

Risk of ocular hypertension or open-angle glaucoma in elderly patients on oral glucocorticoids

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Background: Ocular hypertension and open-angle glaucoma are well-known side-effects of treatment with topical ophthalmic glucocorticoids. There is uncertainty about the risk of these disorders with oral glucocorticoid therapy.

Methods: Data from the Quebec universal health insurance programme for the elderly were used to identify 9793 patients with a new diagnosis of ocular hypertension or open-angle glaucoma, or on newly prescribed treatment for these disorders (cases). 38,325 controls were randomly selected from ophthalmology patients seen in the same month and year as the case (index date). Current use of oral glucocorticoids were defined as that within 14 days of the index date. All glucocorticoid doses were converted to the equivalent amount of hydrocortisone. The case-control analysis was done by conditional logistic regression and adjusted for age, sex, systemic hypertension, diabetes mellitus, ophthalmic glucocorticoids, glucocorticoid injections, and variables related to general health.

Findings: The mean ages of cases and controls were similar (74.9 [SD 6.3] vs 74.7 [6.4]). The adjusted odds ratio of ocular hypertension or open-angle glaucoma for current users of oral glucocorticoids compared with non-users was 1.41 (95% CI 1:22-1.63). There was a dose-related increase in the adjusted odds ratios for current users: 1.26 (1.01-1.56 for less than 40 mg per day of hydrocortisone, 1.37 (1.06-1.76) for patients on 40-79 mg per day, and 1.88 (1.40-2.53) for patients on 80 mg or more per day. The odds ratios also increased with the duration of treatment over the first 11 months of exposure.

Interpretation: The use of oral glucocorticoids increases the risk of ocular hypertension or open-angle glaucoma in elderly patients. In patients in this age-group who need long-term treatment with high doses of oral glucocorticoids, monitoring of intraocular pressure may be justified.

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Lancet 1997; 350: 979-82

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The importance of prenatal factors in childhood blindness in India

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The causes of visual loss in 1411 children attending schools for the blind in different geographical areas in India are described. Ninety-three percent (1318) of the children were severely visually impaired (SVI) or blind (i.e., corrected acuity in the better eye of <20/200 [<6/60]). In 60% of SVI/blind children vision loss was attributable to factors operating in the prenatal period, in 47% the prenatal factors were known and definite, and in 13% prenatal factors were the most probable causes. Hereditary retinal dystrophies and albinism were seen in 19% of SVI/blind children and 23% had congenital ocular anomalies. There were variations in the relative importance of different causes by state. The observed pattern of causes



Mother and child in Central Asia.

Photo: Ruth McGavin

of visual loss is intermediate between those seen in industrialised countries and in the poorest developing countries. This suggests that strategies to combat childhood blindness in India need to address concurrently, both preventable and treatable causes. The need for aetiological studies, particularly on anophthalmos and microphthalmos, is highlighted.

Published courtesy of :

Dev Med Child Neurol 1997; 39: 449-55.

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We have not been able to publish the next article in the series in this issue of the Journal. We will continue the series with an article on Clinical Trials in the next issue - **Editor.**