Atropine Treatment of Amblyopia: Is a Swap in Fixation Necessary?

1. Recent studies investigating the use of atropine treatment in patients with amblyopia have suggested that:
   A. All patients with amblyopia can be successfully treated with atropine.
   B. A fixation swap is essential for atropine treatment to be successful.
   C. Visual acuity improvement can be demonstrated in patients treated with atropine regardless of fixation behavior.
   D. Atropine is not an effective treatment in the management of amblyopia.

2. The first authors to report a prediagnostic test simulating likely fixation behavior during atropine treatment were:
   A. PEDIG.
   B. Wright and Guyton.
   C. Holmes and Clarke.
   D. McNamara and Rice.

3. The cyclo-swap test involves:
   A. Instilling atropine and assessing the child’s fixation behavior.
   B. Instilling atropine and assessing the child’s fixation behavior 45 minutes later.
   C. Instilling cyclopentolate hydrochloride and assessing the child’s fixation behavior.
   D. Instilling cyclopentolate hydrochloride and assessing the child’s fixation behavior 45 minutes later.

4. For best results, the cyclo-swap test should be performed at:
   A. 10, 15, and 20 cm only.
   B. 1/3 m only.
   C. 6 m only.
   D. 1/3 and 6 m, as well as distances closer than 1/3 m.

5. Children not swapping fixation at either 1/3 or 6 m at the preliminary examination in this study:
   A. Did not swap fixation at any time during the study.
   B. Did not show an improvement in visual acuity by the end of the treatment period.
   C. Showed an improvement in visual acuity by the end of the treatment period.
   D. Showed an improvement in visual acuity by the end of the treatment period only if also showing a fixation swap at some time during the study.
6. The improvement in mean visual acuity between the fixation swap and no fixation swap groups at the end of the treatment period:
   A. Was greater in the fixation swap group.
   B. Was greater in the no fixation swap group.
   C. Was equal between the two groups.
   D. Showed no significant improvement in vision in either group.

7. Both the fixation swap and no fixation swap groups had an average improvement in visual acuity at the end of the treatment period of:
   A. 1 line.
   B. 2 lines.
   C. 4 lines.
   D. 5 lines.

8. Children who demonstrate a fixation swap only at 1/3 m or distances less than 1/3 m during the cyclo-swap test:
   A. Will have a greater visual acuity improvement compared to children who also swap at 6 m.
   B. Will not benefit from atropine treatment.
   C. Would be more likely to benefit from occlusion treatment.
   D. Are likely to receive a limited “part-time” therapeutic effect during atropine treatment.

9. This study demonstrated that:
   A. The “blur” alone produced by atropine is sufficient to improve vision.
   B. Children showing an improvement in visual acuity in PEDIG and McNamara and Rice studies regardless of fixation behavior cannot be determined to have occurred in the absence of a fixation swap to the amblyopic eye.
   C. It changed the goal of amblyopia treatment, that being to promote the use of the amblyopic eye and its fovea.
   D. All patients with amblyopia can be treated effectively with atropine.

10. The cyclo-swap test:
    A. Is useful in guiding the clinician and providing information about the prognosis and efficacy of atropine treatment.
    B. Is useful in predicting improvements in vision.
    C. Has limited value in a clinical setting.
    D. Performed at distances less than 1/3 m has no clinical value.