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Response to: A myth of ophthalmic beta-blockers therapy

Published in:

Graefes Archive for Clinical and Experimental Ophthalmology

Publication status and date:

Published: 01/01/2009

DOI (link to publisher):

[10.1007/s00417-009-1163-x](https://doi.org/10.1007/s00417-009-1163-x)

Document Version

Publisher's PDF, also known as Version of record

Citation for the published version (APA):

Wolfs, R. C. W. (2009). Response to: A myth of ophthalmic beta-blockers therapy. *Graefes Archive for Clinical and Experimental Ophthalmology*, 247(12), 1723-1723. <https://doi.org/10.1007/s00417-009-1163-x>

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Response to: A myth of ophthalmic beta-blockers therapy

Roger C. W. Wolfs

Received: 23 July 2009 / Accepted: 27 July 2009

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Dear Dr. Kittisupamongkol,

Thank you for your response to our paper.

In our study, we analyzed the risk of falling and orthostatic hypotension in glaucoma patients and not the prescription habits of ophthalmologists. Therefore, we cannot state that ophthalmologists are not likely to prescribe beta-blockers to glaucoma patients with cardiovascular disorders or symptoms suggesting cardiovascular disease. However, at least in the Netherlands, there seems to be a trend towards a change of the first-line IOP-lowering drugs to the newer generation medications, especially the prostaglandins. This may partly be caused by the huge promotion by the pharmaceutical industry, who put a lot of money into the development of these newer drugs. In addition, several case-reports have been published recently emphasizing the possible cardiovascular side-effects of the ophthalmic beta-blocker [1–3].

As a response, we wanted to show that the ‘old’ beta-blocker still is a good, safe, and effective drug in IOP lowering in the ophthalmic practice. As mentioned in your comments, the change in guidelines for use of beta-blockers also supports that the beta-blocker is still not an outdated drug.

IOP lowering might not be the only way to ‘treat’ glaucoma, and in the future, new treatment possibilities

hopefully will be discovered. The fact that IOP lowering is now for decades the only proven way of ‘treating’ glaucoma suggests that this belongs to the 50% of knowledge that has not shown to be wrong.

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R. C. W. Wolfs (✉)
Department of Ophthalmology,
Erasmus University Medical Center,
Post Box 2040, 3000 CA Rotterdam, The Netherlands
e-mail: r.wolfs@erasmusmc.nl