



## Risk Factors in Recurrence of Amblyopia after Successful Occlusion Therapy

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### ABSTRACT

**Context:** Recurrence after successful treatment of amblyopia is known and understanding the risk factors could help effective management.

**Aim:** To measure incidence of recurrence in successfully treated cases of anisometropic amblyopia.

**Settings and Design:** It is a cohort Study at a tertiary level institution.

**Materials and Methods:** Successfully treated anisometropic amblyopes aged 5–16 years were followed up for 1 year after stopping therapy. Each patients best corrected visual acuity (BCVA) and refractive error if, any were tested at baseline and follow-up.

**Statistical Analysis:** Chi-square test and paired t-test.

**Results:** One hundred children attending opd with mean age at diagnosis 7.06 years were followed-up for a mean duration of 1.0 to 1.5 years. The mean pre-treatment BCVA (Log MAR score) at diagnosis was 0.73 to 0.36 units which improved to 0.20 to 0.00 with treatment and after 1 year of stopping treatment was 0.22 to 0.07. Twelve (12%) patients showed amblyopia recurrence during follow-up. Risk of recurrence was higher with older age of onset of treatment (more than 12 years  $P = 0.0014$ ). Good initial results in improvement of visual acuity ( $p=0.048$ ) were associated with higher recurrence rate.

**Conclusions:** Amblyopia can recurre in children after initial successful occlusion therapy. The most important risk factors noted were older age at presentation and good improvement in visual acuity. All patients therefore should be carefully followed up even after successful occlusion therapy to prevent recurrence of amblyopia.

**Keywords:** visual acuity, occlusion, amblyopia.

Anisometropic amblyopia has been effectively treated with refractive correction and occlusion therapy or penalization. <sup>[1],[2]</sup> Despite an excellent therapeutic success rate, it is difficult to predict whether the improvement would sustain after stopping amblyopia treatment. Current studies shows a wide range of recurrence rates varying between 6 and 67%. <sup>[3],[4],[5],[6],[7],[8],[9],[10]</sup> However,

the risk factors affecting the recurrence of amblyopia are unclear and it is difficult to predict high risk cases for recurrence which would benefit from a closer follow-up. The aim of this study is to estimate the recurrence rate of amblyopia in successfully treated cases of anisometropic amblyopia .

## Materials and Methods

It is a retrospective-prospective cohort study which was conducted at a tertiary eye care institute.

The study recruited patients with anisometropic amblyopia in the age group of 5-16 years who had successfully completed the prescribed occlusion treatment. The patients were followed up for a minimum of 1-year thereafter. All the patients had been exclusively managed at our institution. The inclusion criteria defined anisometropic amblyopia as a two line difference between the best corrected visual acuity (BCVA) of both eyes in the presence of a significantly higher refractive error in the worse eye (usually an anisometropia greater than 1.5 D for hyperopia, 3 D for myopia and 1 D for astigmatism) and the absence of any organic pathology explaining the vision loss. Further, the worse eye should have shown an improvement with equalization in visual acuity of both eyes after use of appropriate refractive correction and occlusion therapy. The patients were excluded if there was any organic cause of loss of vision or presence of strabismus or other form of amblyopia and also if they were unable or unwilling for follow-up or had received any treatment elsewhere.

A standard protocol for amblyopia treatment was followed in all cases which entailed use of appropriate refractive correction and occlusion therapy. Occlusion therapy was provided in the form of a full-time total occlusion of the better eye for  $x$  days alternated with occlusion of the amblyopic eye for one day (where  $x$  was equal to the age of child or 6 days whichever was lesser). The follow-up schedule included two monthly visits after beginning occlusion therapy followed by bimonthly visits till the first 6 months and every 3 months thereafter if there is satisfactory improvement of vision, else bimonthly visits are continued. Attainment of visual acuity of 0.1 Log MAR or equalization of visual acuity of both eyes or absence of improvement of visual acuity on 3 consecutive bimonthly visits marked the end point of full time total occlusion. Occlusion therapy was

