



## GLOBAL PERSPECTIVE ON RCT'S : AN INDIAN VIEW

**Professor Ravi Thomas**

L.V. Prasad Eye Institute

While replication of RCT's may be ideal, logistics, expenses (and expertise) may not permit this. It is also unlikely that Indians are so different that extrapolation from existing RCT's is impossible. Possible lower success, compliance and effectiveness could be factored in. In view of the limitations in a "developing" nation we must extrapolate available information (cost) effectively and sensibly.

1. OHTS: For ocular-hypertension, a relative risk (RR) of 2.2 and the Relative Risk Reduction (RRR) of 54% are impressive. The Number Needed to Treat (end point prevention of early damage) is only 20 but the threat of blindness is small. IF the Relative Risk Reduction (RRR) is the same across the board, it may be better to treat those at higher risk (IOP 26 with thin corneas etc) and lower NNT's.
2. EMGT: The RR in early untreated POAG is 1.4; RRR 29% with treatment is significant. The objective here is prevention of progression (and blindness); an NNT of 6 seems reasonable. IF RRR remains the same, targeting groups at higher risk is even better.
3. CIGTS: While medical Rx is as effective as primary surgery a possibly lower success rate can be factored in; this could be offset with the use of mitomycin. Medical therapy involves increased costs and noncompliance. An effectiveness (versus efficacy) study is desirable.

Population attributable risk percentages (PAR) convey the public health implications for the population; PAR for OHT & early POAG are small. PACG should receive priority for proposed projects in the Indian subcontinent.

Updated: September 3, 2003 9:45 PM AST