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1 **Fast versus gradual adaptation of soft monthly contact lenses in neophyte**
2 **wearers**

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65 **Abstract**

66 **Aim:** To determine if a gradual adaptation period is necessary for neophytes when
67 fitted with modern hydrogel or silicone hydrogel reusable disposable contact lenses.

68 **Method:** Across four sites, 74 neophytes (18-28 years) were randomly assigned to a
69 reusable lens: Proclear® (hydrogel) or Biofinity® (silicone hydrogel) and an adaptation
70 schedule: fast (10 hours wear from the first day) or gradual (4 hours on the first day,
71 increasing their wear time by 2 hours on each subsequent day until they had reached
72 10 hours). Masked investigators graded ocular surface physiology and non-invasive
73 tear breakup time (NIBUT) and a range of comfort, vision and lens handling subjective
74 ratings (0-100 visual analogue scales) were recorded at the baseline visit and after 10
75 hours of lens wear, 4-6 days and 12-14 days after lens fitting. Subjective scores were
76 also repeated after 7 days.

77 **Results:** There was no difference ($p>0.05$) in ocular surface physiology or NIBUT
78 between fast and gradual adaptation groups at any time point in either lens type with
79 the exception of increased corneal staining ($p=0.019$) in the silicone hydrogel fast
80 adaptation group after 4-6 days. Subjective scores were also similar across the visits
81 and lens types with the exception of 'lens awareness' ($p=0.019$) which was less in the
82 gradual versus the fast adaptation silicone hydrogel lens group at 12-14 days.

83 **Conclusion:** There seems to be no clinical benefit for recommending a gradual
84 adaptation period in new wearers fitted with modern soft reusable disposable contact
85 lenses. The findings of this work add to a growing body of evidence suggesting that
86 such advice is unnecessary in regular soft contact lens wear, which has important
87 ramifications for the initial clinical management of these patients.

88

89 **Key words:** Soft contact lens, reusable, adaptation, neophyte, fast, gradual

90

91 **1. Introduction**

92 Currently, conventional practice advocates a cautious ‘easing-in’ approach for
93 adapting new contact lens wearers (neophytes)[1]. In daily lens wear, this usually
94 involves wear schedules of 2 to 4 hours on the first day followed by increases of 1-2
95 hours daily until the desired wear time is achieved. Whilst this is likely to be beneficial
96 for newly-adapting rigid lens wearers, it is less likely to be important for wearers of soft
97 contact lenses. Soft lenses have a much lower modulus than rigid lenses [2, 3] and
98 have less interaction with the upper eyelid due to a larger diameter and reduced lens
99 movement, which makes them significantly more comfortable from the very first
100 application. For this reason, many patients use soft lenses on an occasional basis
101 and the concept of building-up of wear time in the traditional sense seems redundant
102 under these circumstances.

103
104 Previous work from this group [4] comparing fast to gradual adaptation in neophyte
105 daily disposable lens wearers showed no significant differences in ocular physiology
106 over the first two weeks of lens wear. Limbal, bulbar and palpebral conjunctival
107 redness as well as corneal staining were found to be similar for the two groups with
108 both contemporary hydrogel and silicone hydrogel daily disposable lenses. This
109 finding lends weight to the hypothesis that the oxygen transmissibility of a lens is not
110 relevant in deciding if a gradual adaptation period is required in a soft lens.
111 Furthermore, the work showed that subjective comfort, vision and lens handling were
112 not negatively impacted by a fast adaptation schedule; in fact, lens awareness and
113 ease of lens removal were *improved* in the fast compared to the gradual adapters in
114 the hydrogel lens wearers.

115
116 The report was the first to provide evidence that eye care practitioners could eliminate
117 gradual adaptation periods in soft lenses – at least for daily disposable wearers.
118 However, it remains unknown whether the same principle can be applied to reusable
119 daily wear soft contact lenses which remain the most widely prescribed lens category
120 across the world, currently making-up up 44% of lens fits globally [5]. There are
121 additional complexities which could influence comfort and adaptation with reusable
122 lenses compared with daily disposable lenses, such as the interaction of the care
123 regimen with the ocular surface [6, 7] as well as the potential for increased levels of
124 deposition and its effect on ocular physiology [8].

