THE COCHRANE COLLABORATION

Cochrane Eyes and Vision Group Newsletter

Number 8 May 2002

National Eye Institute to Support US Activities of the CEVG

Kay Dickersin, one of the Cochrane Eyes and Vision Group Editors and Director of the New England Cochrane Center Providence Office (NECC@P) at Brown University, has been awarded a 7 year contract from the National Eye Institute of the National Institutes of Health. The overall objective of the project is to develop a critical mass of US-based vision researchers and practitioners who are trained in preparing and using systematic reviews as part of the CEVG. This new funding reflects the strong support for the Cochrane Collaboration and the CEVG by the National Eye Institute.

The NECC@P and the CEVG Editorial Base have worked closely since 1995. The US-funded project will assist the CEVG Editorial Base in generating US interest in and awareness of the Cochrane Collaboration and the CEVG by identifying potential US contributors and encouraging them to become actively involved as reviewers, co-reviewers, peer-reviewers, handsearchers, editors, and translators. We have worked to coordinate the US CEVG activities with specific emphasis on maximizing resources and preventing duplication of effort.

The US group aims to accomplish 4 main goals: expand awareness of evidence-based health care in general and in eyes and vision specifically; develop a critical mass of vision researchers who are able to perform and interpret systematic reviews, and train others to do the same; develop a critical mass of clinicians who use the results of systematic reviews as an evidence base to guide their practice, and to train others to do the same; generate an increased number of systematic reviews in priority vision research areas, published in *The Cochrane Library* and in the traditional vision research literature.

The project funding will provide: opportunities for reviewers to visit the NECC@P to work on a review; support for telephone contact for general enquires; provision of materials for completing protocols and reviews; dissemination of full copies of trial reports; coordination of handsearching of US journals, conference abstracts and Internet searching; development of handsearch and systematic review training materials; provision of in person and online training opportunities for US reviewers, handsearchers and peer reviewers; and organisation of US contributors meetings and talks.

A list of US priorities for systematic reviews is being developed by a US Steering Group which will focus on the leading causes of visual impairment in the US. These priorities are likely to include diabetic retinopathy, cataract, glaucoma and age-related macular degeneration, as well as myopia, amblyopia and low vision. We have already created a partnership with the Association of Vision Science Librarians, who have volunteered to handsearch conference abstracts and provide expertise related to literature searches.

If you would like to get involved, need more information, or want to be included on the mailing list, please contact the Project director Suzanne Brodney- Folse:

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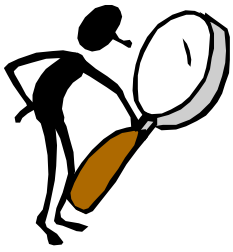
This project has been funded in whole or in part with Federal funds from the National Eye Institute, National Institutes of Health, under Contract No. N01-EY-2-1003.



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CEVG SPECIALISED REGISTER

Our Specialised Register consists of just over 5200 reports of trials in ophthalmology and related disciplines. A large number of these trials came from the International Register of Vision Trials (IRVT), compiled before the group was formed. The rest have been found through handsearching relevant journals and searching electronic databases such as the Cochrane Library.

We are giving the register a major overhaul to improve coverage and indexing. The first stage has involved converting the register from a publication-based register to a study-based register. For each trial we have extracted key information, such as health care condition and intervention, as well as identify all the publications associated with the trial.

The next stage will involve extending our searches to include more detailed searches of Medline, Embase and other databases such as LILACS (Latin American and Caribbean Literature on Health Sciences), handsearching journals not indexed by the major databases and handsearching conference proceedings.

The end result will be that for each review we will need to search only our trials register to provide the reviewer with all the trials relevant to their review. The register is included in the main Cochrane Controlled Trials Register - CENTRAL/CCTR so is accessible to all.

