

## Poster A1

### PREVALENCE OF CONVERGENCE INSUFFICIENCY AMONG ASTHENOPIC SUBJECTS OF TERTIARY EYE HOSPITAL IN NEPAL

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**Introduction:** Convergence insufficiency (CI) is a common binocular vision disorder that causes muscular asthenopia and ocular discomfort and is clinically significant. CI symptoms vary and do not reflect the actual status of convergence. A number of studies have addressed the prevalence of CI based only on a few clinical signs, which do not reflect the burden of definitive CI from the symptomatic CI. Hence, this study aimed to assess the prevalence of definitive CI based on Convergence Insufficiency Treatment Trial (CITT) protocol. **Methods:** A prospective, cross-sectional study was performed in a hospital-based cohort with complaints of asthenopia presenting to the orthoptic clinic. After a comprehensive eye examination, each patient underwent detailed orthoptic evaluation, including measurement of heterophoria, near point of convergence, fusional vergence, relative accommodation, AC/A ratio and stereo acuity testing. Each respondent was measured by CITT to record the Convergence insufficiency symptom survey (CISS) Score. Association of CI with age, sex, refractive error and gender was done using multi-variable regression analysis. **Results:** Among the total 168 enrolled subjects, the prevalence of definite convergence insufficiency was 37.50%, receded near point of convergence was 10.70 %, symptomatic convergence insufficiency was 20.80%, fusional vergence dysfunction was 8.30%, and non-associated vergence finding was 22.60%. CI was primarily prevalent in the age group between 10 to 20 years (39.68%) and among females (65.07%). No statistically significant relationship was observed between convergence insufficiency with age, sex and refractive error on multi-variable regression analysis. **Conclusions:** Based on all the diagnostic tests of convergence insufficiency among asthenopic subjects, it is revealed that the prevalence of definite convergence insufficiency was higher than the symptomatic CI. Not using standard diagnostic criteria could falsify the actual burden of CI and lead to underdiagnosis and undertreatment of other NSBVDs.

## Poster A2

### PATTERN OF NON-STRABISMIC BINOCULAR VISION DYSFUNCTION AMONG THE UNDERGRADUATE STUDENTS OF MAHARAJGUNJ MEDICAL CAMPUS

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**Introduction:** The purpose of this study is to determine the pattern of Non-Strabismic Binocular Vision Dysfunction among the Undergraduate Students of Maharajgunj Medical Campus. **Methods:** In this hospital based cross sectional study conducted at B.P. Koirala Lions Central for Ophthalmic Studies, Institute of Medicine, 221 participants were included. CISS score was measured in all the cases. VA for distance, Stereopsis, cover test at far and near were performed. Near point of convergence (NPC), amplitude of accommodation, positive and negative fusional vergence in near and distance, monocular and binocular accommodation facility, positive and negative relative accommodation, monocular estimation method (MEM) and AC/A ratio were evaluated in all participants. **Results:** The mean age of the participants was  $22.50 \pm 1.575$  ranging from 18 to 26 years of which 46.2% (102) were male and 53.8% (119) were females. And according to the symptom score 63.8% (141) were found being symptomatic and 36.2% (80) were found to be asymptomatic. The percentage of NSBVD is 79.6% among undergraduate students of MMC. Out of 176 participants, 56 of them had accommodative anomaly and 120 of them had vergence anomaly. The prevalence of vergence anomaly is greater than accommodation anomaly. The highest percentage of NSBVD was observed for CI (28.5%) followed by AE (16.3%), FVD (13.1%), AI (7.2%), CE (5.4%), Basic exophoria (3.6%), DE (2.7%), Accommodative Infacility (1.8%). **Conclusions:** This study indicates a high prevalence of accommodative and vergence dysfunction in the selected sample of among the medical students. These preliminary results indicate a need for improved awareness, diagnosis, and management of binocular dysfunctions. If any accommodative or vergence disorder is found, then effective treatment should be prescribed immediately. Timely identification and proper treatment of NSBVD will allow a student to performing at his or her full potential.