125

126 This work set out to build upon the findings of previous work[4] and sought to gain a
127 better understanding of whether the recommendation of gradual adaptation was
128 supported for reusable daily wear hydrogel and silicone hydrogel contact lenses.
129 Specifically, the work aimed to investigate if there were differences in ocular surface
130 physiology and subjective performance in contact lens neophytes prescribed reusable
131 lenses who underwent a fast versus a gradual adaptation schedule in the first two
132 weeks of lens wear.

133

134 **2. Methods**

135 **2.1 Study lenses and care regimen**

136 The two monthly reusable lenses investigated in this work were Proclear® and
137 Biofinity® (CooperVision Inc.) (Table 1). These lenses were selected based on the
138 similarity of their design (e.g. lens edge shape) and as representative examples of
139 commonly prescribed hydrogel and silicone hydrogel monthly reusable lenses.
140 Participants were fitted with one of the two lens types and worn bilaterally (as a
141 matching lens pair) on a daily wear, reusable basis for a period of 12-14 days.

142

143 All participants used Opti-Free® Puremoist® multi-purpose contact lens solution (Alcon
144 Laboratories Inc.) throughout the study together with the manufacturer-provided flat
145 lens case. The care regimen is described as a buffered solution containing the dual
146 disinfectants/preservatives POLYQUAD® (polyquartanium-1) 0.001% and ALDOX®
147 (myristamidopropyl dimethylamine) 0.0006%[9] . Two wetting agents; Tetronic 1304
148 (BASF Corporation) and a proprietary linear diblock copolymer composed of
149 poly(oxyethylene)-poly-(oxybutylene) named EOBO, HydraGlyde® Moisture Matrix
150 are present as well as sodium citrate, sodium chloride, boric acid, sorbitol,
151 aminomethylpropanol and disodium EDTA. Participants were instructed to use the
152 solution following the manufacturer guidelines which also included a rub-and-rinse
153 step.

154

155 **2.2 Study Design**

156 This was a prospective, parallel-group, randomised, investigator-masked, multi-site
157 study based at four academic institutions: Aston University (Birmingham, UK),
158 University of Bradford (Bradford, UK), Cardiff University (Cardiff, UK), and Glasgow

159 Caledonian University (Glasgow, UK). All four sites received human ethics approval
160 from their respective institutional research ethics committee. The study conformed to
161 the tenets of the Declaration of Helsinki and all participants provided written informed
162 consent prior to enrolment.

163

164 Inclusion criteria included being aged between 18-40 years with astigmatism ≤ 0.75 DC,
165 being deemed suitable for contact lens wear following anterior eye assessment and
166 being in possession of an in-date spectacle prescription. Participants were excluded if
167 they had a history of contact lens wear within the previous six months, were pregnant
168 or breast-feeding, had had recent refractive surgery, had a known hypersensitivity to
169 saline or sodium fluorescein, took medications known to affect contact lens wear or
170 had a systemic or ocular condition that could affect lens wear. The sample size of
171 participants required for the study was estimated using power calculations from a
172 previous study using daily disposable lenses[4]: 10 participants in each
173 adaptation/lens material group would have 80% power to detect a difference of at least
174 10 points on a 0-100 grading scale for subjective scores.

175

176 Participants attended three visits. At the initial visit, baseline investigations included
177 refraction, visual acuity, non-invasive tear breakup time (NIBUT) using either a
178 Tearscope Plus (Keeler, Windsor, UK) or keratometry mires (Bausch and Lomb
179 Rochester NY, USA) and slit lamp examination of the ocular surface: bulbar, limbal
180 and palpebral conjunctival hyperaemia, palpebral roughness, and corneal staining
181 were graded to the nearest 0.1 units using Efron grading scales[10]. The assessment
182 was performed using 16x magnification under white light with the addition of sodium
183 fluorescein (1.5 mg impregnated strips) for the observation of corneal staining using
184 blue light together with a yellow enhancement filter in front of the observation
185 system[11].

186

187 All eligible participants at each site were assigned to one of the two lenses for the
188 investigation, with each site only fitting one of the lens types. Lens fit was assessed
189 using the simplified approach proposed by Wolffsohn and colleagues[12]. An
190 unacceptable fit was identified by the presence of limbal excursion or if there were two
191 or more minus grading values for the fitting parameters. Subjective responses were
192 reported using 0-100 visual analogue scales where 0 indicated a very poor or negative

193 experience and 100 indicated a very positive experience. At initial lens dispensing the
194 following were recorded: 'comfort before lens application', 'overall comfort' and 'visual
195 quality'.

