Comment on "low-vision intervention for oculocutaneous albinism in a tertiary eye care hospital in India"

Dear Editor,

We read with keen interest the recently published study titled "low-vision intervention for oculocutaneous albinism in a tertiary eye care hospital in India" by Gopalakrishnan *et al.*^[1] We commend the authors for their significant contribution to the field of eye care, providing valuable insights into the low-vision needs of individuals with albinism. Their study underscores the importance of appropriate low-vision intervention (LVI) in enhancing the quality of life for this population. While the study is a significant contribution to the field, in light of these findings, we would like to propose several areas of further exploration and research that could contribute to addressing the identified gaps:

The study provides data on the visual improvement after LVI, but it does not follow up with patients over an extended period. Longitudinal studies could assess the long-term effectiveness of LVI, including factors such as the durability of visual improvement and the need for reevaluation and adjustments. [2] The study briefly mentions the cost of low-vision optical devices, but it does not delve into a detailed cost-effectiveness analysis. Such an analysis could help health-care providers and policymakers understand the economic impact of LVI in managing albinism.^[3] The study focuses on objective visual acuity improvement but does not delve into patient-centered outcomes, such as satisfaction with LVI, ease of device use, and the impact on daily activities. Incorporating patient-reported outcomes can provide a more holistic view of the intervention's effectiveness.[4] The study briefly touches on the affordability of low-vision devices but does not deeply explore the potential barriers patients may face in accessing these devices. Barriers can include financial constraints, lack of awareness about available services, or geographical challenges. Understanding these barriers is crucial for improving access to care. The study does not appear to address cultural or societal factors that may influence the acceptance and utilization of LVI in different communities. Research into how cultural beliefs and social support systems affect access to and acceptance of these interventions could be valuable.

In conclusion, we believe that acknowledging and addressing this gap could not only enhance the quality and impact of research in this field but also benefit the broader scientific community and those who rely on this knowledge for decision-making and practice.

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Conflicts of interest

There are no conflicts of interest.

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