Quality Of Reporting Of Meta-analyses - QUOROM

The QUOROM Statement, which consists of a checklist and flow diagram, has been developed to address issues relating to the quality of reporting of systematic reviews of randomised trials. The checklist consists of 18 items addressing primarily the Abstract, Introduction, Methods, and Results section of a report. The flow diagram provides information about the progress of randomised trials throughout the review process from the number of potentially relevant trials identified, to those retrieved and ultimately included.

A PDF version of the QUOROM statement is available at:

http://www.consort-statement.org/QUOROM.pdf

FREE ACCESS TO THE COCHRANE LIBRARY

The Cochrane Library will soon be freely available to everyone in England and Wales. At present only those connected with the NHS or colleges of higher and further education have free access. The Health Research Board in Dublin and The Research and Development Office for Health and Personal Social Services in Belfast set the precedent by jointly funding an all-Island provision that gives Internet users in Ireland free access to The Cochrane Library. Similar arrangements have since been made in Finland and Norway. Organisations in low-income countries will soon have free access through the PERI and HINARI initiatives.

COCHRANE FELLOWSHIP SCHEME ISLAND OF IRELAND

The Health Research Board, Dublin, Ireland and the R&D Office for the Health and Personal Social Services, Belfast, Northern Ireland have announced a Cochrane Fellowship scheme to support systematic review training in the island of Ireland. The Fellowships are intended for people resident in the island of Ireland with an interest in health and social care.

The awards will provide each Fellow with protected time equivalent to two days per week for one year but this will be sufficiently flexible to reflect the specific working circumstances of the individual applicant. A Fellow will be expected to complete a Cochrane review during the term of the Fellowship and to commit to the maintenance of the review thereafter. The awards will support appropriate systematic review training, the applicant's salary costs and research expenses.

Further information and an application form may be obtained from the HRB website (www.hrb.ie) or on the R&D Office website (www.rdo.csa.n-i.nhs.uk).

Completed applications must be submitted in both an electronic and a hard copy format by 4.00pm on Friday **17th May 2002**.

10th International Cochrane Colloquium, Stavanger, Norway - 31st July to 3 August 2002

Come and help us celebrate the 10th year of the Collaboration in beautiful surroundings. For more information, visit www.cochrane.no/colloquium/

Please send us contributions and comments for this newsletter.
We will produce a newsletter twice each year.

The Cochrane Library 'on call' in a remote city in Southern Nigeria

By Henry Ejere, Research Associate, Effective Health Care Alliance Programme/Cochrane Infectious Diseases Group, Liverpool School of Tropical Medicine and Editor, Cochrane Eyes and Vision Group

Last December our daughter Juni turned six months. We were on holiday and took Juni to see her paternal grandmother at Asaba, a remote city in Southern Nigeria.

Henry with Juni and wife Henrietta

We observed one night that Juni looked rather unwell, with a high temperature and vomiting. We suspected that she had come down with malaria, a common cause of fever in the region.

It was difficult getting a doctor at that time of the night and emergency services were not immediately available. We were worried and did not know exactly what to do. We went into prayers (a common practice in Nigeria) and suddenly, I realised that I had the Cochrane Library installed on my laptop, which I always carry with me.

Using the search term 'malaria' I found a systematic review by McIntosh. The review suggested that combination treatment with Fansidar and chloroquine provided faster symptom relief than either drug alone. Empowered with this information, we went to see a private paediatrician the following morning.

The physician examined Juni, made a clinical diagnosis of malaria and prescribed chloroquine. We then told him about the Cochrane Library and the evidence for combination treatment.

He had heard about the combination treatment but not about the Cochrane Library!

Apparently impressed with the discussion that followed about evidence-based medicine and the role of the Cochrane Library, the paediatrician gave us a prescription for combination treatment and charged nothing for the consultation. A couple of days later, Juni was smiling again.

Juni back to her usual playful self

We were happy that we participated in the decision making process and that one more doctor in a remote city learned something about the Cochrane Library! ◆

www...