196

197 Participants were then randomly allocated to one of two adaptation schedules; i) no
198 build-up of wearing time (fast adaptation) where participants would wear lenses for 10
199 hours from the first day or ii) a more gradual build-up (gradual adaptation) where
200 participants would wear lenses for 4 hours on the first day and increase their wear
201 time by 2 hours on each subsequent each day until they reached 10 hours.
202 Investigators collecting data were masked to the adaptation schedule group. All
203 participants were instructed fully on contact lens application and removal and given
204 full instructions on how to care for their lenses, including the use of the care regimen.

205

206 Participants returned to the clinic for two further follow-up visits once they had reached
207 10 hours of lens wear: i) 4-6 days and ii) 12-14 days after fitting. Slit lamp
208 biomicroscopy and NIBUT assessments were carried out at both visits similarly to the
209 initial baseline visit. The following subjective scores were recorded using 0-100 visual
210 analogue scales: 'comfort prior to lens application', 'overall comfort', 'vision quality',
211 'lens awareness throughout the day', 'end-of-day comfort', 'ease of lens application'
212 and 'ease of lens removal'. Participants were also asked to record these same
213 parameters after wearing the lenses for 7 days and to return the completed
214 questionnaire at the final visit.

215

216 **2.3 Statistical Analysis**

217 Statistical analyses were performed using IBM SPSS Statistics (v23 IBM Corp.
218 Chicago, Illinois, USA). The data were not found to be normally distributed
219 (Kolmogorov-Smirnov Test $p < 0.05$) therefore Mann-Whitney U tests were used to
220 investigate the differences between the gradual and fast adaptation groups at each
221 visit. The statistical significance level was set at $p < 0.05$.

222

223

224 **3. Results**

225 Seventy-four participants were enrolled and the demographics of the study groups are
226 shown in Table 2. Overall the age range of all the study cohorts remained similar
227 between 18-28 years, and the range of refractive error (spherical equivalent) was
228 between +0.25 and -6.50 DS. All recruited participants completed the study and no
229 adverse events occurred. No lens fits were deemed 'unacceptable'.

230

231 **3.1 Ocular surface physiology and tear film stability**

232 There were no statistically significant differences ($p>0.05$) in ocular surface physiology
233 or NIBUT measurements between the two adaptation schedule groups at baseline, or
234 at the two follow-up visits for the hydrogel or silicone-hydrogel wearers (Tables 3 and
235 4); the only exception was after 4-6 days of wear, when the gradual adaptation silicone
236 hydrogel wearers demonstrated significantly lower scores for corneal staining
237 compared to the fast adaptation group ($p=0.019$; Table 4), but this difference was not
238 sustained after 12-14 days of lens wear.

239

240 **3.2 Subjective assessments**

241 At baseline there were no statistically significant differences ($p>0.05$) in subjective
242 scores between the two adaptation schedule groups for both the hydrogel (Table 5)
243 and silicone hydrogel (Table 6) wearers. This was also true at 4-6 days and day 7 after
244 lens wear commenced. After 12-14 days of silicone hydrogel lens wear, 'lens
245 awareness' ($p=0.02$) was significantly better in the gradual compared to the fast
246 adaptors, but there were no other differences between the adaptation schedules
247 (Table 5 and Table 6).

248

249 **4. Discussion**

250 This study built upon the knowledge gained from the first investigation on this topic
251 which compared the effect of a fast compared to a more traditional gradual adaptation
252 schedule on ocular surface physiology and subjective acceptance in neophyte daily
253 disposable lens wearers[4]. As far as possible the same methodology and statistical
254 analyses were repeated for the current second sister study, this time, using reusable
255 daily wear contact lenses. Overall, the results from the present work are similar to
256 those found in the previous study. Neither a fast nor a gradual adaptation schedule

257 had any major impact on the short-term ocular surface physiology or tear film stability
258 with modern hydrogel or silicone hydrogel reusable contact lenses.

