

AMERICAN JOURNAL OF OPHTHALMOLOGY®

VOLUME 146

RISK FACTORS FOR COMPLICATIONS AFTER CONGENITAL CATARACT SURGERY WITHOUT INTRAOCULAR LENS IMPLANTATION IN THE FIRST 18 MONTHS OF LIFE

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THE EFFECT OF CATARACT EXTRACTION ON THE CONTRACTILITY OF CILIARY MUSCLE

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SNEEZING REFLEX ASSOCIATED WITH INTRAVENOUS SEDATION AND PERIOcular ANESTHETIC INJECTION

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SHORT-TERM RESULTS OF PENETRATING KERATOPLASTY PERFORMED WITH THE FEMTEC FEMTOSECOND LASER

Hoffart, Proust, Matonti, and Co-Authors

EVALUATION OF INTRASTROMAL INJECTION OF VORICONAZOLE AS A THERAPEUTIC



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- The only PG with 5-year safety and efficacy data¹
- The PG more patients stayed on longer^{2†}

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YEARS

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*In a retrospective analysis of prescription refill records for IOP-lowering agents spanning 6 years (1996-2002), more patients stayed on XALATAN (n=6772) longer than bimatoprost (n=404), travoprost (n=408), timolol (n=12,298), brimonidine (n=5057), betaxolol (n=2458), or dorzolamide (n=1344). Discontinuation/change rates were compared using Cox regression models.

Please see brief summary of prescribing information inside journal.

XALATAN is indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OH).

Important Safety Information: XALATAN can cause changes to pigmented tissues. Most frequently reported are increased pigmentation of the iris, periorbital tissue (eyelid) and eyelashes, and growth of eyelashes. Pigmentation is expected to increase as long as XALATAN is administered. Iris pigmentation is likely to be permanent while eyelid skin darkening and eyelash changes may be reversible. The effects beyond 5 years are unknown. Most common ocular events/signs and symptoms (5% to 15%) reported with XALATAN in the three 6-month registration trials included blurred vision, burning and stinging, conjunctival hyperemia, foreign-body sensation, itching, increased iris pigmentation, and punctate epithelial keratopathy. XALATAN should be used with caution in patients with a history of intraocular inflammation (iritis/uveitis) and should generally not be used in patients with active intraocular inflammation. XALATAN should be used with caution in aphakic patients, in pseudophakic patients with a torn posterior lens capsule, or in patients with known risk factors for macular edema. The recommended dosage of XALATAN is one drop (1.5 µg) in the affected eye(s) once daily in the evening. If one dose is missed, treatment should continue with the next dose as normal. The dosage of XALATAN should not exceed once daily; the combined use of two or more prostaglandins, or prostaglandin analogs including XALATAN, is not recommended. It has been shown that administration of these prostaglandin drug products more than once daily may decrease the intraocular pressure-lowering effect or cause paradoxical elevations in IOP. There have been reports of bacterial keratitis associated with the use of multiple-dose containers of topical ophthalmic products.

¹XALATAN was approved by the Food and Drug Administration in 1996.

PG = prostaglandin.

References: 1. Alm A, Schoenfelder J, McDermott J. A 5-year, multicenter, open-label, safety study of adjunctive latanoprost therapy for glaucoma. *Arch Ophthalmol.* 2004; 122:957-965. 2. Heardon G, Schwartz GF, Mozaffari E. Patient persistency with topical ocular hypotensive therapy in a managed care population. *Am J Ophthalmol.* 2004; 137(1):S3-S12.

AMERICAN JOURNAL OF OPHTHALMOLOGY®

ISSN 0002-9394 • VOL. 146, NO. 5 NOVEMBER 2008

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End-stage age-related macular degeneration remains a growing public health concern because of the associated bilateral visual impairment it causes. Long-term results of the phase II/III implantable telescope prosthesis trial (IMT002) showed that patients achieved and maintained a doubling of visual acuity over the course of the two-year study period. Initial endothelial cell loss resulting from the implantation procedure was greater than expected; however, key indicators of corneal health demonstrated cell density and morphologic features consistent with a stable corneal endothelium.

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