2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. S CIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two -letter Code for the one (1) Section best sullied to review your abstract
GL

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: A RVO (1.10 x 1.70)
Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 **(x) PG1** ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Melo Jr	Luiz	Alberto
Last Name	First Name	Middle

Glaucoma	0063/04
Service (sector)	Nº CEP (Comitê de Ética em Pesquisa da Universidade Federal de São Paulo– UNIFESP)

5. ABSTRACT (REQUIRED)

Comparison of Moorfields Regression Analysis and Glaucoma Probability Score Classifications using Heidelberg Retina Tomograph III

L.A.S. Melo Jr., L.R. Fasolo, A.S. Barbosa, D.P. Engel, F.S. Higa, L.M. Doi, J.A. Prata Jr

Purpose: To evaluate the diagnostic accuracy and agreement between Moorfields Regression Analysis (MRA) and Glaucoma Probability Score (GPS) classifications.
Methods: A total of 105 healthy individuals (105 eyes) and 102 primary open-angle glaucoma patients (102 eyes) were enrolled. Healthy participants had intraocular pressure equal or lower than 21 mmHg, no glaucomatous visual field defects, and no signs of glaucomatous optic neuropathy at fundus biomicroscopy. Glaucoma patients had intraocular pressure higher than 21 mmHg, glaucomatous visual field defects, and signs of glaucomatous optic neuropathy at fundus biomicroscopy. All participants underwent confocal scanning laser ophthalmoscopy using Heidelberg Retina Tomograph (HRT III).
Results: The MRA classification was obtained from all participants. The HRT did not classify two glaucoma patients using the GPS. The sensitivities of the MRA and GPS ranged from 69% to 89% and from 73% to 93%, respectively. The specificitie s of the MRA and GPS ranged from 65% to 85% and from 61% to 89%, respectively. The agreement between both classifications was 62% (κ =0.47).
Conclusions: The sensitivity and specificity of both classifications were moderate to good. The MRA and GPS class ifications had moderate agreement and cannot be used interchangeably.