259

260 In hydrogel lens wear there were no differences between adaptation groups for bulbar,
261 limbal or palpebral hyperaemia across time points and this was also the case for
262 palpebral roughness and corneal staining. Similar results were seen in the silicone
263 hydrogel lens wearers except that the gradual adaptation group demonstrated
264 reduced levels of corneal staining after 4-6 days compared with the fast group. Given
265 that the corneal staining scores were 0.3 versus 0.1 Efron grading units (fast vs.
266 gradual adaptation groups, respectively), it seems reasonable to conclude that these
267 differences are not clinically significant since their magnitude lies within the 'normal'
268 range on this grading scale[13]. Any differences between the two groups in this
269 parameter had disappeared by 12-14 days.

270

271 Contact lens wear causes disruption to the normal tear film structure and function [14-
272 16] which is thought to be a significant factor in negatively impacting ocular discomfort
273 despite the lack of conclusive evidence linking the two. No differences were observed
274 between the two adaptation schedules for NIBUT in either lens type at either visit
275 which suggests that tear film stability is not adversely affected as a result of how
276 quickly the wearing time is built up in reusable lenses. Overall, these results are very
277 similar to earlier findings investigating adaptation schedule in daily disposable
278 wearers[4] with the exception that in the daily disposable work a longer NIBUT was
279 found in those undergoing a gradual adaptation in silicone hydrogel lenses at the 12-
280 14 day visit.

281

282 In terms of subjective comfort-related responses, there were no statistically significant
283 differences between the two adaptation groups in the hydrogel lens wearers.
284 Interestingly, in hydrogel daily disposable wearers 'lens awareness' and 'end-of-day'
285 comfort were shown to be better in the fast versus the gradual adaptation group after
286 7 and 12-14 days, respectively[4]. No such differences have been demonstrated in the
287 current work which could be as a result of the particular hydrogel lens design chosen,
288 lens deposition differences or factors related to the lens/solution combination. This
289 lack of comfort-related symptoms difference between the two adaptation groups is in

290 line with no differences being observed in ocular physiology and NIBUT in this lens
291 type.

292

293 In the silicone hydrogel wearers, 'lens awareness' scores were better (i.e. scores were
294 higher which corresponded to reduced lens awareness) in the gradual adaptation
295 versus the fast adaptation group at the 12-14 day visit and this difference (86 vs. 71)
296 is quite marked. The gradual adaptors also presented with significantly reduced
297 corneal staining at the 4-6 day time point and it is not clear if this could have
298 contributed to the subsequent lens awareness increases in this group at the following
299 visit. Previous work has shown a link between comfort and levels of SICS staining[17-
300 19], yet it is unlikely that the use of other lens care solutions such as hydrogen peroxide
301 would have reduced the level of corneal staining observed or changed the study
302 outcome as the frequency of cleaning was the same between the fast and gradual
303 adaptation groups. It would be interesting to investigate whether or not this 'lens
304 awareness' difference persists longer-term, but the difference between the two
305 adaptation groups in this lens type is somewhat offset by there being no other
306 differences in subjective comfort scores over the two-week study period.

307

308 Visual quality was similar for the adaptation groups in both lens types at all time points
309 across the two-week period, which is in line with previous findings for daily disposable
310 lenses. This study also evaluated subjective handling aspects relating to 'ease of
311 application' and 'ease of removal' at each follow-up visit; as with the daily disposable
312 lens study, no significant differences were found between the fast and gradual
313 adaptation groups at any of the time points or for either lens type. This result is not
314 unexpected given that the total amount of handling time is the same whichever
315 adaptation schedule is followed i.e. participants would be applying and removing the
316 lenses once per day.

317

318 Overall, the results from this work suggest that gradual adaptation to modern spherical
319 reusable disposable soft lenses is unnecessary, regardless of the oxygen permeability
320 of the material. As has been previously stated, this does not mean that wearers should
321 be instructed to wear their lenses for 10 hours from the start regardless, but rather a
322 sensible approach would be to instruct patients to wear them for as long as they are
323 comfortable up to a suggested maximum. The first few weeks of lens wear are very

324 important in terms of the long-term success of a new contact lens wearer so the patient
325 should be followed up to determine whether they have any issues that need
326 addressing[20].

327

328 This work with reusable soft contact lenses has added to the growing body of evidence
329 showing that gradual adaptation in neophytes has little clinical benefit compared to a
330 fast adaptation approach in both hydrogel and silicone hydrogel lenses. These findings
331 have important ramifications for the clinical management of these patients in the initial
332 lens wear period.

