

City Research Online

City, University of London Institutional Repository

Citation: Wright, D. M., Konstantakopoulou, E., Montesano, G., Nathwani, N., Garg, A., Garway-Heath, D. F., Crabb, D. P. & Gazzard, G. (2020). Visual Field Outcomes from LiGHT: Laser in Glaucoma and Ocular Hypertension, a multicentre, randomised controlled trial. Investigative Ophthalmology & Visual Science, 61(7), 1438.

This is the published version of the paper.

This version of the publication may differ from the final published version.

Permanent repository link: https://openaccess.city.ac.uk/id/eprint/24902/

Link to published version:

Copyright: City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

Reuse: Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way. City Research Online: <u>http://openaccess.city.ac.uk/</u> <u>publications@city.ac.uk</u>

Visual Field Outcomes from LiGHT: Laser in Glaucoma and Ocular Hypertension, a multicentre, randomised controlled trial. | IOVS

iovs.arvojournals.org/article.aspx



Abstract

Purpose : A recent report from the Laser in Glaucoma and Ocular Hypertension (LiGHT) trial showed that selective laser trabeculoplasty (SLT) provides better clinical effectiveness and lower treatment intensity among newly diagnosed glaucoma and ocular hypertension (OHT) patients compared to intra-ocular pressure lowering eye drops. The purpose of this secondary analysis of LiGHT data was to compare visual field outcomes of OHT and glaucoma patients treated with Medicine-1st against those treated with SLT (Laser-1st).

Methods : Visual fields (VFs) for 344 patients (588 eyes) treated with Medicine-1st and 344 patients (590 eyes) treated with Laser-1st were measured using standard automated perimetry and arranged in series (median length and duration: 9 VFs over 48 months). Hierarchical linear models were used to estimate pointwise VF progression rates, which were then averaged to produce a global progression estimate for each eye. Outcome measures were pointwise and global progression rates of total deviation (TD) and pattern deviation (PD). Proportions of points and patients in each treatment group with fast (< -1 dB/y) or moderate (< -0.5 dB/y) progression were compared using log-binomial regression.

Results : A greater proportion of eyes underwent moderate or fast TD progression in the Medicine-1st group compared with the Laser-1st group (26.2% vs. 16.9%; Risk Ratio, RR = 1.55 [1.23, 1.93], *P* < 0.001). A similar pattern was observed for pointwise rates (Medicine-1st 26.1% vs. Laser-1st 19.0%, RR = 1.37 [1.33, 1.42], *P* < 0.001). A greater proportion of pointwise PD rates were categorised as moderate or fast in the Medicine-1st group (Medicine-1st 11.5% vs. Laser-1st 8.3%, RR = 1.39 [1.32, 1.46], *P* < 0.001). Evidence for a difference in the proportion of eyes that underwent moderate or fast PD progression was weaker (Medicine-1st 9.9% vs. Laser-1st 7.1%, RR = 1.39 [0.95, 2.03], *P* = 0.0928).

Conclusions : Ocular hypertensive and glaucoma patients treated with Medicine-1st were more likely to undergo rapid VF progression than those treated with Laser-1st.

This is a 2020 ARVO Annual Meeting abstract.

This work is licensed under a <u>Creative Commons Attribution-NonCommercial-</u> <u>NoDerivatives 4.0 International License</u>.



Copyright © 2015 Association for Research in Vision and Ophthalmology.