
Mahendra Singh1, Ashish Chander2, Suraj Kumar Chaurasiya1, Radhika3

1Department of Optometry and Vision Science, CL Gupta Eye Institute, Moradabad, Uttar Pradesh, 244001, India; 2Department of Ophthalmology, Teerthanker Mahaveer University, Moradabad, Uttar Pradesh, 244001, India; 3Department of Optometry and Vision Science, Uttaranchal (PG) College of Biosciences and Hospitals, Dehradun, Uttarakhand, 248002, India

Correspondence: Mahendra Singh, C L Gupta Eye Institute, Ram Ganga Vihar Phase II (Extn.), Moradabad, Uttar Pradesh, 244001, India, Tel +91-6359586269, Email optommahendrasing@gmail.com

Dear editor

With interest, we read the article titled “Causes of Moderate to Severe Visual Impairment and Blindness Among Children in Integrated Schools for the Blind and Visiting a Tertiary Eye Hospital in Nepal: The Nepal Pediatric Visual Impairment (NPVI) Study” published by Adhikari et al.1 We congratulate the authors for their outstanding work. We do want to draw attention to specific areas in this study where more research is needed and where it would be possible to make improvements.

Lack of Population-Based Data: The study primarily focuses on children with visual impairment and blindness who attend integrated schools for the blind and visit a tertiary eye hospital in Nepal. While this provides valuable insights into this specific group, there is a lack of population-based data that would help in understanding the overall prevalence and causes of childhood visual impairment and blindness in the entire Nepalese population. Medical providers and public health agencies use data for community health improvement.2

Lack of Information on Access to Eye Care: The study identifies access to eye care as a potential factor influencing the changing trends in visual impairment and blindness. However, it does not provide detailed information on the barriers children face in accessing eye care services, especially in remote areas of Nepal.3

Selection Bias: The study primarily focuses on children attending integrated schools for the blind and those visiting a tertiary eye hospital. This may introduce selection bias, as children with visual impairment who do not attend such schools or access healthcare services are not included in the study. The findings may not reflect the broader population of visually impaired children in Nepal.4

Changing Trends: The study mentions changing trends in the etiology of childhood visual impairment and blindness in Nepal. However, it does not provide a comprehensive historical analysis or a detailed comparison with earlier studies. A more thorough exploration of these changing trends and their potential causes would enhance the understanding of how prevention and intervention efforts have impacted the prevalence and causes of visual impairment over time.5

Limited Discussion of Intervention Strategies: While the study identifies avoidable causes of visual impairment and blindness, it does not delve into potential intervention strategies to address these causes.6

Highlight specific study limitations to aid reader focus and avoid downplaying design or result limitations; connect research to existing literature.
Disclosure
The authors report no conflicts of interest in this communication.

References