Please take a look the Eyes and Vision Group website at www.archie.ucl.ac.uk and let us know how we can make it more useful.

Other links for your bookmarks/favourites:

The main Collaboration website
www.cochrane.org

The Electronic Library for Health
www.nelh.nhs.uk

REGISTERED TITLES, PROTOCOLS & REVIEWS

Issue 2 2002 of the Cochrane Library contains 19 reviews and 16 protocols from the Eyes and Vision Group. The following is a list of all titles, protocols and reviews currently registered.

Up to date details of all Cochrane titles can be found at http://www.cochrane.no/titles/

Status	ADNEXAL
Title	Lid hygiene for blepharitis
Title	Surgical interventions for involutional upper lid ptosis
Title	Corticosteroids for thyroid eye disease
Protocol	Radiotherapy for thyroid eye disease
Protocol	Endonasal versus external dacryocystorhinostomy for nasolacrimal duct obstruction
Review	Interventions for involutional lower lid entropion
	CATARACT
Title	Interventions for preventing after-cataract
Title	Bilateral surgery versus unilateral surgery for cataracts
Title	Antioxidant supplementation for preventing age-related cataract
Title	Peri-operative antibiotics for preventing acute endophthalmitis after cataract surgery
Review	Multifocal versus monofocal intraocular lenses after cataract extraction
Review	Surgical interventions for age-related cataract
Review	Surgical interventions for bilateral congenital cataract
	EXTERNAL DISEASE
Title	Environmental sanitation for preventing trachoma transmission
Title	Interventions for trachoma trichiasis
Title	Interventions for pterygium
Title	Medical interventions for keratoconjunctivitis sicca (dry eye)
Title	Vitamin A for preventing xerophthalmia
Title	Antibiotics for bacterial corneal ulcers
Protocol	Face washing for preventing trachoma transmission
Protocol	Interventions for recurrent corneal erosions
Review	Antibiotics for trachoma
Review	Interventions for herpes simplex virus epithelial keratitis
	GLAUCOMA
Title	Intra-operative 5-Fluorouracil for glaucoma surgery
Title	Interventions for advanced glaucoma
Title	Non-penetrating filtration surgery versus trabeculectomy for glaucoma
Title	Trabeculoplasty for open angle glaucoma
Title	Surgical interventions for congenital glaucoma
Title	Interventions for pigment dispersion syndrome and pigmentary glaucoma
Title	Medical versus surgical interventions for glaucoma
Protocol	Needling for encapsulated trabeculectomy filtering blebs
Protocol	Medical interventions for open angle glaucoma
Protocol	Beta-irradiation for glaucoma surgery
Protocol	Interventions for normal tension glaucoma
Protocol	Iridectomy & iridotomy for treating narrow angles & preventing angle-closure glaucoma
Review	Intra-operative Mitomycin C for glaucoma surgery
Review	Post-operative 5-Fluorouracil for glaucoma surgery

