

# Comment on the Article: Overminus Lens Therapy in the Management of Children with Intermittent Exotropia: Points to Ponder

Dear Editor,

We read with interest the research article titled “Overminus lens therapy in the management of children with intermittent exotropia” by Abri Aghdam *et al.*<sup>1</sup> There are few issues which we wish to mention regarding this article.

The authors aimed to determine the safety and efficacy of overminus lens therapy in children younger than 6 years with intermittent exotropia (X[T]) without mentioning the lower age limit for the inclusion criteria. “For younger children, the senior author (M.S.S.) decided how many diopters (D) of overcorrecting minus lenses to prescribe without determining the maximum tolerated overminus lens”.<sup>1</sup> What is the age by which these younger children defined? This causes the group studied to be nonhomogeneous, since older children have a different criterion for overminus correction. Further, assessment of visual acuity, control, suppression, and measurement of deviation in younger children (<4 years) may not be as reliable as in older ones.

Ideally, different analyses should have been performed for these groups. For the analysis of good, fair, and poor control, a follow-up of 1 year was taken. In such a case, repeated measures analysis of variance/Friedman test with *post hoc* tests could have been attempted.<sup>2</sup> This would have increased the significance. “The level of X(T) control improved significantly after 6 months and after 1 year from the beginning of overminus lens therapy as compared to the baseline (Chi-square test:  $P=0.03$  and  $P=0.014$ , respectively)”. The test should not have been Chi-square test since they assume independence.<sup>3</sup> A Friedman test could have been done giving appropriate scores (e.g., 2 for good, 1 for fair, and 0 for poor control).

In addition, for measuring the deviation monocular occlusion not used, X(T) not classed on the basis of near/distance disparity. All types of X(T) do not respond similarly to overminus therapy. Only those with high AC/A ratio are likely to respond to overminus therapy, which was not assessed. The authors ignored these important issues and missed the details about the sensory status and amblyopia therapy if at all advised to these patients during the treatment period. The criteria for deterioration and for surgery are control, angle, distance stereopsis, and quality of life.<sup>4</sup> Stereoacuity at distance not assessed, which is an important marker for deterioration in X(T).

Finally, the conclusion should be “overminus lens therapy results in significant improvement in control, mean angle of deviation, and defer the requirement for surgery for up to 1 year”. Whether it decreases the rate of surgical intervention or not, needs longer follow-up as natural course for X(T) not known, and there is no control group.

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## Conflicts of interest

There are no conflicts of interest.

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