then tapered in all the children over a period of 6 months before complete cessation of therapy. Successful treatment of anisometropic amblyopia was defined as an improvement of two or more lines from the baseline or visual acuity of 0.1 Log MAR or equalization of visual acuity of both eyes. After enrolment, previous records of age at the start of treatment, gender and baseline visual acuity (best corrected) at the time of starting amblyopia treatment were noted. Every patient underwent a baseline ocular examination at the beginning of the study which included documentation of BCVA after a cycloplegic refraction. The patients were followed up at 3-monthly intervals, for a minimum of 1 year after completely stopping occlusion therapy. During the follow-up each patient was evaluated for the aforementioned visual function parameters; however, cycloplegic refraction was repeated every 6 months. Recurrence of amblyopia was defined as a two or more line reduction of VA on Log MAR chart from vision recorded at the time of completion and stopping amblyopia therapy. If a recurrence was noted, full time, total occlusion therapy was restarted.

Analysis was performed on SPSS 15.0 (IBM SPSS Inc., Chicago Analysis was performed on SPSS 15.0 (IBM SPSS Inc., Chicago, IL, USA) using appropriate statistical tests. For comparison between two groups (those with recurrence and non-recurrence), chi square test and paired 't' tests were used wherever appropriate.

## Result

One hundred patients of anisometropic amblyopia were followed up for a minimum of 1 year after completion of successful occlusion therapy. The mean age of the children at the time of diagnosis of amblyopia, was 7.06 years (age range 5-16 years). Out of these 100 patients, 53 (53%) were males and 47 (47%) were females.

The patients were orthotropic and none of them had diplopia.

Out of 100 patients, 12 patients (12%) showed recurrence of amblyopia within this follow up

period of 1 year. Of the eyes which recurred, only one eye had achieved a visual acuity of 0.1 Log MAR units at the end of successful amblyopia therapy. Of the 45 eyes which had achieved a visual acuity improvement of two or more lines but not equalization of vision, 2 showed recurrences. Factors were compared between two groups of children; those with recurrence and those with non-recurrence of amblyopia [Table 1]. Age at diagnosis was found to be significantly lower ( $P = 0.0014$ ) in non-recurrence group as compared to those with recurrence. On further analysis it was found that if the age at the time of diagnosis was more than 7 years, the risk of recurrence of amblyopia would increase by 7.7 times (odds ratio 7.7).

The mean baseline visual acuity of the amblyopic eye prior to starting occlusion was  $0.73 \pm 0.36$  log MAR units which improved to  $0.20 \pm 0$  log MAR units after treatment. The extent of visual acuity improvement was  $0.49 \pm 0.28$  log MAR units. At 1 year after stopping treatment, the final visual acuity was  $0.22 \pm 0.07$ . The mean interocular visual acuity difference between the amblyopic

and fellow eye was  $0.51 \pm 0.16$  units before starting the occlusion therapy. The extent of improvement in visual acuity as well as final visual acuity at time or stopping the occlusion were other factors that significantly influenced the rate of recurrence. The greater the extent of improvement in visual acuity with therapy, more was the risk of recurrence and if vision at the time of completion of therapy was better than 0.1 Log MAR, the odds of recurrence of amblyopia would increase by 5.3 times.

Interocular visual acuity difference at baseline was examined as a factor predictive for recurrence. The baseline visual acuity difference was divided into two subgroups, one having less than 4 lines interocular visual acuity difference and the other having four or more lines difference. ( $P = 0.30$ , Chi-square test) There was no difference in the chance for recurrence of amblyopia in either subgroup. In a similar manner, the interocular visual acuity difference at the time of stopping successful amblyopia therapy did not have a bearing on recurrence ( $P = 0.68$ , Chi-square test).