## Poster A3

### EVALUATION OF BINOCULAR VISION AND TEAR FILM CHARACTERISTICS WITH VIRTUAL REALITY (VR) DEVICE USE

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**Introduction:** Virtual reality (VR) is becoming popular worldwide, especially among youngsters. People are able to access and enjoy the benefits of VR technology in the form of movie watching, games, etc. This study assessed changes in accommodation, vergence and tear film characteristics with VR usage. **Methods:** This study was done on 30 subjects aged 17 – 28 yrs. The subjects were recruited after a preliminary optometric work-up. The test battery consisted of measurement of accommodation parameters including near point of accommodation (NPA), accommodative amplitude (AA), accommodative response (AR), accommodative facility (AF), and negative and positive relative accommodation (NRA/PRA); vergence parameters including near point of convergence (NPC), phoria, AC/A ratio, vergence ranges (NFV/PFV) and vergence facility (VF); tear film secretion and stability (NITBUT/TBUT) before and after using VR device for 1 hour. CVS and DEQ questionnaires were administered to assess the patient's symptoms. **Results:** Accommodation parameters showed improvement after using the VR device. NPA OU improved from  $9.3\text{cm}\pm 1.52$  to  $7.8\text{cm}\pm 1.56$  ( $p<0.05$ ). NRA improved from  $+3.6\text{D}\pm 0.49$  to  $+4.10\text{D}\pm 1.60$  ( $p<0.05$ ). PRA improved from  $-4.20\text{D}\pm 1.83$  to  $-5.40\text{D}\pm 0.74$  ( $p<0.05$ ). The lag of accommodation decreased from  $+0.30\text{D}\pm 0.29$  to  $+0.11\text{D}\pm 0.18$  ( $p<0.05$ ). Binocular accommodative facility improved from  $8.9\text{cpm}\pm 3.68$  to  $10.4\text{cpm}\pm 4.06$  ( $p<0.05$ ). Vergence parameters showed worsening. NPC measured subjectively with linear target decreased from  $8.1\text{cm}\pm 1.46$  to  $9.5\text{cm}\pm 1.62$  ( $p<0.05$ ). The vergence facility decreased from  $13.7\text{cpm}\pm 3.71$  to  $11.4\text{cpm}\pm 3.30$  ( $p<0.05$ ). Near NFV break decreased from  $13.4\pm 3.79\Delta$  to  $9.8\pm 3.537\Delta$ . Near PFV break decreased from  $22.0\pm 9.54\Delta$  to  $15.4\pm 7.24\Delta$ . NITBUT decreased from  $12.5\pm 2.64\text{sec}$  to  $7.6\pm 2.56\text{sec}$  ( $p<0.05$ ). TBUT decreased from  $14.3\pm 2.88\text{sec}$  to  $8.8\pm 2.97\text{sec}$  ( $p<0.05$ ). Time taken to wet 35 mm of the Schirmer's strip increased from  $2.58\pm 0.93\text{mins}$  before VR use to  $4.16\pm 1.00\text{mins}$  after VR use ( $p<0.05$ ). **Conclusions:** Our study showed that accommodation parameters improved after using a VR device for 1 hour. However, vergence parameters and tear film characteristics worsened. Users must take this into consideration and limit the usage of such devices to avoid digital eye strain and dry eye.

## Poster A4

### OPTOMETRIC VISION THERAPY IN THE MANAGEMENT OF AMBLYOPIA ASSOCIATED WITH DRS-TYPE II: A CASE REPORT

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An 8-year-old male visited our clinic complaining of an outward deviation of the left (OS) eye since birth. The child's parents noted that he was reluctant to perform any near activities, including reading and writing, as he gets headaches and eyestrain soon after starting near work. The parents also noted an abnormal head tilt. There was no history of ocular or birth trauma or family history of strabismus. On general examination, the patient seemed otherwise normal, except for the occasional head tilt towards the right. The visual acuity was OD 6/6 and OS 6/12, with no pinhole improvement, suggestive of amblyopia. While measuring the distance binocular visual acuity, we noted a strong right eye fixation preference, with a face turn to the right. A dry retinoscopy revealed low myopia in both eyes. The anterior segment and posterior examination were normal, except for a grade I RAPD in OS. The colour vision and contrast sensitivity, measured with Ishihara pseudo isochromatic test plates and the Pelli-Robson contrast sensitivity chart, respectively, were within normal limits. Cyclopentolate eyedrops were administered, and wet retinoscopy was performed, which revealed OD Plano and OS -0.75DS. Extraocular muscle version testing showed a full range of motion of the right eye but revealed an abduction deficit and globe retraction with narrowing of the palpebral fissure on adduction of the left eye. The management plan included eye alignment in the primary position, eliminating abnormal head posture and amblyopia, and improving overall binocular function. Optometric vision therapy aimed to obtain the strongest possible fusion in primary gaze with the largest zone of binocular vision. Treatment of DRS must go beyond surgery and include fixation stability, oculomotor control (saccades and pursuits), accommodative skills, contrast sensitivity, stereopsis, visual motor skills, and spatial processing. Upon completion of the 35th session of vision therapy, the child's visual acuity improved to OS 6/6 and other binocular parameters were improved too.

