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Blood pressure, weight, and sleep apnea checklist

Fill this in and bring it to your primary care doctor, prescriber, or eye doctor

High blood pressure, very low blood pressure at night, excess weight, and sleep apnea have all been **linked** with NAION in studies. These links do not mean you will get it.

Blood pressure

☐ I check my blood pressure at home with an upper-arm cuff
☐ I sit with my back supported, feet flat, arm at heart level, and take 2 readings morning and evening
☐ I am bringing my log or my cuff
☐ I feel dizzy or lightheaded at night, in the morning, or when standing
☐ Ask: would a 24-hour blood pressure monitor help me?

My blood pressure medicines and the time I take them:

_____

_____

Weight

Weight: _____ Height: _____
Waist (just above hip bones, after breathing out):

_____

☐ I take a GLP-1 medicine. Name and start date:

_____

☐ I have lost weight recently. About how much?

_____

☐ Ask: do my blood pressure, cholesterol, or diabetes medicines need review as my weight changes?

Sleep apnea

Check any that apply (based on the STOP-Bang questionnaire):

☐ **S**noring loudly
☐ **T**ired or sleepy during the day
☐ **O**bserved: someone has seen me stop breathing
☐ high blood **P**ressure
☐ **B**MI over 35
☐ **A**ge over 50
☐ **N**eck size large
☐ male **G**ender

Many checks can mean a higher chance of sleep apnea. Only a sleep test can diagnose it.

☐ I have sleep apnea and use CPAP or an oral appliance every night
☐ Ask: should I have a sleep test, or a repeat test after weight loss?

Eyes

☐ I have had a dilated eye exam with OCT, OCTA, and retinal photos
☐ I have been told I have a "crowded" optic disc, drusen, or prior NAION
☐ Ask my doctors to share results with each other

Dr. Deom's recommendation (his clinical opinion, not a rule from every professional group)

Dr. James Deom recommends that everyone starting or taking a GLP-1 medication have a comprehensive dilated eye exam with OCT, OCT angiography (OCTA), and retinal photography (fundus photos with autofluorescence) as a baseline and for follow-up, and seek same-day care for sudden vision loss.

Dr. James Deom's personal clinical thought (his opinion, not established evidence, and not a position of the FDA, EMA, AAO, NANOS, or AOA)

As people lose weight and get healthier on GLP-1 medicines, their blood pressure and cholesterol medicines are often not reviewed or adjusted. Blood pressure treatment that is no longer matched to a person's needs may lead to low blood pressure, which can be more pronounced at night and could reduce blood flow to the optic nerve during sleep. That would fit the way NAION typically shows up: vision loss noticed on waking. He recommends that people on GLP-1 medicines also work on diet and exercise and keep regular visits with their usual doctors, even if that doctor did not prescribe the GLP-1, so the rest of their care, including blood pressure, is maintained. **Do not start, stop, or change a blood pressure or cholesterol medicine on your own.**

Sudden vision loss needs same-day care.

Hazleton Eye Specialists · Office **570-453-2020** · Fax **570-453-1020** · More information: **opticnervehealth.com**
For general education only; not medical advice. Do not start, stop, or change any medicine without the clinician who prescribes it. Reviewed by Dr. James Deom, OD, MPH, FAAO, FSLS, Chief of Eye Care Services, Hazleton Eye Specialists. Last reviewed November 12, 2026.