

## DECISIONS, DECISIONS

**A**lthough we didn't plan it that way, this issue of JBO highlights several dilemmas that clinicians of all types face on a continuing and increasing basis; namely, should a particular intervention be utilized in spite of the fact that there is evidence, but not absolute proof, of its efficacy? In the "Viewpoints" section (page 16) Sherman draws upon research to make a case for the optometrist's ability to control, stabilize and even reduce myopia by vision therapy. He then goes on to offer a regimen of care that includes nutrition and exercise on the basis of his clinical experience. Grosvenor (page 17), on the other hand, proposes that research does not generally support the efficacy of myopia control by vision therapy. However, he does believe there is some evidence that certain patients do stabilize with bifocals, and that the use of a particular type and design of contact lenses is promising for others.

On page 3, Cooper et al. present one of the most complete reviews of the effect of nutrition on general and visual health that has appeared in the optometric literature. In it you will find a good deal of evidence that supports the use of certain vitamin and mineral

supplements as a preventative measure for cataracts, age-related macular degeneration, as well as other non-ocular pathologic conditions. Yet, the authors end the article with a reasonably cautious bit of advice to the clinician.

So, one dilemma that faces us all is considering what constitutes proof of efficacy. It is usually proposed to be between the .01 and .05 level of statistical significance. However, if a particular intervention indicates a .09 level of confidence, that means that there are nine possibilities in 100 that the positive effect occurred by chance. Does the .09 level per se constitute sufficient grounds to discard the intervention, or is it possible that the .01 to .05 yardstick might be appropriate for one type of study but, in terms of potential benefits to some patients, too stringent in another?

The second dilemma is then whether to institute the particular intervention. Each clinician decides this on his or her own; what is important is the decision-making process. I believe that it is as bad to depend totally on the research as it is to totally ignore it. We live in an imperfect world; just as anecdotal reports of success are purposely

or unpurposely exaggerated by some clinicians, research is sometimes improperly designed and statistically treated, and can even be purposely deceptive. However, it has been my observation that enlightened clinicians strike a balance between the two extremes; they are able to weigh and then appropriately integrate research findings with the realities of the clinical world. To dismiss either clinical experience or research findings in deciding whether to utilize a particular intervention is clinically irresponsible. It serves neither optometry nor the public we serve.



*Irwin B. Suchoff, O.D.*