Lightmasks that prevent dark adaptation for non-central diabetic macular oedema: the CLEOPATRA RCT

Sobha Sivaprasad,¹* Joana Vasconcelos,² Helen Holmes,³ Caroline Murphy,³ Joanna Kelly,³ Philip Hykin¹ and Andrew Toby Prevost²

¹National Institute for Health Research (NIHR) Clinical Research Facility, NIHR Biomedical Research Centre, Moorfields Eye Hospital and University College London, London, UK

²Imperial Clinical Trials Unit, School of Public Health, Imperial College London, London, UK

³King's Clinical Trials Unit, King's Health Partners, King's College London, London, UK

*Corresponding author sobha.sivaprasad@moorfields.nhs.uk

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Plain English summary

The CLEOPATRA RCT

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Plain English summary

The extent to which a lack of oxygen causes vessels to leak to cause diabetic macular oedema (DMO) is unclear. Inhaling 100% oxygen has been shown to improve DMO in the short term. The rod photoreceptor is a type of cell in the retina that enables night vision and allows us to adapt to the dark but requires most of the oxygen supplied to the retina for this function. This study tested the hypothesis that if we prevent the rod photoreceptors from dark adaptation by sleeping at night using a lightmask that prevents the rod from functioning, the retina may use less oxygen at night and prevent or reverse the macular oedema. In this study, we tested whether or not wearing such a lightmask can improve early DMO.

Three hundred and eight participants with early DMO from 15 NHS hospitals were randomly allocated either to wearing the lightmask at night or to non-lightmask (control) arm to evaluate the clinical efficacy and safety of the lightmask at 24 months. The participants were assessed every 4 months, compliance stressed and also resupplied with the lightmasks. The study also evaluated the role of inhaling 100% oxygen and lightmasks on visual functions in a subgroup of 28 participants to understand the mechanisms of the effect of the lightmask.

The study showed that there was no difference between the lightmask arm and the non-lightmask arm at 24 months. Compliance with wearing the lightmask reduced with time. Oxygen inhalation also did not have any effect on visual function or the macular oedema.

The study revealed that a lack of oxygen may not contribute significantly to the onset and progression of DMO. The role of rod photoreceptors in diabetic eye disease needs to be evaluated further using other methods of rod suppression.

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