## Poster A5

### EFFICACY OF NOVEL VIRTUAL REALITY GAME APPLICATION IN THE MANAGEMENT OF AMBLYOPIA.

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**Introduction:** Amblyopia is a preventable and treatable condition with a worldwide pooled prevalence of 0.75%-1%. The optical correction and the stimulation of the amblyopic eye are the two components of management. The most accepted treatment patching therapy has shown poor compliance resulting in unsuccessful treatment. Through this research, we are trying to provide a new modality of treatment by testing the efficacy of a newly developed virtual reality game application in the treatment of amblyopia. **Methods:** Children with amblyopia were selected based on the detailed ophthalmological evaluation after approval from the institutional ethics committee. Children with BCVA of 0.3 log MAR to 1.00 log MAR in the amblyopic eye were given VR-based binocular vision therapy for 20 min/day along with patching therapy of 2-4 hours per day with near activities for 12 weeks. BCVA for distance and near, contrast sensitivity, stereopsis, fusion status and ocular deviation status were tested on every visit. The baseline clinical findings were compared with 12 weeks of visits, to understand the effectiveness of treatment. **Results:** A total of thirteen children were evaluated with an average age of 9 years. Best corrected visual acuity of 0.3 log MAR and 0.4 log MAR in OD and OS respectively. Stereopsis during the initial visit was 491.76 arc sec which improved to 200 arc sec at the end of 3 months. The contrast sensitivity at presentation was 1.67 log CS in OD, 1.6 log CS in OS and 1.8 log CS in OU, which improved to 1.75 log CS, 1.70 log CS and 2.00 log CS respectively post-therapy. **Conclusions:** The newly developed virtual reality-based binocular vision therapy game was efficient enough in improving the stereo acuity and contrast sensitivity amongst amblyopic patients.

## Poster A6

### CONTOUR INTERACTION FOR PUNJABI OPTOTYPES

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**Introduction:** Visual acuity is generally assessed by asking the patient to identify letters from a Visual Acuity chart. Previous research has shown that the 'crowding' of increasingly smaller letters on the Snellen letter chart requires accurate fixation of each letter to separate them from adjacent letters. The confusion in reading letters may be partly due to fixation difficulties that could induce the crowding effect. **Methods:** Six visually normal adult observers participated in the study. In high contrast, isolated Punjabi optotypes were presented randomly on a standard PC platform with or without four flanking bars. The flanking bars were presented at one of 4 distances from the optotype, corresponding to a proportion of the symbol size (abutting, 0.25, 0.5, 1.0, times the optotype size). Performance was assessed by recording the proportion of correctly identified symbols. For comparison, measurements were also obtained using Sloan optotypes. **Results:** All subjects exhibited contour interaction using the Punjabi optotypes. The magnitude of the contour interaction was greatest when the flanking bars were close to the Punjabi optotypes and decreased as the separation between the optotypes and the flanking bars increased. The results indicate that flanking bars influence visual recognition of Punjabi letters and are consistent with results obtained using Sloan optotypes. **Conclusions:** The results obtained in this study have important implications for designing and constructing new visual acuity charts in the future.

