



Corrected text

Two paragraphs on page 1168 of Suzuki & Suzuki¹ were not cited correctly.

The data presented in the first paragraph should have been cited with reference number 35 and the following paragraph with a new reference, number 36. All subsequent references and citations were renumbered by one. The corrected text follows:

In another double-masked crossover trial, Konstas et al could not find any difference in 24-hour IOP measurements between adjunctive dorzolamide twice daily and brimonidine 0.15% twice daily in combination with latanoprost after six weeks of adjunctive therapy.³⁵

In a single-arm, open-label study of brinzolamide ophthalmic suspension (1%) by Dr Franks for the Brinzolamide Study Group, the mean baseline IOP of the 79 patients was 22.5 (15–31) mmHg. Four weeks later, the mean IOP of the 78 patients under treatment with a combination of travoprost and brinzolamide was 18.5 (12–24) mmHg. Finally, 12 weeks later, the mean IOP for 71 evaluable patients was 18.2 (10–27) mmHg. At all time points, IOP was significantly reduced when compared with baseline values ($P < 0.0001$).

CORRIGENDUM

The average IOP had decreased by 3.9 mmHg (17.4%) after four (n = 78) and by 4.2 mmHg (18.4%) after 12 (n = 71) weeks of combined travoprost and brinzolamide therapy when compared with the monotherapy baseline of travoprost ophthalmic solution 0.004%. After four weeks of adjunctive treatment, 56% of patients (n = 78) and 63% of patients after 12 weeks (n = 71) had at least an additional 15% reduction in IOP.³⁶

References

1. Suzuki Jr Er, Suzuki CLB. Efficacy and safety of travoprost above or in combination with other agents for glaucoma and ocular hypertension: patient considerations. *Clin Ophthalmol.* 2010;4:1165–1171.
36. Franks W. Brinzolamide Study Group. Ocular hypotensive efficacy and safety of brinzolamide ophthalmic suspension 1% added to travoprost ophthalmic solution 0.004% therapy in patients with open-angle glaucoma or ocular hypertension. *Curr Med Res Opin.* 2006;22(9):1643–1649.

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