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Bulletin

NEXT MEETING

Marriott West
600 Maryville Center

July 14, 2020 7:00 pm

Hope all of you are staying safe and taking precautions in all areas of your life.

We will be trying something NEW this month! A hybrid Meeting!! Yes we are Always trying to find ways to reach our members. This month we will be offering our usual meeting at the Marriott West. The schedule follows:

6:15 p.m. Dinner

7:00 p.m. Business Meeting

7:15 p.m. Ant-VEGF 2.0: The Next Generation of Wet AMD Treatment
Nancy Holekamp, M.D.

RSVP no later than July 8, 2020
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Beginning at 7:00 you will also be able to join us via ZOOM. We will not offer this every month, but lets see how it goes! Many are anxious to get back to the Meeting and some are still a little nervous, and several of you are able to now join us and have not been able to in the past.

Details on the ZOOM meeting will be coming to you as they develop.

Know Your Chances:
An Evidence Based Approach to Clinical Decision Making

Presented by: Jordan Keith, OD, FAAO
Submitted by : Paul Luong, OD, FAAO

The goal of the course was to give a better understanding of medical literature and reduce the confusion of medical statistics. By understanding the numbers and knowing the correct questions to ask, the eye care provider can use evidence-based medicine to make wiser clinical decisions in medical optometry.

One important role an eye doctor has is to treat and manage the emotional and psychological parts of our patient's disease. Clinical trials help with this role very well. They allow us to tell patients the chances their treatments are going to work and the downsides they may have to go through to achieve those results.

The steps of evidence-based medicine are: 1. Formulate an answerable question, 2. Find the best evidence, 3. Critically review the evidence, 4. Applying the evidence in clinical practice

1. Good questions lead to good answers: What is my diagnosis? What are the threats to vision? Are there treatments for this supported by evidence? If so, when do we treat? What do I do with the patient in my chair now?
2. Find the best evidence: Level 1: Randomized clinical trials (RCT) with low study errors, Level 2: RCT with high errors, Level 3: Nonrandomized clinical trials, Level 4: Intervention case series, Level 5: Intervention case report. Ideally, we would always choose Level 1 evidence but unfortunately some diseases are rare, therefore have low sample sizes and make the randomization difficult. The typical progression of evidence begins with Level 5 for a particular topic, then moves up to Level 4, then 3 and so on.
3. Critical appraisal: Who (where) did the study (be skeptical of industry funded research)? The goal and outcomes used in the study? How was the study carried out (i.e., blind, double blind, randomized, sample size (n), etc.)? What were the results? How does this affect us clinically? Risk/benefit ratio?
4. Applying the evidence: knowing how to use statistics as they can be misleading. Pay attention to the absolute risk reduction (ARR) and the

5. number needed to treat (NNT) instead of the relative risk reduction (RRR). The RRR is the number usually sensationalized by media or industry when conveying study results to promote a particular treatment. It can be misleading. The ARR tell us what percentage of patients benefited from the treatment. The NNT is how many people need to be treated to not have the bad outcome. An example of this statistical analyses can be applied to the Ocular Hypertension Treatment Trial (OHTS) which asked: In a patient with elevated intraocular pressure, when and who do we treat? After the results were published, a misleading headline might have read "Treating a patient with ocular hypertension reduces the risk of developing glaucoma by 50%." That 50% is the RRR derived from the results of the control group receiving no treatment (10% of which developed glaucoma) and the result of the treatment group (5% of patients developed glaucoma). The ARR is 5% and the NNT is 20%. Meaning you have to treat 20 people for only 1 person to benefit. Being able to interpret study data in this way can help a practitioner apply the evidence to their own clinical practice. In addition, by educating patients with these statistics, you empower the patient to make the decision to treat or not to treat on their own.

##################

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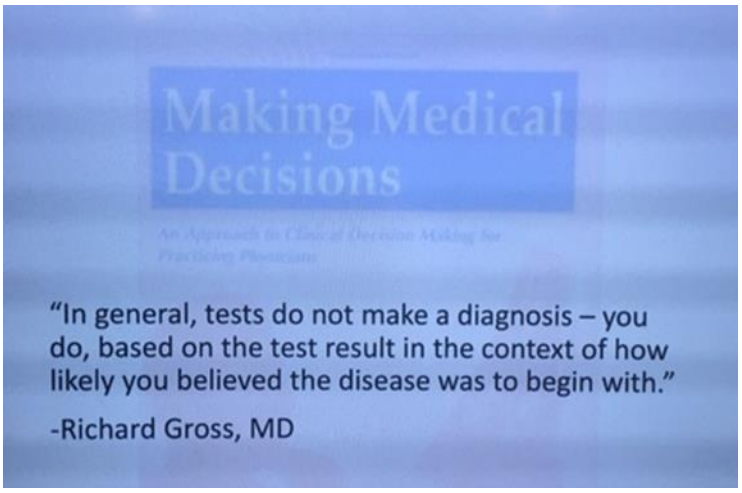