333

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391

Lens name	Biofinity®	Proclear®
Manufacturer	CooperVision Inc.	CooperVision Inc.
Material	Comfilcon A	Omafilcon B
Base Curve (mm)	8.6	8.6
Total Diameter (mm)	14.0	14.2
Water content (%)	48	62
Oxygen permeability (ISO 96 units)	96	20
Back vertex power range (BVP)	+8.00 to -12.00D	+6.50 to -20.00D

392

393 **Table 1:** Study lenses (parameters from the ACLM Yearbook)[21]

394

395

Lens	Experimental Group	Participants	Age (years)	Male/Female Ratio	Refraction (Spherical equivalent in dioptries)
Biofinity®	Gradual	17	18 - 23	4 / 13	+0.25 to -6.50D
	Fast	18	18 - 28	1 / 17	+0.25 to -4.50D
Proclear®	Gradual	20	18 - 27	3 / 17	+0.50 to -5.25D
	Fast	19	18 - 28	6 / 13	+0.50 to -6.50D

396

397 **Table 2:** Demographic and refractive details of the study participants.

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399
400

		Baseline			Day 4-6			Day 12-14		
		Mean	SD	P	Mean	SD	P	Mean	SD	P
Bulbar Hyperaemia	Fast	0.8	±0.6	0.879	0.7	±0.7	0.365	1.0	±0.7	0.351
	Gradual	0.8	±0.8		0.9	±0.6		0.7	±0.8	
Limbal Hyperaemia	Fast	0.6	±0.4	0.945	0.8	±0.4	0.322	0.7	±0.6	0.322
	Gradual	0.6	±0.6		0.6	±0.6		0.5	±0.6	
Palpebral Hyperaemia	Fast	0.8	±0.5	0.728	0.8	±0.7	0.771	0.8	±0.6	0.513
	Gradual	0.7	±0.6		0.8	±0.6		0.7	±0.7	
Palpebral Roughness	Fast	0.7	±0.5	0.444	0.6	±0.6	0.879	0.6	±0.7	0.513
	Gradual	0.6	±0.5		0.6	±0.5		0.4	±0.5	
Corneal Staining	Fast	0.3	±0.4	0.771	0.5	±0.5	0.559	0.5	±0.4	0.708
	Gradual	0.1	±0.2		0.3	±0.4		0.5	±0.4	
Non-invasive breakup time (s)	Fast	9.1	±1.4	0.999	8.2	±1.1	0.270	7.6	±1.3	0.351
	Gradual	9.0	±1.6		8.7	±1.2		8.1	±1.6	

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Table 3: Comparison of ocular physiology in fast and gradual adaptation of neophytes fitted with reusable hydrogel soft contact lenses. Efron scale grading between 0 and 4 units, using 0.1 increments. SD = standard deviation; p = significance value. (bold indicates level <0.05).

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		Baseline			Day 4-6			Day 12-14		
		Mean	SD	P	Mean	SD	P	Mean	SD	P
Bulbar Hyperaemia	Fast	0.6	±0.4	0.335	0.8	±0.4	0.173	0.9	±0.4	0.883
	Gradual	0.7	±0.4		0.8	±0.4		0.9	±0.4	
Limbal Hyperaemia	Fast	0.5	±0.4	0.636	0.6	±0.4	0.883	0.7	±0.3	0.660
	Gradual	0.5	±0.4		0.5	±0.3		0.8	±0.4	
Palpebral Hyperaemia	Fast	0.4	±0.3	0.590	0.4	±0.4	0.393	0.5	±0.5	0.405
	Gradual	0.5	±0.4		0.5	±0.4		0.6	±0.5	
Palpebral Roughness	Fast	0.4	±0.2	0.732	0.4	±0.2	0.463	0.5	±0.3	0.935
	Gradual	0.3	±0.2		0.5	±0.4		0.5	±0.4	
Corneal Staining	Fast	0.2	±0.3	0.999	0.3	±0.3	0.019	0.3	±0.4	0.351
	Gradual	0.1	±0.2		0.1	±0.2		0.2	±0.3	
Non-invasive breakup time (s)	Fast	11.1	±3.2	0.590	10.1	±2.0	0.270	9.6	±2.9	0.613
	Gradual	11.1	±2.3		10.4	±2.6		10.1	±4.2	

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Table 4: Comparison of ocular physiology in fast and gradual adaptation of neophytes fitted with reusable silicone hydrogel soft contact lenses. Efron scale grading between 0 and 4 units, using 0.1 increments. SD = standard deviation; p = significance value. (bold indicates level <0.05).