## Poster A7

### AMPLITUDE OF ACCOMMODATION IN MALAY, CHINESE, AND INDIAN POPULATIONS IN MALAYSIA

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**Introduction:** The objective of our study was to compare the mean Amplitude of Accommodation (AA) and expected Amplitude of Accommodation (Hofstetter, 1950) and to determine if there is a racial preponderance in the Amplitude of Accommodation. **Methods:** One hundred and thirty-eight subjects between the ages of 20 and 39 were grouped into two cohorts, namely 20-29 years and 30-39 years. AA was measured using Royal Air Force (RAF) near-point rule. Three push-up (PU) and three push-down (PD) amplitudes were measured and recorded. The mean AA was calculated and compared with the expected AA, as predicted by Hofstetter's equation. **Results:** The expected AA for the age group (20-29) was  $11.15D \pm 0.91D$ , while for the age group (30-39) was  $8.15D \pm 0.91D$ . The mean AA in the (20-29) age group was  $10.17D \pm 1.64D$  (Malay),  $10.15D \pm 0.90D$  (Chinese), and  $10.25D \pm 1.88D$  (Indian). For the age group (30-39), the AA were  $6.73D \pm 1.21 D$  (Malay),  $6.53D \pm 1.72D$  (Chinese), and  $7.61D \pm 1.54D$  (Indian). There was no significant difference in AA between the three races aged 20-29. However, there were significant differences in AA among Chinese and Indian age groups (30-39). **Conclusions:** Our study proved that the mean AA is lower than expected. There was no significant difference in AA among the three races in the age group (20-29). However, the only difference was between the Chinese and Indian age groups (30-39).

**Poster A8**

**EFFECTIVENESS OF DEFOCUS INCORPORATED MULTIPLE SEGMENTS (DIMS) SPECTACLE  
LENSES IN INDIAN CHILDREN: CASE SERIES**

**Arockiya Agila Abraham**

## Poster A9

### CHALLENGES FACED BY VARIOUS STAKEHOLDERS IN THE SCHOOL VISION SCREENING PROGRAM

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**Introduction:** School vision screening program plays a vital role in detecting visual impairment and uncorrected refractive errors among young children and providing timely attention and treatment. Both internal and external stakeholders play a crucial role and experience ample challenges in planning and executing these programs. The purpose of this study was to identify the challenges and plausible strategies to overcome these challenges from the stakeholders' perspective in the school vision screening program. **Methods:** This Prospective qualitative study was conducted in 2021 and included 22 stakeholders. These were classified as external stakeholders namely school principals(n=4), class teachers(n=4), non-teaching staff (n=4), sponsor agency(n=1), and internal stakeholders namely administrative manager(n=1), program manager(n=1), camp coordinators(n=2), an ophthalmologist(n=1), optometrists(n=3) and driver (n=1). Personal interviews were conducted using a structured interview guide that included questions for each stakeholder according to their role in the program. The data were audio recorded, transcribed, and thematically analyzed. **Results:** The following factors were found to influence the planning and implementation of vision screening camps (1) Communication; (2) Planning and funding (3) Organization of the camp (4) Conduct of the camp (5) Post-camp reporting and compliance (6) COVID-19 related difficulties. Communication was identified as the most influential factor among all the stakeholders. Obtaining permissions from school authorities, local government, and parents was identified as a major challenge at the beginning of the planning stage. Deployment and coordination with the screening team was a significant challenge for the camp coordinator in the absence of dedicated staff for screening activities. Transport, accessibility to children, sanitization, and physical distancing were time-consuming, so more resources were consumed during COVID-19 restrictions. Despite putting in more effort, the effectiveness of screening camps was hazy as a very less number of referrals reached the hospital for further management. Internal stakeholders were better motivated to conduct the camps than external stakeholders. **Conclusions:** Multiple challenges were encountered by various stakeholders in the planning, implementation, and post-management of school screening

camps post-lockdown. Cooperation, coordination, and communication are the key ingredients for the successful management of school screening camps.

## Poster A10

### FUNDUS FINDINGS IN HIGH MYOPIC POPULATION VISITING TERTIARY EYE CARE IN NEPAL

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**Introduction:** Myopia is a global public health concern with rapidly increasing prevalence worldwide, especially in East and South-East Asia. In myopia, although the appropriate refractive correction can yield good visual function, it continues to place the individual visually at risk of sight-threatening ocular complications resulting from myopic changes in the fundus and optic nerve; their incidence is greatest among individuals with high myopia. The aim of this study was to evaluate patterns of the fundus and optic nerve changes in high myopia at a tertiary eye care centre in Nepal **Methods:** A prospective, cross-sectional, observational study was conducted by recruiting 98 high myopic eyes (defined as the spherical equivalent of  $>-6.0$  diopters (D) or axial length  $\geq 26.5$  mm). Coloured Fundus photography was performed to evaluate high myopic fundus and optic disc changes. Multinomial logistic regression was performed with axial length and mean spherical error as risk and myopic changes as the dependent variable. **Results:** High myopic features were seen in 45.9% of cases, with tessellated fundus (57.1%) and peripapillary atrophy (40.8%) being the most common fundus and optic disc changes, respectively. An increase in axial length and mean spherical error was established as a risk factor for developing high myopic changes in the fundus. **Conclusions:** In this study of the highly myopic Nepalese population visiting tertiary eye hospitals, myopic fundus and optic disc features were frequent and were associated with axial length and mean spherical error. The pattern of myopic changes in the Nepalese eyes is consistent with that of other reported populations.