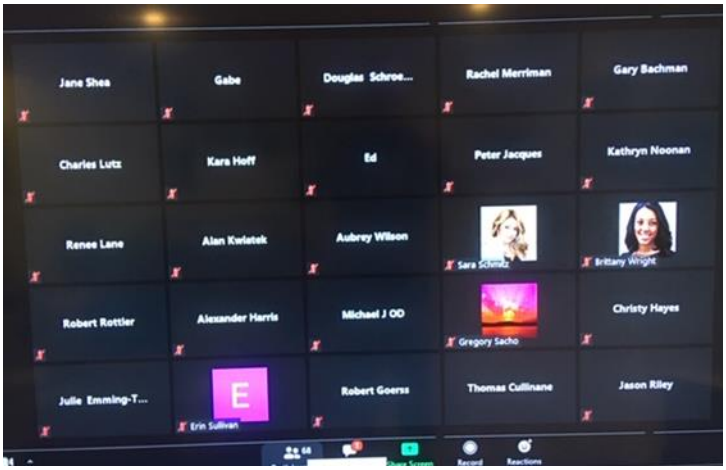

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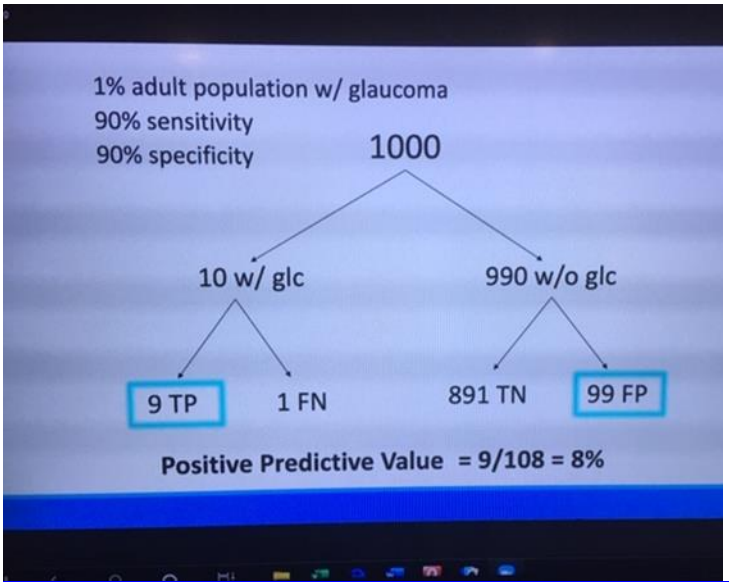

Here are the links that take you to conference registration or the webinar registration:
https://www.moeyecare.org/AnnualConferenceAttendeeRegistration
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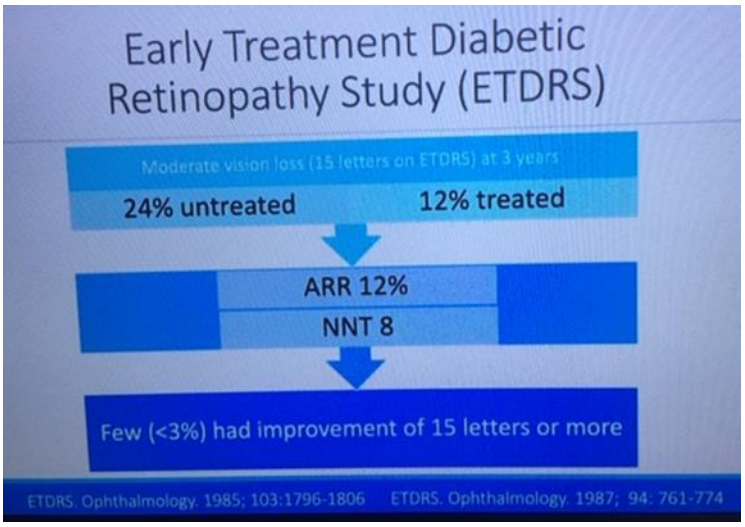

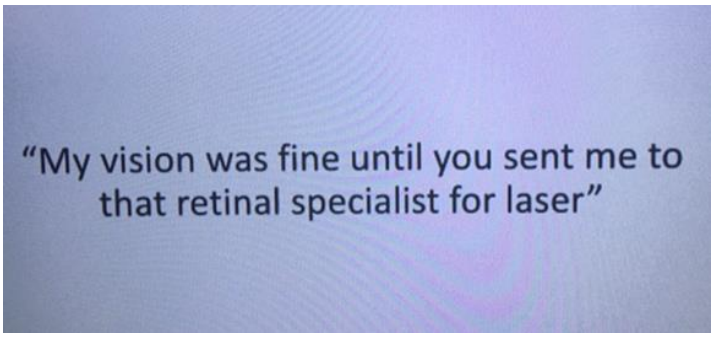

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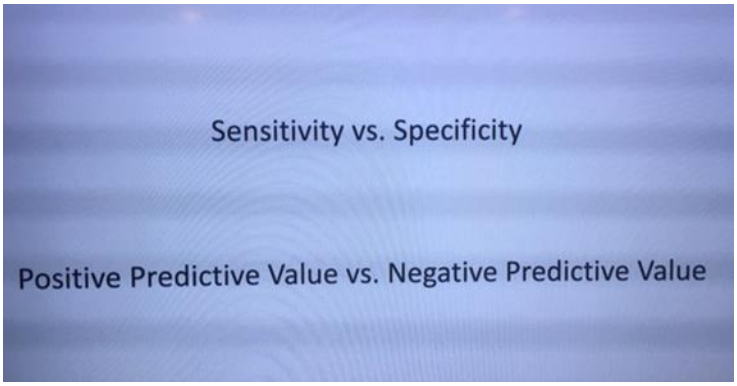

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Dr. Lee Ann Barrett (moaed@moeyecare.org) would like all SLOS members with questions, concerns or thoughts pertaining to optometry and the current COVID-19 situation, as well as the passed stimulus package involving PPP and SBA loans to feel free to contact her directly with their questions answered. (moaed@moeyecare.org)
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