**Table 1**

	Non recurrence(88)	Recurrence(12)	p-value 0.0014
Gender-male	51.6%	53.12%	0.884
female	48%	45.2%	
Age at diagnosis(mean+-SD)year	6.64+-1.76	8.53+-1.39	0.0014
Baseline VA at diagnosis	0.23(1.52,0.3)	0.59(1.22,0.48)	0.189
VA at cessation of amblyopia therapy	0.19(0.50,0.00)	0.084(0.40,0.0)	0.03
Total duration of occlusion therapy (months)	20.70(8-36)	20.76(13-36)	0.86
Extent of VA improvement	0.4(0.15,0.95)	0.67(0.15,0.94)	0.048
Spherical equivalent Frequency %			
Hyperopia	54(60.67)	8(61.54)	
Myopia	35(39.33)	5(38.46)	
Type of refractive error%			
Simple myopic\hyperopic	35(39.33)	8(61.54)	
Compound hyperopic	34(38.20)	2(15.38)	
Compound myopic	20(22.47)	3(23.07)	

## Discussion

So far many studies have addressed the issue of recurrence of amblyopia after completion of therapy but have been inconclusive due to variable results. In this study, 100 patients with anisometropic amblyopia were treated using a standardized protocol and received a sufficient

and well defined follow up, thus minimizing confounding factors.

The recurrence rate of amblyopia in the present study was observed to be 12% during this period and mean age at cessation of therapy was 9.5 years as against previous studies with similar follow up periods which have reported recurrence

rates ranging from 7 to 27% with the mean age at cessation of therapy from 3.8 to 9.3 years. [7],[8],[9],[10] However, these studies differ in the inclusion criteria and had included strabismic as well as mixed type of amblyopia which are known to behave differently and have a worse prognosis. In the absence of strabismus at the end of therapy there was still a significant recurrence of amblyopia despite appropriate refractive correction. If children were compliant with their glasses, it may have to do either with the children being of an older mean age than the other studies or with too early a cessation of therapy or an inherent altered dominance of one eye. However, it is a yet poorly understood mechanism working at the cortical level.

In this study age of the patient at time of diagnosis was found to be the most significant risk factor for recurrence. The odd's ratio for age at the time of diagnosis was 7.7 (95% C.I. of 1.61-36.94), suggesting that if the age at the time of diagnosis if more than 7 years, the risk of recurrence of amblyopia would increase by 7.7 times. The study by Malik *et al.*, showed that the risk of recurrence was greater in the treated cases of amblyopia (anisometropic and/or strabismic), when the age of the patient at the time of diagnosis was greater than 15 years. [11] Bhola *et al.*, found that the age at cessation of therapy was an important factor and had an inverse relationship with the rate of recurrence. [5] This may be understood by the fact that there is a plasticity at the cortical level which is higher at a younger age and the ability of the cortex to reroute the neural synapses at a later age is more limited resulting in not only a lower chance of successful treatment but also possibly a higher chance of vision regression after therapy. Vision at the time of completion of therapy was also an important factor for recurrence of amblyopia. Referring to the table, it is seen that the eyes with recurrence had a better visual acuity. In fact, the better the final visual acuity, the more was the risk of recurrence. It was found that if the visual acuity at the time of completion of therapy is better than 0.1 Log MAR, the risk of recurrence

of amblyopia increases by 5.3 times. Similarly it was observed that risk of recurrence rose with the extent of improvement in visual acuity. The improvement in visual acuity is a sign of plasticity (immaturity) of nervous system which is more liable to any kind of adaptation. Thus these patients would also be at a higher risk of suppression of the amblyopic eye once the treatment is stopped. A comparable finding was reported by Holmes *et al.*, who had raised the question about stability of visual acuity before deciding for cessation of amblyopia treatment. [9] It is deemed important that amblyopia therapy is weaned and then stopped only after repeated measurements of visual acuity remains stable over a long period of time.

Contrary to a report by Levartovsky *et al.*, our study failed to find any significant association between the baseline visual acuity at the start of occlusion therapy and the risk of recurrence. [11],[12] However, since all the patients in the present study had extremely poor vision at the beginning of their amblyopia therapy (as is commonly seen in our practice) it is difficult to comment upon the effect of baseline VA at the beginning of the treatment on the rate of recurrence.

