

Occlusion and refractive correction are more effective than refractive correction alone in strabismic amblyopia

Clinical question	What is the most effective treatment for strabismic amblyopia (lazy eye caused by squint)?
Bottom line	Occlusion, while wearing necessary refractive correction, appears to be more effective than refractive correction alone in the treatment of strabismic amblyopia. Combining occlusion and refractive correction with near activities may be more effective than occlusion and refractive correction alone. No adverse events were described in either trial.
Caveat	The follow-up periods for the 2 trials were short – 4 and 5 weeks, respectively. The trial showing some additional benefit from carrying out near activities with occlusion and refractive correction was only a pilot, and so included a small number of participants (20). No trials were found that assessed the role of either partial occlusion or optical penalisation with refractive correction for strabismic amblyopia.
Context	Amblyopia is reduced visual acuity in one or both eyes in the absence of any demonstrable abnormality of the visual pathway. It is not immediately resolved by the correction of refractive error. Strabismus develops in approximately 5 per cent to 8 per cent of the general population. ¹
Cochrane Systematic Review	Shotton K and Elliott S. Interventions for strabismic amblyopia. Cochrane Reviews 2008, Issue 2. Article No. CD006461. DOI: 10.1002/14651858.CD006461.pub2. This review contains 2 studies involving 59 participants.
PEARLS 99, September 2008, written by Brian R McAvoy	

1. Rowe F. Clinical Orthoptics. 2nd edn. Oxford: Blackwell Publishing Limited, 2004.

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