage usually occurs in the presence of elevated intraocular pressure

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