	MEDICAL RETINA
Title	Interventions for cytomegalovirus retinitis
Title	NSAIDS for preventing cystoid macular oedema
Title	Laser photocoagulation for retinal vein occlusion
Title	Interventions for cystoid macula oedema in uveitis
Title	Pharmacological interventions for preventing & slowing diabetic retinopathy
Title	Haemodilution for retinal vein occlusion
Title	Laser photocoagulation for age-related macular degeneration
Title	Radiotherapy for exudative age-related macular degeneration
Protocol	Laser photocoagulation for diabetic retinopathy
Review	Antioxidant vitamin and mineral supplements for age-related macular degeneration
Review	Antioxidant vitamin and mineral supplementation for preventing age-related macular degeneration
Review	Ginkgo biloba extract for age-related macular degeneration
Review	Photodynamic therapy for neovascular age-related macular degeneration (Cochrane Review)
Review	Interventions for acute central retinal artery occlusion
	NEURO-OPHTHALMOLOGY
Protocol	Interventions for idiopathic intracranial hypertension
Protocol	Corticosteroids for optic neuritis
Review	Surgery for nonarteritic anterior ischemic optic neuropathy
	PRIMARY CARE
Title	Steroids for allergic conjunctivitis
Protocol	Mast cell stabilisers for seasonal and perrenial allergic conjunctivitis
Review	Antibiotics versus placebo for acute bacterial conjunctivitis
Review	Community screening for visual impairment in the elderly
	REHABILITATION
Title	Mobility training for adults with low vision
Protocol	Reading aids for adults with low vision
	PAEDIATRICS
Title	Adjustable versus non-adjustable sutures in surgery for strabimus
Title	Interventions for slowing the progression of myopia in children
Title	Interventions for intermittent distance exotropia
Protocol	Interventions for preventing ophthalmia neonatorum
	UVEITIS
Review	Ivermectin for onchocercal eye diesease (river blindness)
Review	Antibiotics for treating and preventing toxoplasma retinochoroiditis
	VITREO-RETINAL
Title	Pars Plana Vitrectomy for diabetic macular oedema
Title	Aciclovir versus aciclovir and vitrectomy for acute retinal necrosis
Protocol	Surgical interventions for repairing simple rhegmatogenous retinal detachments
Review	Interventions for asymptomatic retinal breaks & lattice degeneration for preventing retinal detachment

Please contact us if you are interested in preparing a review

or would like to suggest a title for a review.

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COCHRANE WORKSHOPS 2002

If you would like further information or an application form for any of these workshops please contact us. Cochrane workshops are free, but reviewers must pay for accommodation and travel.

AUSTRALASIAN COCHRANE CENTRE		
23-24 May 2002	Adelaide	Protocol and Analysis
17-21 June	Melbourne	Review Completion Program
27-28 June	Sydney	Protocol and Analysis
28-29 Nov 2002	Brisbane	Protocol and Analysis
BRAZILIAN COCHRANE CENTRE		
28 May, 25 Jun, 27 Aug, 24 Sep, 29 Oct or 26 Nov	Sao Paulo	Systematic Reviews and Metanalysis/Developing a Protocol
DUTCH COCHRANE CENTRE		
30 May 2002	Amsterdam	Developing a protocol and entering your review into RevMan
26-28 June 2002	Driebergen	Systematic Reviews: Theorie en Praktijk
26 Sept 2002	Amsterdam	Developing a protocol and entering your review into RevMan
28 Nov 2002	Amsterdam	Developing a protocol and entering your review into RevMan
IBEROAMERICAN COCHRANE CENTRE		
10 July 2002	Barcelona	Desarrollo de un protocolo de revisión
11 July 2002	Barcelona	Uso del programa RevMan
NORDIC COCHRANE CENTRE		
3-4 & 17-18 June 2002	Copenhagen	Kursus i evidensbaseret klinik (In Danish)
7 October 2002	Copenhagen	Protocol workshop
8 October 2002	Copenhagen	RevMan workshop
UK COCHRANE CENTRE		
13 Jun 2002	Bristol	Developing a protocol for a review
14 Jun 2002	Bristol	Introduction to Analysis
8 Jul 2002	London	Developing a protocol for a review
9 Jul 2002	London	Introduction to Analysis
26 Sep 2002	Oxford	Developing a protocol for a review
27 Sep 2002	Oxford	Introduction to Analysis
14 Oct 2002	Oxford	Developing a protocol for a review
15 Oct 2002	Oxford	Introduction to Analysis
2 Dec 2002	Liverpool	Developing a protocol for a review
3 Dec 2002	Liverpool	Introduction to Analysis
12 Dec 2002	London	Developing a protocol for a review
13 Dec 2002	London	Introduction to Analysis
SOUTH AFRICAN COCHRANE CENTRE		
9 Oct 2002	Bloemfontein	Evidence-Based Health Care & the Cochrane Collaboration
10 Oct 2002	Durban	Evidence-Based Health Care & the Cochrane Collaboration
15 Oct 2002	Cape Town	Evidence-Based Health Care & the Cochrane Collaboration

