

# Analysis of the Outcomes of the Screen-Time Reduction in Computer Vision Syndrome: A Cohort Comparative Study [Letter]

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## Dear editor

We have read with great interest the study by Iqbal et al<sup>1</sup> titled “Analysis of the Outcomes of the Screen-Time Reduction in Computer Vision Syndrome: A Cohort Comparative Study”. We would like to congratulate Iqbal et al<sup>1</sup> for their novel study that documented the existence of the screen-induced foveal dysfunction in computer vision syndrome (CVS) using the multifocal electroretinogram (mfERG) examination as they concluded that this screen-induced foveal dysfunction is reversible with strict screen-time reduction, thus improving visual performance.

To a great extent, we really agree with their unique outcomes and conclusions. Meanwhile, despite the fact that Iqbal et al<sup>1</sup> investigated a very important clinical question in the clinical and ophthalmic fields nowadays, and pointed to one of the great drawbacks of the mandated computer system use program; however, we have some concerns that need further explanation and clarification. In addition, some untouched and warranted issues need further discussion.

First, in their conclusion, Iqbal et al<sup>1</sup> stated that the improvements in the mfERG foveal responses were associated with corresponding improvements in the visual performances. We think that this conclusion is missing statistical evidence to document such a relationship between the foveal responses and visual acuity.

Second, we understand that the authors applied extraordinary methods to ensure that the students’ screen-time was limited to only 1 screen-hour daily for 4 weeks. However, no mention has been made about how the authors guaranteed their prescribed methods and we really wonder how they managed to control and assess the students’ use of their digital screens, ie, did the authors observe these students, for example using surveillance cameras? Moreover, the authors mentioned that they allowed the students to watch the TV screens from a proper distance, what was this proper distance in particular?

Another third issue, in the Methods section; Iqbal et al<sup>1</sup> mentioned that they recruited the participants based on a CVS-F3 questionnaire<sup>2,3</sup> and Iqbal’s four major diagnostic criteria for accurate CVS diagnosis.<sup>2-4</sup> They anticipated a large number of students to participate but a limited number actually agreed to be recruited in their trial as the authors faced difficulties in convincing the students to participate in the trial. How did the authors choose these actually recruited participants from the total mentioned anticipated large number of participants?

Furthermore, the authors described certain interesting instructions to the recruited students to change their screen-time and screen-style. Are these instructions applicable for all cases suffering from CVS complaints in general?

We are very grateful to the Editorial Board of the *Clinical Ophthalmology Journal* for publishing such remarkable novel studies and congratulate Iqbal et al<sup>1</sup> for their recent unique publication.

## Disclosure

The authors report no conflicts of interest in this communication.

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<https://doi.org/10.2147/OPHT.S405004>