Interocular visual acuity difference at the time of successfully completing amblyopia therapy was not found to be a predictor of recurrence. However, in view of majority of the patients having a difference of less than four lines, the numbers in the second subgroup having four or more lines interocular visual acuity difference was very small, therefore precluding a definitive conclusion. In contrast, the data conclusively proves that interocular visual acuity difference at baseline (prior to starting occlusion therapy) is not a predictor of recurrence of amblyopia after successfully completing therapy.

Amount of anisometropia has been implicated as a risk factor for recurrence for amblyopia by some authors. [3],[13] In contrast, we did not find any significant difference in the amount of anisometropia between the cases with and without

recurrence. Also due to the small numbers involved, the type or extent of refractive error could not be conclusively examined as a risk factor.

To conclude a significant numbers of children could suffer recurrence of amblyopia after stopping therapy and older age and better visual acuity after stopping the therapy are important risk factors for recurrence of amblyopia Therefore a careful follow-up and maintaince therapy of these children is essential for early detection and management.

### References

1. Cotter SA, Edwards AR, Wallace DK, Beck RW, Arnold RW, Astle WF, et al. Pediatric eye disease investigator Group. Treatment of anisometropic amblyopia in children with refractive correction. *Ophthalmology* 2006;113:895-903.
2. Chen PL, Chen JT, Tai MC, Fu JJ, Chang CC, Lu DW. Anisometropic amblyopia treated with spectacle correction alone: Possible factors predicting success and time to start patching. *Am J Ophthalmol* 2007;143:54-60. [PUBMED]
3. Kushner BJ. Functional amblyopia: A purely practical pediatric patching protocol. *Ophthalmol Annu* 1988:173-98.
4. Rutstein RP, Fuhr PS. Efficacy and stability of amblyopia therapy. *Optom Vis Sci* 1992;69:747-54. [PUBMED]
5. Flynn JT, Woodruff G, Thompson JR, Hiscox F, Feuer W, Schiffman J, et al. The therapy of amblyopia: An analysis comparing the results of amblyopia therapy utilizing two pooled data sets. *Trans Am Ophthalmol Soc* 1999;97:373-90. [PUBMED]
6. Holmes JM, Beck RW, Kraker RT, Astle WF, Birch EE, Cole SR, et al. Pediatric eye disease investigator group. Risk of amblyopia recurrence after cessation of treatment. *J AAPOS* 2004;8:420-8. [PUBMED]
7. Bhola R, Keech RV, Kutschke P, Pfeifer W, Scott WE. Recurrence of amblyopia after occlusion therapy. *Ophthalmology* 2006;113:2097-100. [PUBMED]
8. Hertle RW, Scheiman MM, Beck RW, Chandler DL, Bacal DA, Birch E, et al. Pediatric eye disease investigator group. Stability of visual acuity improvement following discontinuation of amblyopia treatment in children aged 7 to 12 years. *Arch Ophthalmol* 2007;125:655-9. [PUBMED]
9. Holmes JM, Melia M, Bradfield YS, Cruz OA, Forbes B. Pediatric eye disease investigator group. Factors associated with recurrence of amblyopia on cessation of patching. *Ophthalmology* 2007;114:1427-32.
10. Tacagni DJ, Stewart CE, Moseley MJ, Fielder AR. Factors affecting stability of visual function following cessation of occlusion therapy for amblyopia. *Graefes Arch Clin Exp Ophthalmol* 2007;245:811-6. [PUBMED]
11. Malik SR, Virdi PS, Goel BK. Follow-up results of occlusion and pleoptic treatment. *Acta Ophthalmol (Copenh)* 1975;53:620-6. [PUBMED]
12. Levartovsky S, Oliver M, Gottesman N, Shimshoni M. Factors affecting long term results of successfully treated amblyopia: Initial visual acuity and type of amblyopia. *Br J Ophthalmol* 1995;79:225-8. [PUBMED]
13. Levartovsky S, Oliver M, Gottesman N, Shimshoni M. Long term results of hypermetropic ansiometropia on the visual acuity of treated amblyopic eyes. *Br J Ophthalmol* 1998;82:55-8. [PUBMED]