Amblyopia Treatment: 1998 Versus 2004

1. Amblyopia treatment has traditionally consisted of what?
   A. Full-time occlusion of the sound eye.
   B. One hour daily occlusion of the sound eye.
   C. Daily atropine to the sound eye.
   D. Weekend atropine to the sound eye.

2. The Amblyopia Treatment Study 1 (ATS1) reported that 6 or more hours of daily prescribed patching was equivalent to what in the treatment of moderate amblyopia?
   A. Weekend atropine.
   B. Daily atropine penalization.
   C. Full-time patching.
   D. 2 hours of daily patching.

3. The Amblyopia Treatment Study 2a (ATS2a) compared 6 hours of prescribed patching to full-time prescribed patching in children with severe amblyopia, whereas ATS2b compared 2 hours of prescribed daily patching to 6 hours of prescribed daily patching in patients with moderate amblyopia. Both studies showed:
   A. The more intense prescribed patching regimens proved more effective than less intense prescribed patching regimens.
   B. Neither regimen was effective.
   C. The less intense prescribed patching regimens proved more effective than less intense prescribed patching regimens.
   D. The results were unable to be interpreted secondary to data scatter.

4. The first scenario detailing a case of moderate anisometropic amblyopia in a 4-year-old child showed:
   A. A shift in 2004 toward prescribing more hours of patching.
   B. No change in prescribing patterns.
   C. A shift in 2004 toward prescribing fewer hours of patching.
   D. Use of atropine as only current therapy for moderate amblyopia.

5. The sixth scenario detailing a case of strabismic amblyopia in a 4-year-old child showed:
   A. A shift in 2004 toward prescribing more hours of patching.
   B. No change in prescribing patterns.
   C. A shift in 2004 toward prescribing fewer hours of patching.

Instructions

1. Review the stated learning objectives on the first page of the CME article and determine if these objectives match your individual learning needs.
2. Read the article carefully. Do not neglect the tables and other illustrative materials, as they have been selected to enhance your knowledge and understanding.
3. The following quiz questions have been designed to provide a useful link between the CME article in the issue and your everyday practice. Read each question, choose the correct answer, and record your answer on the CME REGISTRATION FORM at the end of the quiz.
4. Type or print your full name and address and your date of birth in the space provided on the CME REGISTRATION FORM.
5. Complete the Evaluation portion of the CME Registration Form. Forms and quizzes cannot be processed if the Evaluation portion is incomplete. The Evaluation portion of the CME Registration Form will be separated from the quiz upon receipt at JOURNAL OF PEDIATRIC OPHTHALMOLOGY & STRABISMUS. Your evaluation of this activity will in no way affect the scoring of your quiz.
6. Indicate the total time you spent on this activity (reading article and completing quiz). Forms and quizzes cannot be processed if this section is incomplete. All participants are required by the accreditation agency to attest to the time spent completing the activity.
7. Send the completed form to: JOURNAL OF PEDIATRIC OPHTHALMOLOGY & STRABISMUS CME Quiz, PO Box 36, Thorofare, NJ 08086.
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Method for Obtaining Credit Certificate

Your answers will be graded and you will receive a certificate via mail within 4 to 6 weeks advising you whether you have passed or failed. A score of at least 80% is required to pass. Unanswered questions will be considered incorrect.

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Target Audience

This CME activity is primarily targeted to pediatric ophthalmologists and ophthalmic surgeons. There are no specific background requirements for participants taking this activity.
D. Use of full-time patching as only current therapy for strabismic amblyopia.

6. What treatments were suggested by the respondents as adjuncts to the treatment of amblyopia?
   A. Bangerter foils.
   B. Unspecified near work.
   C. Frosted lenses.
   D. Distance activities such as television viewing.

7. In the case of severe occlusion amblyopia (scenario 2), what was a common suggestion of the respondents?
   A. Spectacles for safety alone.
   B. The simultaneous use of atropine and patching.
   C. Maintenance patching of 1 hour per day.
   D. Atropine alone full time.

8. Scenario 7, which details a case of refractory anisometropic amblyopia in a 4-year-old child who has reportedly been patching compliantly for 12 weeks with no improvement in visual acuity, elicited what common suggestion from respondents?
   A. A repeat fundus examination with close attention to the optic nerves and a repeat refraction.
   B. Spectacles for safety alone.
   C. Addition of adjunctive therapies such as television viewing.
   D. Addition of Bangerter foils.

9. What is a typical response rate in the type of non-incentive survey described in this article?
   A. 0% to 10%.
   B. 20% to 40%.
   C. 50% to 70%.
   D. 80% to 100%.

10. This study undertaken to determine whether there has been a change in practice patterns in treatment of patients with amblyopia between 1998 and 2004 for particular amblyopia scenarios showed what trend?
    B. The complete change to atropine as the sole management option in the treatment of amblyopia.
    D. The absence of amblyopia as a common problem seen by pediatric ophthalmologists.