Previous history of ocular inflammatory event — Smoking

Age (less than 25 and greater than 50)

Refractive error greater than 5 dioptres

- Corneal staining
- Limbal redness
- Differences in climate<sup>4</sup> and population<sup>5</sup> are also likely to influence contact lens related adverse events.

#### PURPOSE

To identify risk factors for corneal inflammatory events (CIEs) in wearers of silicone hydrogel lenses on a 30-night continuous wear (CW) schedule.

#### MATERIALS AND METHODS

- The subjects for this study were residents of Andra Pradesh, India. The study was conducted at the L V Prasad Eye Institute in Hyderabad.
- A total of 188 subjects were dispensed with lenses (commenced on May 23 2005) in this single-site study.
- Lenses used in this study were lotrafilcon A silicone hydrogel lenses.
- Subjects wore the study lens on a 30-night CW schedule with monthly replacement.
- Lenses were dispensed at the baseline visit and followup visits were scheduled at 1 night, 1 week, 3 months and 6 months after starting CW
- Multivariate logistic regression, after adjusting for within subject correlation, was used to develop the statistical model.

## INTRODUCTION

studies were conducted in the United States and the

risk factors emerging from these prospective studies







include

# **RETROSPECTIVE ANALYSIS OF RISK FACTORS ASSOCIATED WITH CONTACT** LENS INDUCED INFLAMMATORY EVENTS DURING CONTINUOUS WEAR

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Demographics	Results
Age	22 ± 4 (Min. 17, Max 46)
Male : Female	117 (62%) : 71 (38%)
Neophyte : Experience	159 (85%) : 29 (15%)
Spec Rx sphere (D)	-2.83 ± 1.43
Spec Rx cylinder (D)	$-0.17 \pm 0.29$

Figure 1. Demographic data of subjects dispensed with lenses

Lens Type	Power (D)	Base Curve (mm)	Diameter (mm)
lotrafilcon A	-1.00 to -6.00	8.6	13.8

Figure 2: Lens parameters

Factor	Odds Ratio		
Corneal Vascularisation (Any vs None)	12.33		
Microbial Contamination of Lenses	2.78		
Occupations in ideal environment	1		
Occupation in non-ideal environment	6.24		
Students	2.2		
Primary Gaze Movement (per change in 0.1mm)	0.56		
Figure 3: Risk factors			

#### RESULTS











	95% Confidence Interval		
pvalue	Lower	Upper	
0.001	2.86	53.2	
0.002	1.43	5.4	
_	_	_	
0.003	2.1	40.45	
0.203	0.65	7.43	
0.027	0.398	0.935	

## RESULTS

- Occupations in non-ideal environments were found to predispose wearers to CIEs (p=0.003). Wearers who had varying degrees of exposure to ocular irritants in their work environment (dust, fumes, water splashes to face) had the highest incidence of CIEs (19.2%).
- Wearers in a controlled, ideal environment (indoors, administrative type work) had lowest levels of events (3.3%).
- Students occupied a position between the two groups (9.3%).
- CIE rate was higher among wearers with increased microbial contamination of lenses (p=0.002). We are rs with an infiltrative event had mean CFU of 1.97 log compared to mean CFU of 1.45 log in group with no infiltrative event.
- Cornealvascularisation was associated with the development of CIEs (p=0.001) with 50% of wearers with vascularisation experiencing events compared to 7.6% of subjects with no vascularisation.
- Reduced lens movement was associated with CIEs (p=0.027).

#### CONCLUSION

- A multitude of factors, including environmental influences, lens contamination, ocular characteristics and lens fit contribute to the development of inflammatory events.
- Contamination of the lens appears to confer the highest risk of developing an infiltrative event indicating that patient hygiene, compliance and local environment play a critical role with these types of events.
- Occupational environment was also a contributory factor, confirming that a duty of clinicians is to ascertain the nature of the work environment of lens wearers (and potential wearers) and to balance the needs of the wearer with the potential risks.

#### REFERENCES

[1] Chalmers RL, McNally JJ, Schein OD, Katz J, Tielsch JM, Alfonso E, Bullimore M, O'Day D, Shovlin J. Risk factors for corneal infiltrates with continuous wear of contact lenses. Optom Vis Sci. 2007;84(7):573-579

[2] McNally JJ, Chalmers RL, McKenney CD, Robirds S. Risk factors for corneal infiltrates with 30-night continuous wear of silicone hydrogel lenses. Eye Contact Lens 2003;29(1S):S153-S156

[3] Szczotka-Flynn L, Debanne SM, Cheruvu VK, Long B, Dillehay S, Barr J, Bergenske P, Donshik P, Secor G, Yoakum J. Predictive factors for corneal infiltrates with continuous wear of silicone hydrogel contact lenses. Arch Ophthalmol.2007;125:488-492

[4] Stapleton F, Keay LJ, Sanfilipo PG, Katiyar S, Edwards KP, Naduvilath T. Relationship between climate, disease severity, and causative organism for contact lens-associated microbial keratitis in Australia. Am J Ophthalmol. 2007 Nov;144(5):690-698. Epub 2007 Aug 29

[5] Gopinathan U, Stapleton F, Sharma S, Willcox MDP, Sweeney DF, Rao GN, Holden BA. Microbial contamination of hydrogel contact lenses. J Appl Microbiology 1997;82:653-658

#### ACKNOWLEDGEMENTS

Supported by CIBA VISION and the Australian Government CRC Scheme through the Vision Cooperative Research Centre.