

عنوان مقاله:

Oral fl uoxetine in the management of amblyopic patients aged between 10 and 40 years old: a randomized clinical trial

محل انتشار:

هشتمین کنگره علوم اعصاب و پایه و بالینی (سال: 1398)

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خلاصه مقاله:

Background and Aim : Amblyopia is the most common cause of visual impairment among children with a worldwide prevalence of about 2 – 3%. Several studies reported diminished clinical improvement after critical period. However, this notion has been challenged by studies, which showed that amblyopia could be managed effectively in children older than 8 years of age and adolescents. finding ways to enhance visual plasticity after critical period may increase the effectiveness of the treatment. **Methods :** In this double-blinded, randomized, controlled trial (IRCT2016052428046N1; registered retrospectively), 40 eligible participants with anisometropic or mixed amblyopia were randomly assigned to either fl uoxetine or placebo groups. Participants with anisometropia and logMAR best spectacle-corrected visual acuity (BSCVA) worse than 0.2 logMAR in the amblyopic eye or at least a two-line of difference in the BSCVA between the fellow eyes were included. Participants with signi fi cant ocular or systemic diseases were excluded. In both groups, the better eye of each patient was patched for 4 – 6 h a day during the study period. Participants in the treatment group were treated with oral fl uoxetine for 3 months. Change in the Snellen BSCVA (after 3 months) was regarded as the primary outcome measure. **Results :** Data from 20 participants in the uoxetine group and 15 participants from the placebo group were analyzed (aged 11 – 37 years). The magnitude of improvement in visual acuity (from baseline to 3 months after treatment) was signi cantly higher in the uoxetine group (0.240 ± 0.068 logMAR; 2.4 line-gain) compared with the control group (0.120 ± 0.086 logMAR; 1.2 line-gain). **Conclusion :** This study suggests bene fi cial effects of fl uoxetine in the management of adult and adolescent amblyopia.

کلمات کلیدی:

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