Editorial
Dantas PEC

Section Editor Editorial
Allan R. Slomovic and Alejandro Lichtinger

Trust the Evidence, Not Your Instincts: Evidence-Based Clinical and Surgical Guidelines for the Anterior Segment.
Richard L. Abbott

What is the best treatment approach for severe blepharitis?
Paramdeep Mand and Mark J. Mannis

Management of acute bacterial keratitis: fortified antibiotics or fluoroquinolones?
Ana Luisa Holfing-Lima and Francisco Bandeira e Silva

Management of fungal keratitis: Topical or systemic therapy?
Darlene Miller and Eduardo Alfonso

What is the best therapeutic scheme for Acanthamoeba keratitis?
Denise de Freitas and Fabio RS Carvalho

Evidence-based treatment of epithelial, stromal and endothelial herpetic keratitis
Enrique Graue Hernandez and Eduardo Arenas

Management of ocular surface tumors: excision vs topical treatment
Sotiriou Palouros, Anat Galor & Carol L. Karp

Management of acute and chronic ocular allergy
M. Cristina Nahikian-Dantas

Prevention and management of corneal graft rejection
Alejandro Lichtinger

CORNEA SPECIAL ISSUE
TRAVATAN® Solución Oftálmica está indicado para la reducción de la presión intraocular elevada (PIO) en pacientes con glaucoma de ángulo abierto o con hipertensión ocular que presentan intolerancia o cuya respuesta a otros medicamentos que reducen la PIO es insuficiente (fallan en alcanzar la presión intraocular esperada después de múltiples mediciones en el tiempo cuando usan otros medicamentos).

Ha sido reportado que TRAVATAN® Solución Oftálmica causa cambios en los tejidos pigmentados. Los cambios más frecuentemente reportados han sido el aumento de la pigmentación del iris y del tejido periorbital (párpados) y el aumento de la pigmentación y crecimiento de las pestañas. Estos cambios pueden ser permanentes.

La dosis recomendada es una gota en el(s) ojo(s) una vez al día, a la noche.

Por favor lea la información sobre su prescripción en la página adyacente.
One year ago, during the XXX Pan-American Congress of Ophthalmology in Rio de Janeiro, we conducted, together with Dr. Richard L. Abbott, a well attended symposium on evidence-based clinical and surgical guidelines to the anterior segment diseases. In this symposium, we requested to the invited speakers that all presentations were based on good scientific studies, avoiding anecdotal information, hence the symposium main title: Trust the evidence; not your instincts!

It was a tremendous success with a lot of people asking for the syllabus or any kind of written information with the symposium content.

Recent advances and discoveries in the field of Cornea and External ocular diseases are having a major impact on patient treatment and outcomes. The goal of this special edition of Vision Pan-America is to provide evidence-based clinical and surgical guidelines to the management of anterior segment diseases. In this special edition of VPA, we have put together an international panel of corneal experts to provide an impactful, updated evidence-based review of the management of common ocular diseases that both the comprehensive ophthalmologist and the cornea subspecialist deal with on a regular basis. Left untreated or inappropriately managed, these corneal and anterior segment diseases can have serious sight threatening complications. The approach taken in each chapter will be to provide evidence-based guidance in the decision-making process to allow the reader to combine critical thinking with the use of the best available scientific evidence and information with the end goal of providing optimal care to our patients.
Introduction

Richard L. Abbott, MD

Trust the Evidence, Not Your Instincts: Evidence-Based Clinical and Surgical Guidelines to the Anterior Segment Diseases.

The global peer reviewed literature in Ophthalmology is immense and presents a daunting task to the practitioner trying to stay up to date with the latest information for patient care. The emergence and use of clinical practice guidelines as a tool for improving the quality of care for patients is international. By reading and incorporating the recommendations from evidence-based clinical practice guidelines, created by panels of experts who systematically review the literature and extract evidence-based recommendations, the clinician can remain up to date and current in the care of their patients. The term “Evidence-Based” implies that the recommendation has been created using an unbiased and transparent process of systematically reviewing, appraising, and incorporating the best clinical research findings of the highest value to aid in the delivery of optimum clinical care to patients.1

The Institute of Medicine defines clinical practice guidelines as “…Statements that include recommendations, intended to optimize patient care, that are informed by a systematic review of evidence and an assessment for the benefits and harms for alternative care options”.2 Simply put, guidelines provide a way to support effective clinical practice.3 They are created for populations of patients and not necessarily for one specific individual, and combine both the best research evidence with clinical expertise and opinion, as well as patient values.

For a clinical practice guideline to be effective, the practitioner must be aware of its existence, in agreement with its recommendations, willing to adopt the recommendation into practice, and adhere to the guideline recommendation for a majority of patients. Barriers to guideline implementation include lack of reimbursement, lack of time, lack of skills to perform the recommendation, and a belief that the recommendation will not change the outcome for the patient.4 Often we are taught to do something one way and unless there is a compelling reason to change, we typically follow the path of least resistance and continue in our old ways. Many times it is a matter of culture, custom or habit that keeps us from changing.

Evidence-based clinical guidelines are likely to be followed if they are relatively simple, flexible, rigorous, and have the basic tenet to improve patient care and ultimately patient outcome.5 If guidelines fail to contain an element of flexibility, they may discourage clinicians from tailoring treatment or care to the individual needs of specific patients. Studies of the economic impact of guidelines generally confirm that there is a cost saving to standardizing portions of clinical practice.

The key-defining attribute of clinical guidelines is their foundation in research evidence (6). Each clinical guideline generally has two parts: a synthesis of the clinical studies analyzed on the topic and a set of recommendations based on the evidence discussed. The recommendations are categorized from the strongest recommendation (level 1 evidence) to the weakest recommendation (level 3 evidence). Deviation from recommendations with level 1 evidence is rarely recommended; however, departure from a level 3 recommendation may be done frequently, especially since culture, practice patterns, and resources may be highly variable in different clinical settings.

The charge to the authors participating in this special Cornea Edition of Vision Pan-America was to carefully review the current evidence in the peer reviewed literature and present recommendations on diagnosis and management for a specific condition or disease entity. Although, a full systematic review of the literature for the topic assigned was not necessarily completed by each author, the focus of each chapter is to illustrate what level of evidence exists for each recommendation discussed, and how this recommendation could then be applied to any given patient.

The goal of this special Cornea Edition of Vision Pan-America is to assist the reader in evaluating and summarizing the current evidence in the peer reviewed literature and then help direct them to doing the right thing, at the right time, and doing it well for their patients. Although the information presented in the journal is not a formal clinical guideline, it provides a pathway for the reader to recognize the importance of using evidence-based recommendations to improve the quality of care for our patients.

In summary, the key to successfully using evidence-based clinical guidelines and recommendations in our clinical practices is to combine the information we learn from the literature with our clinical experience and professional intuition, as well as taking into account patient preferences. It is important to note that the “evidence-base” in the literature changes continually and the necessity to keep up to date and to modify our decision making process is a fundamental principle in practicing high quality medicine. I encourage future Symposia to follow this format by encouraging its speakers to present the best and latest evidence-based information on a specific topic to the audience and combining this information with the expertise and clinical experience of each speaker.

REFERENCES