ABSTRACTS OF NEW & UPDATED REVIEWS

Below are the abstracts from the new reviews of 2002. For information on how to access the full review on the Cochrane library, contact the editorial base or visit http://www.update-software.com/cochrane/

ANTIBIOTICS FOR TRACHOMA

MABEY D, FRASER-HURT N

Background: Trachoma is the world's leading cause of preventable blindness. In 1997 the World Health Organization launched an initiative on trachoma control based on the 'SAFE' strategy (surgery, antibiotics, facial cleanliness and environmental improvement).

Objectives: The aim of this review is to assess the evidence supporting the antibiotic arm of the SAFE strategy by assessing the effects of antibiotics on both active trachoma (primary objective) and on Chlamydia trachomatis infection of the conjunctiva (secondary objective).

Search strategy: We searched The Cochrane Controlled Trials Register - CENTRAL/CCTR, which contains the Cochrane Eyes and Vision Group specialised register (Cochrane Library Issue 3, 2001), MEDLINE (1966 to August 2001), and EMBASE (1980 to September 2001). We used the Science Citation Index to look for articles that cited the included studies. We searched the reference lists of identified articles and we contacted authors and experts for details of further relevant studies.

Selection criteria: We included only randomised trials that satisfied either of two criteria: (a) trials in which topical or oral administration of an antibiotic was compared to placebo or no treatment in people with trachoma, (b) trials in which a topical antibiotic was compared with an oral antibiotic in people with trachoma. A subdivision of particular interest was of trials in which topical tetracycline/chlortetracycline was compared with oral azithromycin, as these are the two World Health Organization recommended treatments.

Data collection and analysis: Two reviewers independently assessed trial quality and extracted data. We contacted investigators for missing data.

Main results: We found 15 studies that randomised a total of 8678 participants. For both outcomes (active trachoma and laboratory evidence of infection) the results of the chi-square tests suggested that there was significant statistical heterogeneity among the trials. There was also marked clinical heterogeneity. No summary statistics were calculated and we therefore present a narrative summary of the results. For the comparisons of oral or topical antibiotic against placebo/no treatment, the data are consistent with there being no effect of antibiotics but are suggestive of a lowering of the point prevalence of relative risk of both active disease and laboratory evidence of infection at three and 12 months after treatment. For the comparison of oral against topical antibiotics the results suggest that oral treatment is neither more nor less effective than topical treatment.

Reviewers' conclusions: There is some evidence that antibiotics reduce active trachoma but results are not consistent and cannot be pooled.

Citation: Mabey D, Fraser-Hurt N. Antibiotics for trachoma (Cochrane Review). In: The Cochrane Library, Issue 2 2002. Oxford: Update Software.

ANTIBIOTICS VERSUS CONTROL FOR TOXOPLASMA RETINOCHOROIDITIS

GILBERT RE, SEE SE, JONES LV, STANFORD MS

Background: Acute toxoplasma retinochoroiditis causes transient symptoms of ocular discomfort and may lead to permanent visual loss. Antibiotic treatment primarily aims to reduce the risk of permanent visual loss, recurrent retinochoroiditis, and the severity and duration of acute symptoms. There is uncertainty about the effectiveness of antibiotic treatment.

Objectives: The objective of this review was to compare the effects of antibiotics versus placebo or no treatment for toxoplasma retinochoroiditis.

