

Amblyopia: It is time to take action

Sir,
 We retrospectively analyzed demographic and clinical profile of treatment-naïve patients presenting to a tertiary hospital in North India from 2001 to 2015. Impaired vision was mostly detected at the school level. About two third of the patients presented after the critical age of amblyopia, that is, 7 years.^[1] Patients with nonrefractive amblyopia presented late as majority of parents were ignorant of long-term complications of squint and ptosis [Table 1]. Unilateral amblyopes remained undetected and presented late. Mean age of presentation for bilateral and unilateral amblyopes was 7.7 ± 4.4 and 13.9 ± 8.3 years, respectively (*P* < 0.001). Most females presented near their marriageable age and yearned for a good cosmetic outcome for squint or ptosis rather than visual gain. Mean age of presentation for male and female patients was 11.4 ± 7.5 and 12.4 ± 8.2 years, respectively (*P* = 0.026).

Mean presenting best-corrected visual acuity (BCVA) of unilateral amblyopes was worse than bilateral amblyopes; and nonrefractive amblyopia was worse than refractive amblyopia [Fig. 1]. Severe amblyopia, that is, BCVA ≤20/100, was more common in patients ≤7 years than >7 years of age (24.0% vs 47.1%).^[2] Patients with nonrefractive amblyopia mostly presented with severe amblyopia [Table 1].

We have to overcome several obstacles in order to decrease the impact of amblyopia on the society. The first and foremost step is to ensure maximum community participation. This requires educating people on the subject so as to uproot the myths prevalent in the society.^[3-5] Organization of awareness programs in collaboration with grass root health-care personnel working in maternal and child health care; as well as social and religious leaders will allow maximum penetration of the propaganda in the society. Apart from awareness campaigns, effort should be made to screen the preschool children at Anganwadis and crèches. We recommend introducing the practice of getting comprehensive eye check-up by a qualified ophthalmologist before admission to all government and private schools. As parents have great trust in physicians and pediatricians, they play a great role in informing the parents

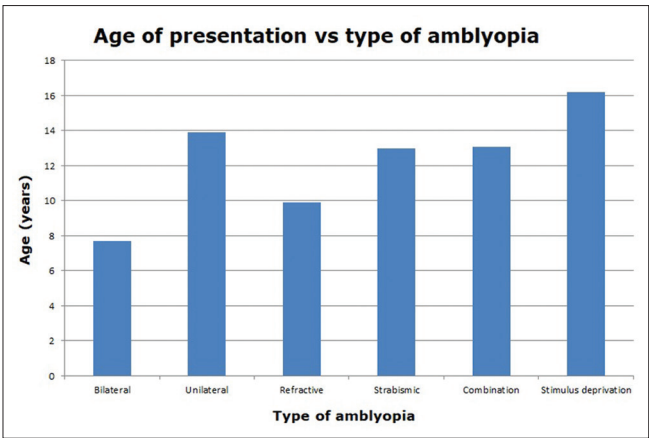


Figure 1: Comparison of best-corrected visual acuity in various types of amblyopia

Table 1: Gender and age-wise distribution in different types of amblyopia

	Refractive		Strabismic		Combined		Stimulus deprivation		Total
	M	F	M	F	M	F	M	F	
<7 years	196	111	32	12	9	7	11	5	383 (34.3%)
7-16 years	182	139	73	40	16	17	18	8	493 (44.2%)
16-25 years	37	34	41	30	15	5	9	8	179 (16.0%)
>25 years	10	9	19	20	2	0	1	0	61 (5.5%)
Total	425	293	165	102	42	29	39	21	1116
Total including males and females	718 (64.3%)		267 (23.9%)		71 (6.4%)		60 (5.4%)		1116

M: Male, F: Female

about the problem and its grave complications. Effort should be made to enroll all the pediatric health-care providers to screen and refer maximum children in the critical period.

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Conflicts of interest

There are no conflicts of interest.

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