Expedited Cataract Surgery Doesn't Reduce Falls

BY DENISE NAPOLI

VITALS

Major Finding: Fewer falls occurred after expedited cataract surgery (76 out of 274 patients), compared with standard surgery (87 out of 271 patients), but the difference was not significant.

Data Source: A meta-analysis of two studies with a total of 535 women who had cataract surgery.

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"Expedited" cataract surgery occurring within 4 weeks of diagnosis did not significantly reduce falls among elderly women, according to a meta-analysis of two randomized, controlled trials.

That's despite a sevenfold improvement in sight following surgery, compared with elderly cataract patients who were scheduled for surgery but had to wait as long as 12 months.

Nevertheless, "extensive wait times for cataract surgery are a global health care issue" and a major cause of preventable blindness, wrote the authors of the current analysis.

"Focusing resources on expedited cataract surgery would reduce the extensive waiting lists, influencing the health of the elderly population," they said (J. Cataract Refract. Surg. 2010;36:13-9).

The authors, led by Ediriweera Desapriya, Ph.D., of the department of developmental neurosciences and child health at the University of British Columbia, Vancouver, sorted through 234 studies found in 12 databases, including Medline, that mentioned "expedited cataract surgery." Only three looked at outcome measures for both improvement of vision and reduction of injury. Just two studies, comprising 535 women over age 70, looked at falls specifically.

"Expedited" surgery was defined as occurring within 4 weeks of diagnosis in the two studies that were included in the falls analysis (Br. J. Ophthalmol. 2005; 89:53-9; Age and Ageing 2006;35: 66-71); the third study, which appeared only in the vision analysis, extended the definition to 6 weeks (Lancet 1998; 352:925-9).

"Routine" surgery in the first two trials occurred at 12 months after diagnosis and had not occurred yet at the time of analysis; in the vision-only study, it took place at 7-12 months.

Looking at all three studies, which included 372 patients in the routine surgery group and 365 who received expedited surgeries, "expedited cataract surgery was associated with significantly enhanced visual acuity" at 6 months in the surgery group, compared with patients who had not yet had the procedure (odds ratio 7.22, 95% confidence interval 3.15-16.55).

In the two studies that looked at falls, although there was a trend toward fewer falls after expedited surgery (76/274 patients, 28%), compared with standard surgery (87/271 patients, 32%), with an OR of 0.81, the result did not reach significance (CI 0.55-1.17).

The authors acknowledged that a meta-analysis of only two studies may seem inadequate, but "when definitive and large trials have not been performed to evaluate the impact of expedited cataract surgery on the incidence of falls, a meta-analysis of all available trials could help resolve some important issues, reducing the need for large, costly new trials."

The investigators found that two studies reported differences in predicted falls between men and women who have undergone cataract surgery. The age of the subjects could be a factor, as the literature shows the rate of falls increases after age 70, they wrote. Also, fragile, more easily broken bones that can result from "clinical conditions that primarily affect women in their postmenopausal years, such as osteoporosis, may increase the damage caused by falls and other injuries," the authors said. Such conditions may "influence the overall results of this intervention," they said.

In noting the limitations of their analysis, the authors said that both selected trials "had insufficient power, and the dropout rate was 7.8%. Significant cases were lost to follow-up in both trials (10.7%)." ■

Dopamine Agonists Vie With L-Dopa for Parkinson's

BY DAMIAN McNAMARA

MIAMI BEACH — Levodopa produces greater symptomatic relief for Parkinson's disease patients, compared with a dopamine agonist, consistent results of long-term studies indicate, but more dyskinesia and motor fluctuations are the trade-offs.

Dopamine agonists are still effective treatments for Parkinson's disease, said Dr. Cheryl Waters at the World Federation of Neurology World Congress on Parkinson's Disease and Related Disorders. So how do you choose one or the other for initial therapy?

Use patient age as a general guide. Prescribe levodopa for older and dopamine agonists for younger patients. However, "we shouldn't be firmly stating use of a dopamine agonist or levodopa. We are individualizing therapy," she said.

In the Comparison of the Agonist Pramipexole With Levodopa on Motor Complications of Parkinson's Disease study, Dr. Waters, professor of clinical neurology at Columbia University Medical Center, New York, and her colleagues randomized 151 patients to pramipexole and 150 others to levodopa in 1996 and 1997. The patients were permitted to switch to levodopa during an open-label phase. Six-year results for 222 participants showed that 50% of the initial pramipexole group and 69% of the initial levodopa group had motor complications (Arch. Neurol. 2009;66:563-70).

By the final visit, dyskinesias were more common in the initial levodopa group than in the initial pramipexole group (37% vs. 20%, respectively), Dr. Waters said.

Dr. Waters also referred to the Pergolide Versus L-dopa Monotherapy and Positron Emission Tomography (PELMOPET) trial in which 148 early Parkinson's disease patients were randomized to pergolide (Permax) and another 146 to levodopa in this 3-year, multicenter, double-blind study (Mov. Disord. 2006;21:343-53). Pergolide was withdrawn from the U.S. market in 2007 because of its potential for heart valve damage.

There was a significant delay in the onset of dyskinesia and lower severity of motor symptoms in the pergolide group, Dr. Waters said. The levodopa group, however, reported significantly greater symptomatic relief. The authors concluded that both agents are suitable for initial therapy, so physician judgment drives the decision based on efficacy and adverse events.

Dr. Waters also addressed the 10-year results of a ropinirole (Requip) versus levodopa study (Mov. Disord. 2007;22: 2409-17). This was an extension of a study that compared treatment with ropinirole in 85 patients with levodopa therapy in 45 patients at 5 years (N. Engl. J. Med. 2000;342:1484-91). At that time point, the cumulative incidence of dyskinesia was 20% with ropinirole, compared with 45% with levodopa.

At 10 years, 51 patients remained in the ropinirole cohort and 29 in the levodopa group. "Even after the 10 years, there was a substantial difference in those being free of dyskinesia for those initially randomized to ropinirole [52%] versus levodopa [77%]," Dr. Waters said.

"These clinical trials are all quite consistent," she said. "Dyskinesia is better with dopamine agonists and the [symptomatic] effect of levodopa is greater." ■

Disclosures: *Dr. Waters is on the advisory board or speakers bureau of Boehringher Ingelheim, GlaxoSmithKline, Novartis, and Teva.*