

Long-term ranibizumab beneficial for macular edema

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Long-term aggressive treatment of patients with macular edema with ranibizumab during a third year correlates with reduced mean foveal thickness and improved best-corrected visual acuity, according to research published online Oct. 8 in the *Archives of Ophthalmology*.

(HealthDay)—Long-term aggressive treatment of patients with macular edema with ranibizumab during a third year correlates with reduced mean foveal thickness (FTH) and improved best-corrected visual acuity (BCVA), according to research published online Oct. 8 in the *Archives of Ophthalmology*.

Diana V. Do, M.D., of the Wilmer Eye Institute at the Johns Hopkins University School of Medicine in Baltimore, and colleagues conducted a follow-up of outcomes from the [Ranibizumab](#) for Edema of the Macula in Diabetes study from year two (month 24) to year three (month 36) to assess the benefit of increased follow-up. Participants included 28

patients who received ranibizumab (0.5 mg monthly if FTH was 250 μ m or greater), 22 patients who received laser treatment, and 24 patients who received ranibizumab plus laser treatment.

The researchers found that ranibizumab-treated patients displayed a significant mean BCVA improvement of 10.3 letters at month 36 compared with only 7.2 letters at month 24. Mean FTH was reduced from 352 to 282 μ m at months 36 and 24, respectively. No statistically significant difference was observed for BCVA and FTH between the ranibizumab-plus-laser group and the laser-only group. However, ranibizumab-treated patients required significantly more injections than laser-treated patients (5.4 versus 2.3 injections), but not significantly more than the ranibizumab-plus-laser group.

"Long-term visual outcomes for treatment of [diabetic macular edema](#) with ranibizumab are excellent, but many patients require frequent injections to optimally control edema and maximize vision," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract](#)
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