Any practitioner managing glaucoma would have faced the challenge of diagnosing and treating high myopes who resembles glaucomatous but don't have raised IOP. Several studies like Blue Mountain Eye Study, the Beijing Eye Study have confirmed that myopes are more likely to have glaucoma. Attempt to set guideline with an aim to segregate patients having high myopia with glaucoma from patients having only high myopia. Certainly cross sectional diagnosis for glaucoma would be tricky, particularly with myopic nerves, hence every possibility that some myopes are misdiagnosed as having glaucoma.

Disc photo, Automated Perimetry (AP), Tonometry, Central Corneal Thickness (CCT), and OCT of RNFL (Retinal Nerve Fibre Layer) and ONH (Optic Nerve Head), with the help of these reports patients are screened to determine glaucomatous damage in -3.00 Dsph. and above myopes, having ophthalmoscopically suspicious disc.

The study employee population based prevalence survey of visual fields of 350 cases of high myopes from South east region (Ghatsila and Jamshedpur) of Jharkhand, India, to learn about the kind of visual field defects myopes tend to have. Visual fields review of 1000 found 12.1 percent of defects in subjects resembled classical glaucomatous field defects while only 2 percent of eyes had defect that look like arcuate defect which is found in moderate to advance glaucoma. Few myopes resembles to have glaucomatous disc but found to be non- glaucomatous on study of Disc photo, AP, CCT & OCT of ONH & RNFL. On the other hand POAG is found more commonly with high myopes, than in normal population.

While evaluating myopic patients in the Out Patient Department (OPD), the consultant must be more alert about certain facts that relate myopia with glaucoma.