



Up Close

with **DANICA MARRELLI, OD, FAAO**

WHAT SPARKED YOUR INTEREST IN GLAUCOMA AND OCULAR DISEASES?

This was truly a last-minute decision. I had a great mentor prior to starting optometry school who was a genius in complex contact lenses, and I worked with several exceptional faculty members who kept my interest in contact lenses at the forefront. In the final semester of my fourth year, though, I started a clinical rotation with Steve Campbell, OD, FAAO, and Rick Sharp, OD, FAAO, both of whom had trained at the Baltimore Veterans Affairs Medical Center. The first day of that rotation, I realized that my career goals had changed—I wanted to be like them! I applied for the Baltimore Veterans Affairs Medical Center residency program, interviewed, and was accepted. It was truly the defining moment in my career.

I worked with three amazing optometrists that year—Peter Lalle, OD, FAAO, Tony Litwak, OD, FAAO, and Rex Ballinger, OD, FAAO—who really molded me into the clinician I am today. When I returned to Houston I found myself assigned to the glaucoma service because I had experience managing glaucoma during my residency. I've really grown to enjoy it. I love the challenges and complexity. I have to think about each patient from many perspectives to come up with a personalized treatment plan that will work best for him or her. I also love the relationships that I've formed with my patients, some of whom I've been taking care of for more than 20 years!

TELL US ABOUT YOUR WORK WITH THE OPTOMETRIC GLAUCOMA SOCIETY (OGS).

As I went through the diplomate process in the American Academy

of Optometry, I was fortunate to get to know some of the leaders in the optometric glaucoma world. Murray Fingeret, OD, FAAO, and John G. Flanagan, PhD, DSc(hon), FCOptom, FAAO, are top-notch glaucoma experts who were welcoming to me. They invited me to attend one of the early OGS meetings in Tampa, Florida, and shortly after that I applied and became a member. I was asked to join the Executive Committee as an at-large member and then moved into my current role as secretary. Each year, the OGS meeting is a highlight event for me. The continuing education is top-tier, intriguing, and on the forefront of research and clinical care. It's been a pleasure to be involved with the OGS.

HOW DO YOU THINK THE PRACTICE OF OPTOMETRY WILL EVOLVE IN THE NEXT DECADE?

We're already seeing scope expansion, which makes sense with an aging population and increased ocular disease burden. I think scope expansion will continue, and I hope that ODs all over the country will be using lasers and full medical privileges to take care of their patients. Technology will continue to improve, but I hope that we never lose sight of the fact that technology is a just a tool to help us make better decisions. Telemedicine and remote care will likely increase, and we need to embrace the good aspects of this technology so that we don't get left behind. Even with these technological advances, I don't think they'll ever completely replace the doctor's judgment, and they certainly won't be able to replace the compassionate care that we provide.

WHAT HAS BEEN THE MOST EXCITING DEVELOPMENT IN GLAUCOMA IN THE PAST 10 YEARS?

From a detection standpoint, it's definitely been improved OCT technology and our advanced understanding of how to best utilize it in the diagnostic process. If you had asked me more than 10 years ago what the macula has to do with glaucoma, I would have said "nothing," but we now understand that macular damage can occur early and can really be detected only with OCT. It has also changed the way we think about using the 10-2 visual field in early diagnosis.

On the treatment side, things had been relatively stagnant in terms of medications until about 1.5 years ago, when two new drugs were approved in the United States. We are still early in the learning curve of knowing how these drugs will change how we treat patients. Minimally invasive glaucoma surgery has also added another tool to our treatment and management armamentarium as it fits between medications and invasive filtering surgery and has a nice balance of safety and efficacy. This is an area of active research and development, and I think we will see more devices and techniques in the next few years. ■

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