Association of Cataract Surgery With Mortality

Tseng and coauthors evaluated the association of cataract surgery with mortality outcomes among women with cataract. In a prospective cohort study of 74,044 participants of the Women's Health Initiative with cataract, cataract surgery was associated with a decreased risk for all-cause mortality and mortality attributed to vascular, cancer-related, unintentional, neurologic, pulmonary, and infectious causes. Although these findings do not necessarily indicate a causal relationship, they support the conclusion that in women with cataract, cataract surgery may decrease mortality risk related to multiple types of systemic illness.

Estimates of Visual Impairment, Low Vision, and Blindness

Recognizing that updated estimates of the prevalence and incidence rates of low vision and blindness are needed to inform policy makers and develop plans to meet the future demands for low vision rehabilitation services, Chan and coauthors evaluate the projected prevalence and incidence of low vision and blindness in the United States from 2017 to 2050. Using data from 6016 participants in the 2007 to 2008 National Health and Nutrition Examination Survey, the authors found that the number of new cases of low vision and blindness each year is estimated to more than double in 30 years. These prevalence and incidence rates show a substantial increase in the need for low vision rehabilitation services with the aging US population.

Adding Dexamethasone to Ranibizumab Treatment

Maturi and coauthors evaluated whether the addition of intravitreous dexamethasone provided benefits to eyes receiving continued intravitreous ranibizumab therapy for persistent diabetic macular edema. In a phase 2 randomized clinical trial that included 129 eyes with persistent diabetic macular edema, improvement in visual acuity at 24 weeks was not significantly different between combination therapy and ranibizumab alone. The authors concluded that for eyes with persistent diabetic macular edema, the addition of intravitreous dexamethasone to continued ranibizumab therapy reduces retinal thickness but does not improve visual acuity more than continued ranibizumab therapy alone.

Ophthalmologist Age and Unsolicited Patient Complaints

Fathy and coauthors note that previous studies of patient dissatisfaction have not addressed the association with physician age or controlled for other characteristics (eg, practice setting, subspecialty) that may contribute to the likelihood of patient complaints, unsafe care, and lawsuits. Therefore, they questioned if physician age was associated with an increased likelihood of receiving unsolicited patient complaints among ophthalmologists. This cohort study of 1342 ophthalmologists found that increasing physician age was associated with a decreased risk of receiving an unsolicited patient complaint. Younger ophthalmologists had a significantly shorter time to first complaint and were significantly more likely to receive a patient complaint than older physicians. The authors conclude that ophthalmologists’ patient complaints provide information that may have practical applications for patient safety, clinical education, and clinical practice management.