Search strategy: We searched the Cochrane Controlled Trials Register - CENTRAL/CCTR, which contains the Cochrane Eyes and Vision Group Specialised Register (Cochrane Library Issue 2, 2001), MEDLINE (1966 to August 2001), EMBASE (1980 to September 2001), Dissertation Abstracts (1861 to June 2001), LILACS (1982 to 1998), Pascal (1984 to March 2000), proceedings of the Association for Research in Vision and Ophthalmology (1980 to 2001), international symposia on uveitis, and reference lists of review articles. Pharmaceutical companies were contacted for unpublished trials.

Selection criteria: We included randomised controlled trials that compared any systemic antibiotic treatment against placebo or no treatment. Trials that included immunocompromised patients were excluded.

Data collection and analysis: The primary outcomes for this review were visual acuity at least three months after treatment and risk of recurrent retinochoroiditis. Secondary outcomes were improvement in symptoms and signs of intraocular inflammation, size of lesion and adverse events. Effect measures were pooled using a random effects model.

Main results: Three trials, which randomised a total of 173 participants, met the inclusion criteria. All trials were methodologically poor. None reported the effect of treatment on visual acuity. Two studies reported results for recurrent retinochoroiditis: one (124 participants) found a significant reduction in participants with chronic recurrent disease who were treated for 14 months: relative risk 0.28 (95% confidence interval 0.10 to 0.78); the other (20 participants) found no evidence of an effect in participants with acute toxoplasma retinochoroiditis (relative risk 1.00, 95% confidence interval 0.07 to 13.87). Two studies reported an improvement in intraocular inflammation in treated compared with untreated participants and one study reported no difference. Two studies found an increased risk of adverse events in treated participants.

Reviewers' conclusions: There is a lack of evidence to support routine antibiotic treatment for acute toxoplasma retinochoroiditis. There is weak evidence to suggest that long-term treatment of patients with chronic recurrent toxoplasma retinochoroiditis may reduce recurrence. Placebo controlled trials of patients with acute and chronic toxoplasma retinochoroiditis affecting any part of the retina are required to determine the effectiveness of antibiotic treatment.

Citation: Gilbert RE, See SE, Jones LV, Stanford MS. Antibiotics versus control for toxoplasma retinochoroiditis (Cochrane Review). In: The Cochrane Library, Issue 2 2002. Oxford: Update Software.

ANTIOXIDANT VITAMIN AND MINERAL SUPPLEMENTS FOR AGE-RELATED MACULAR DEGENERATION

EVANS JR

Background: It has been proposed that antioxidants may prevent cellular damage in the retina by reacting with free radicals produced in the process of light absorption.

Objectives: The objective of this review is to assess the effects of antioxidant vitamin and/or mineral supplementation on the progression of age-related macular degeneration.

Search strategy: The Cochrane Controlled Trials Register - CENTRAL/CCTR, which contains the Cochrane Eyes and Vision Group specialised register (Cochrane Library Issue 3 2001), MEDLINE (1966 to August 2001), EMBASE (1980 to September 2001), the Science Citation Index, and the reference lists of relevant articles were searched. Investigators of included studies were contacted for further information.

Selection criteria: Randomised trials comparing an antioxidant vitamin and/or mineral supplement (alone or in combination) to control in people with age-related macular degeneration are included in this review.

Data collection and analysis: The reviewer extracted data and assessed trial quality. Due to the variable methods of collecting and presenting outcome data, no statistical summary measure was calculated.

Main results: Seven trials, which randomised 4119 people with signs of age-related macular degeneration, are included in this review. One unpublished trial of zinc supplementation (170 participants) is awaiting assessment. The majority of people (88%) were randomised in one trial that found a modest beneficial effect of antioxidant and zinc supplementation on progression to advanced age-related macular degeneration (odds ratio 0.72, 99% confidence interval 0.52 to 0.98). People supplemented with antioxidants and zinc were less likely to lose 15 or more letters of visual acuity (equivalent to a doubling of the visual angle) (odds ratio 0.79, 99% confidence interval 0.60 to 1.04). This effect was seen more strongly in people with moderate to severe disease. There were few events in people with early signs of the disease. The trial evaluated many safety outcomes, of which hospitalisation for genitourinary problems was more common in people taking zinc and yellowing of skin was more common in people taking antioxidant micronutrients. The other six trials in this review were small and the results were inconsistent.