## Poster A11

### DIURNAL VARIATION OF SUB-FOVEAL CHOROIDAL THICKNESS (SFCT) IN HEALTHY NEPALESE EYES

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**Introduction:** Choroid is the middle vascular tunica of the eyeball, which plays a crucial role in the blood supply of the eye. Although the thickness of the choroid has been difficult to study histologically, the advent of new imaging techniques, such as enhanced depth imaging (EDI-OCT), has made it possible to study choroidal parameters non-invasively. Diurnal variation has been reported previously for choroidal thickness. The purpose of this study was to assess the pattern of diurnal variation of the sub-foveal choroidal thickness (SFCT) in healthy eyes using enhanced depth imaging OCT (EDI-OCT). **Methods:** This cross-sectional study evaluated 60 eyes from 30 patients. After a comprehensive eye examination, enhanced depth imaging was performed every two hours over a six-hour measurement period using spectral domain optical coherence tomography. A repeated-measures ANOVA was used to analyze the diurnal rhythms of the SFCT. In a multivariate analysis using linear regression, the ocular and systemic associations of diurnal variation amplitude were also investigated. **Results:** Subfoveal choroidal thickness was found to have a distinct pattern of diurnal variation ( $p = 0.0001$ ), peaking in the morning, dropping thereafter, and reaching a trough as the sun sets. The mean amplitude of the diurnal variation of SFCT was  $35.16 + 14.08$  microns (95% CI of the difference: 26.61 to 44.98;  $p = 0.0001$ ). In multivariate linear regression, only the baseline SFCT was a significant predictor of the amplitude of the diurnal variation of the SFCT. **Conclusions:** Subfoveal choroidal thickness exhibits significant diurnal variation that may relate to baseline SFCT and axial length in healthy Nepalese eyes. These physiological variations should be taken into account while evaluating SFCT in various retinol-choroidal conditions.

## Poster A12

### OPTIMIZATION OF THE SCANNING PATTERN IN OCT-A IMAGES IN HEALTHY SUBJECTS

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**Introduction:** The aim of the present study was to assess the optimal scanning pattern on Spectralis HRA-OCT2 device measuring macular microvasculature perfusion in healthy subjects **Methods:** Consecutive healthy subjects were imaged within the same visit using the SPECTRALIS OCT-A Module (Heidelberg Engineering, Heidelberg, Germany) using different scanning protocols (10°X10°- 512 ART 7[P1], 10°X10°-256 ART 5[P2], 10°X10°-512 ART 5[P3],15°X10°-256 ART 5[P4]) centred in the macular area. Vessel perfusion density (VPD) and Vessel length density (VLD) of the superficial vascular complex (SVC) were computed using ImageJ software to evaluate potential differences between diverse scanning patterns. Three additional 10°x10°, ART 7 high-density images were also obtained using the in-built software Heyex Software Version in the macular area and quantified the VPD and the VLD. Two retina specialists graded the foveal avascular zone and image quality qualitatively. **Results:** Twenty eyes of 10 healthy subjects were included in the present study. Mean VPD values of P1, P2, P3 and P4 were 35.60, 31.67, 31.18 and 31.16, respectively. Mean VLD values of P1, P2, P3 and P4 were 7.54, 5.86, 6.74 and 4.40, respectively. A statistically significant difference was reported between P1 and P2, P3 and P4 values both for VPD and VLD. No statistically significant differences were noted between P2, P3 and P4 values. The mean VPD values of 10°x10° high density and cropped P1(corresponding 10°x10° area) images were 33.20 and 32.91. The mean VLD values of 10°x10° high-density and cropped P1(corresponding 10°x10° area) images were 4.61 and 6.85. A statistically significant difference was reported between both 10°x10° high-density and cropped P1 images for the VLD, but no statistically significant difference was observed for the VPD. In the qualitative assessment, P1 had the highest score, and P4 had the lowest score from both graders in the foveal avascular zone and image quality assessment. **Conclusions:** In the overall analysis of the qualitative assessment, a statistically significant superiority was demonstrated for P1 compared to the other scanning patterns. In the quantitative evaluation, P1 was shown as an optimal scanning approach in detecting blood flow and seemed less affected by noise.

