Termination of Amblyopia Treatment: When to Stop Follow-up Visits and Risk Factors for Recurrence

1. Amblyopia recurrence is defined as 2 logarithm of the minimum angle of resolution (LogMAR) levels (0.2 LogMAR units). This is equivalent to a decrease of visual acuity (VA) in Snellen lines of:
   A. 1.0 to 0.63.
   B. 0.7 to 0.5.
   C. 5/6 to 5/10.
   D. 0.8 to 0.63.

2. The results of re-treatment depend mostly on the presence of:
   A. Myopia and prescription of glasses.
   B. Esotropia and prompt start of re-treatment.
   C. At least 3 years of re-treatment and prescription of glasses.
   D. Compliance and prompt start of re-treatment.

3. Factors independently associated with deterioration of VA when corrected for duration of treatment were:
   A. VA in the amblyopic eye at start of treatment, esotropia of \( \leq 4 \) at start of treatment, tendency of deterioration of VA at weaning off treatment, and increase of anisometropia due to emmetropization of the dominant eye during follow-up.
   B. VA in the amblyopic eye at cessation of treatment, esotropia at cessation of treatment, anisometropia, and astigmatism not corrected with glasses.
   C. VA in the amblyopic eye at start of treatment, age at start of treatment, eccentric fixation of the amblyopic eye, and type of amblyopia.
   D. VA in the amblyopic eye at cessation of treatment, poor stereopsis only Timitus fly positive, exotropia, and tendency of deterioration of VA at weaning off treatment.

4. In most cases, follow-up time is recommended for:
   A. 1 month.
   B. 1 year.
   C. 2 years.
   D. 5 years.

5. Longer follow-up time is necessary in case of:
   A. Age over 15 years.
   B. Increasing myopia in both eyes.
   C. Increasing anisometropia.
   D. No stereopsis.
6. The factor that is believed to play a prominent part in maintaining the gained VA is:
   A. Monitoring the VA once a year during the rest of the patient’s life.
   B. Use of the amblyopic eye.
   C. Measuring VA with Snellen charts.
   D. VA is stable anyway.

7. Re-treatment may be started:
   A. Once amblyopia recurrence (loss of 2 LogMAR levels) is assessed to stop further loss of VA.
   B. Only when VA deterioration has been assessed repeatedly at an interval of 6 months and spectacles can be prescribed.
   C. Once VA is deteriorating, to stop and cure the deterioration and prevent the development of amblyopia recurrence.
   D. When esotropia increases, but only for cosmetic reasons.

8. For a successful and stable improvement of VA, the authors highlight the importance of:
   A. Continued aiming for compliance once treatment or re-treatment is started.
   B. Maximum hours of occlusion.
   C. Decision on re-treatment depending only on patient’s wish.
   D. Correcting the strabismus as soon as possible and re-starting occlusion treatment once amblyopia recurrence (loss of 2 LogMAR levels) is assessed.

9. An 8-year-old boy stops maintenance occlusion treatment because of poor compliance. He believes he sees enough without his spectacles. Cycloplegic refraction decreased to S+2.0 = C-0.5 \times 160° in the right eye and remained unchanged at S+5.0 = C-1.5 \times 20° in the left (amblyopic) eye. There was an esotropia of 3°, which was cosmetically good. VA was 0.0 LogMAR in the right eye and 0.1 LogMAR in the left eye. For how long would you recommend follow-up?
   A. 1 year.
   B. 2 years.
   C. More than 2 years.
   D. Only if he wants new spectacles.

10. A 7-year-old girl with esotropia stops maintenance occlusion treatment after 5 years of patching with fairly good compliance. Cycloplegic refraction was S+1.0 = C-0.5 \times 15° in the right eye and S+1.5 = C-0.75 \times 160° in the left (amblyopic) eye. Esotropia was 8° in the left eye 2 years after strabismus correction. VA was 0.0 LogMAR in the right eye and 0.0 LogMAR in the left eye. For how long would you recommend follow-up?
    A. 18 months.
    B. 24 months.
    C. 36 months.
    D. Only when she thinks strabismus is recurring.