

Call for Abstract



Papers and posters are sought from the academic and practice community on the science and clinical practice of optometry and opticianry. We welcome reports of current research, clinical case studies and procedures.

Guidelines for Submission:

Please format the abstract according to the guidelines below.

Use Microsoft Word software and type in 12-point size Times New Roman font, with single-line spacing in the format below.
Deadline for Submission: 28 August 2010

1. Scientific Paper

- i. Purpose: (The main purpose(s) of the study or the research question to answer)
- ii. Methods: (How you went about investigating the research question or issue)
- iii. Results: (Summary of the data collected)
- iv. Discussion/Conclusion: (Importance/limitations of the results)

2. Case Report/Case Series

- i. Presenting Signs and Symptoms: (Case history)
- ii. Objective Measurements: (Clinical measurements taken)
- iii. Assessment: (Clinical impression gained from the signs/symptoms and clinical measurements)
- iv. Case Management Plan: (Steps taken to solve the clinical problem)
- v. Discussion/Conclusion: (Importance/limitations of what the case tells you)

Note:

The best 5 abstracts will be selected for oral presentation and competition at the conference during the free paper session.

Receipt of abstracts will be acknowledged. Notification of rejection will also be made. Abstracts will not be returned after submission. The Committee reserves the right to publish the accepted abstracts in the official publications of the conference.

Abstract Submission Form

(Please complete this form and return it by 28 August 2010)

Title: Prof. Dr. Mr. Ms. Mrs

First name: _____ Last name: _____

Department: _____

Institution / Organization: _____

Address: _____

Country: _____

Tel: _____ Fax: _____

E-mail: _____

I wish my abstract to be considered for:

- Poster and oral presentation (competitive category) Poster only (non-competitive category)

Note: Only submissions for "Poster and oral presentation" are eligible for the "Best Paper" competition.

Submit your free paper as an attachment to:

The Organising Secretariat (Attn: Ms Alice How)

9th National Congress of Optometry & Opticianry

c/o Department of Ophthalmology & Visual Sciences

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Clinical Efficacy of Refresh Tears® Compared to Tears Naturale Free® - A Prospective, Randomised Clinical Trial

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Purpose: To evaluate and compare the efficacy and tolerability of artificial tears containing purite preservatives and carboxy-methylcellulose (Refresh Tears® (RT)) against preservative-free artificial tears containing hydroxypropyl methylcellulose (Tears Naturale Free® (TNF)) in dry eye patients.

Method: A prospective, randomised, single-masked clinical trial. Sixty-eight patients (136 eyes) meeting the inclusion criteria were randomised to receive either RT or TNF to both eyes at a standardised dosing schedule for 3 months. Three masked investigators evaluated the patients' clinical parameters – Schirmer's test (ST), tear breakup time (TBUT), conjunctival hyperemia (CH) and Oxford scoring scheme (OSS) – at baseline, 1 week, 1 month and 3 months.

Results: Sixty-six eyes (48.5%) received RT and 70 (51.5%) received TNF. At baseline, the two groups were comparable for age ($p=0.820$), gender ($p=0.567$), ST ($p=0.186$), TBUT ($p=0.738$), CH ($p=0.096$) and OSS ($p=0.356$). Compared to baseline parameters, the RT group showed an improvement at 3 months for ST ($p=0.003$), CH ($p<0.001$) and OSS ($p<0.001$); while the TNF group showed an improvement in ST ($p<0.001$), TBUT ($p=0.050$), CH ($p=0.001$) and OSS ($p=0.004$). When evaluating clinical parameters after 3 months of treatment, there was no statistically significant difference between RT and TNF in terms of ST ($p=0.902$), TBUT ($p=0.158$), CH ($p=0.876$), OSS ($p=0.348$) or tolerability score to the eye drops ($p=0.513$).

Conclusion: Both Refresh Tears® and Tears Naturale Free® demonstrate an improvement in dry eye parameters after 3 months of treatment. Both artificial tears are comparable in terms of efficacy and tolerability in dry eye treatment.