Reviewers' conclusions: The evidence as to the effectiveness of antioxidant vitamin and mineral supplementation in halting the progression of age-related macular degeneration is dominated by one large trial that showed modest benefit in people with moderate to severe signs of the disease. There is no evidence at present that people with early signs of the disease should take supplementation, however, current studies are underpowered to answer that question. Long term harm from supplementation cannot be ruled out, particularly in smokers. The generalisability of these findings to other populations with different nutritional statuses is not known. Further large well-conducted randomised controlled trials in other populations are required.

Citation: Evans JR. Antioxidant vitamin and mineral supplements for age-related macular degeneration (Cochrane Review). In: The Cochrane Library, Issue 2 2002. Oxford: Update Software.

SURGICAL INTERVENTIONS FOR AGE-RELATED CATARACT

SNELLINGEN T, EVANS JR, RAVILLA T, FOSTER A

Background: Cataract is the major cause of global blindness, accounting for 40 to 80% of all blindness in developing countries. The number of people blind from cataract is expected to rise due to the changing age distribution and increasing life expectancy. There is currently no proven intervention to prevent cataract and surgery is the only form of treatment.

Objectives: The objective of this review is to compare the effects of different surgical interventions for age-related cataract.

Search strategy: We searched the Cochrane Controlled Trials Register - CENTRAL/CCTR, which contains the Cochrane Eyes and Vision Group specialised register (Cochrane Library Issue 3 2001), MEDLINE (1966 to August 2001), EMBASE (1980 to September 2001), the reference lists of identified trials, and we contacted investigators and experts in the field for details of published and unpublished trials.

Selection criteria: We included randomised controlled trials evaluating surgical treatment for people with age-related cataract.

Data collection and analysis: Two reviewers independently extracted data and discrepancies were resolved by discussion. Where appropriate, relative risks, odds ratios and weighted mean differences were summarised after assessing heterogeneity between the studies. We used a fixed effect model due to the low number of trials in each comparison.

Main results: We identified six trials that randomised a total of 7828 people. Phacoemulsification gave a better visual outcome than extracapsular surgery and gave a similar average cost per procedure in one trial conducted in the UK. Extracapsular surgery with posterior chamber lens implant and intracapsular surgery with or without an anterior chamber intraocular lens implant gave acceptable visual outcomes at 12 to 24 months after surgery. In three large trials in south Asia, best-corrected visual acuity of less than 6/60 ranged from 0.5 to 4%. Higher rates of poor outcome were observed in a multicentre study with 19 surgeons compared to a single-centre study with two surgeons.

Reviewers' conclusions: This review provides evidence from one randomised controlled trial that phacoemulsification gives a better visual outcome than extracapsular extraction with sutures. However, this trial was conducted in a developed country specialised hospital setting and extrapolation to other settings must be made with caution. This review also found evidence that extracapsular cataract extraction with a posterior chamber lens implant provides better visual outcome than intracapsular extraction with aphakic glasses. This finding is also based on the results of a single trial. The long term effects of posterior capsular opacification need to be assessed in larger populations. The data in the review suggest that intracapsular extraction with an anterior chamber lens implant is an effective alternative to intracapsular extraction with aphakic glasses, with similar safety. Further data from developing regions are needed to compare all aspects of intraocular lens surgery with the three main surgical procedures - intracapsular extraction with an anterior chamber lens, extracapsular surgery with a posterior chamber lens with or without sutures.

Citation: Snellingen T, Evans JR, Ravilla T, Foster A. Surgical interventions for age-related cataract (Cochrane Review). In: The Cochrane Library, Issue 2 2002. Oxford: Update Software.