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		Baseline			Day 4-6			Day 7			Day 12-14		
		Me	SD	p	Me	SD	p	Me	SD	p	Me	SD	p
Comfort prior to lens wear	Fast	97.9	±4.2	0.428	96.1	±7.6	0.411	97.1	±5.6	0.923	98.7	±3.3	0.749
	Gradual	99.0	±4.5		97.5	±7.3		96.8	±7.8		96.3	±8.7	
Overall comfort	Fast	85.5	±9.1	0.708	81.1	±15.4	0.461	78.7	±17.5	0.0478	82.4	±13.3	0.351
	Gradual	86.0	±11.4		85.0	±13.2		83.0	±16.2		86.0	±12.3	
Visual quality	Fast	93.2	±8.0	0.687	94.2	±7.9	0.127	91.6	±10.5	0.336	95.3	±6.3	0.283
	Gradual	91.5	±15.2		85.5	±17.5		86.5	±14.5		88.8	±16.7	
Lens Awareness	Fast				77.9	±16.3	0.627	76.7	±18.8	0.478	76.6	±22.1	0.513
	Gradual				75.0	±18.9		73.6	±17.4		74.5	±18.3	
End of Day Comfort	Fast				72.9	±22.6	0.835	70.3	±24.4	0.945	70.8	±22.7	0.967
	Gradual				75.0	±22.9		73.5	±20.7		72.8	±17.3	
Ease Application	Fast				84.7	±12.9	0.846	85.8	±15.2	0.989	88.9	±14.4	0.687
	Gradual				90.5	±11.0		87.8	±10.2		88.3	±12.2	
Ease Removal	Fast				89.7	±11.0	0.270	92.6	±11.9	0.967	91.8	±10.3	0.569
	Gradual				94.3	±8.5		92.5	±12.0		94.8	±7.7	

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416 **Table 5:** Comparison of subjective ratings in fast and gradual adaptation of
 417 neophytes fitted with reusable hydrogel soft contact lenses using visual analogue
 418 scales (0-100). SD = standard deviation; p = significance value (bold indicates level
 419 <0.05).

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		Baseline			Day 4-6			Day 7			Day 12-14		
		Me	SD	p	Me	SD	p	Me	SD	p	Me	SD	p
Comfort prior to lens wear	Fast	92.0	±9.9	0.660	88.9	±13.7	0.832	93.1	±9.0	0.961	93.6	±7.7	0.546
	Gradual	93.7	±9.3		91.7	±9.0		93.2	±8.8		95.3	±7.3	
Overall comfort	Fast	77.5	±20.9	0.613	74.4	±21.4	0.525	81.5	±15.8	0.832	79.8	±17.9	0.318
	Gradual	80.8	±20.4		80.6	±13.8		84.6	±9.8		87.5	±10.0	
Visual quality	Fast	88.8	±11.0	0.546	79.4	±18.8	0.503	87.9	±6.5	0.909	89.1	±9.1	0.708
	Gradual	83.2	±17.4		82.2	±20.0		84.6	±16.3		88.3	±13.4	
Lens Awareness	Fast				74.7	±28.1	0.618	78.0	±21.7	0.732	71.0	±21.3	0.019
	Gradual				74.7	±19.5		76.1	±22.1		86.1	±11.5	
End of Day Comfort	Fast				70.6	±26.4	0.987	73.4	±20.5	0.961	76.1	±17.1	0.369
	Gradual				74.3	±18.1		72.7	±19.3		81.3	±17.3	
Ease Application	Fast				81.3	±15.2	0.163	82.9	±14.9	0.999	90.3	±9.8	0.732
	Gradual				69.6	±21.5		81.8	±15.9		87.4	±13.2	
Ease Removal	Fast				83.0	±17.4	0.525	87.7	±13.4	0.937	93.6	±8.8	0.613
	Gradual				80.7	±15.3		87.5	±13.6		90.4	±13.3	

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424 **Table 6:** Comparison of fast and gradual adaptation of neophytes fitted with
425 reusable silicone hydrogel soft contact lenses using visual analogue scales (0-100).
426 SD = standard deviation; p = significance value. (bold indicates level <0.05).