## Poster A13

### CHANGES IN BRUCH'S MEMBRANE OPENING AREA, SUB-FOVEAL CHOROIDAL THICKNESS AND CENTRAL MACULAR THICKNESS IN SARCOID PATIENTS WITH OR WITHOUT OCULAR MANIFESTATION

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**INTRODUCTION:** Sarcoidosis is a multisystemic, granulomatous disease characterized by accumulation of T lymphocytes and mononuclear phagocytes with formation of non-caseating granulomas in affected organs. It primarily involves lungs, eyes, skin and lymph nodes. Ocular involvement has been reported in 30–60% and could be the first manifestation of sarcoidosis. Uveitis is the most common Ocular manifestation. This causes significant changes in most vascular site such as Choroidal (sub-Foveal Choroidal Thickness and Bruch's Membrane area) and Retinal structure (Central Macular Thickness) structure due to its inflammatory nature. Any inflammatory or Granulomatous changes Choroid and Retina due to Sarcoidosis can be predicted through these parameters. **METHOD:** This is hospital-based prospective descriptive study and was conducted among the patients presenting to Ophthalmology and Pulmonology Department of Institute of Medicine, Nepal as diagnosed cases of Sarcoidosis with or without ocular manifestation. Measurement of Bruch's Membrane Opening Area was done by Optic Nerve Head (ONH) imaging technique, sub-Foveal Choroidal Thickness, and Macular thickness using Enhanced depth imaging (EDI-OCT) technique in Spectral-Domain Optical Coherence Tomography (Heidelberg Engineering Germany version 1.3) of different Group of Sarcoid patients with only systemic manifestation or both systemic as well as Ocular manifestation. **RESULTS:** In this study, 73 participants were included, and their mean age was calculated to be 36.1±13.8 years old. Of these participants, 45.8% were male, and 54.2% were female. Additionally, 54.2% of the participants had been diagnosed with sarcoidosis. About 65% of the patients had ocular manifestations. Where, panuveitis followed by anterior uveitis was most common ocular manifestations. Specifically, Bruch's membrane opening area, central macular thickness, inferior macular thickness, and temporal macular thickness were all found to be significantly associated with sarcoidosis at a p-value less than 0.05. These findings suggest that sarcoidosis may have a significant impact

on ocular health, as evidenced by its association with several key ocular parameters.

**CONCLUSIONS:** This concludes importance of Optical Coherence tomography (OCT) for diagnosis whose results give better understandings and insight for disease status, early detection of complications and prognosis and guide in appropriate decision making for intervention.

## Poster A14

### FACTORS CONSIDERED BY PATIENTS IN SELECTING BLUE BLOCK LENSES

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**Introduction:** Blue light can affect normal biological and physiological functions of the body, including circadian rhythm, sleep propensity, and pupillary light reflex. It can also potentially harm the cornea, lens, and retina, a growing concern due to increased digital usage resulting in digital eye strain. To address this, Blue Block Lenses (BBL) and IOLs have been introduced to protect eyes from blue light. This study aims to identify the factors patients consider when selecting BBL for safeguarding their eyes from adverse blue light effects. **Methods:** This was a prospective and questionnaire-based study conducted among spectacle wearers. The validated questionnaire in a Google form was circulated through social media and emails. One hundred forty-six responses were received and analyzed using SPSS. **Results:** The study included 146 participants, with an average age of  $26.4 \pm 8.2$  years. Most respondents (99.3%) used digital screens, and 52 (35.61%) were BBL users. The study found a significant association between the use of BBL and average screen time ( $p < 0.05$ ), as well as between information and the use of BBL ( $p < 0.05$ ). Key findings reported by BBL wearers were: comfort (86.6%), change in colour and contrast (32.7%), reduction in glare (86.5%), reduction in asthenopia (47.8%), improvement in sleep cycle (30.8%), and cost of lenses (57.7%). Furthermore, a significant association was found between prior experience with BBL and its utilization for work-related tasks ( $p < 0.05$ ). Overall, 86.5% of respondents were satisfied and willing to repeat the use of BBL. **Conclusions:** The study emphasizes the significance of several factors in selecting Blue Block Lenses, including average screen time, prior knowledge of BBL, asthenopic symptoms, cost of lenses, and suggestions from eyecare practitioners. Optometrists should consider these factors and provide tailored patient education to ensure optimal outcomes for individuals using Blue Block Lenses.