

The Additive Effect of Topical
Dorzolamide-Timolol with Intravitreal
Ranibizumab Injection in Diabetic
Macular Edema

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- Diabetic macular edema (DME) can occur at any stage of DR. Overall, the prevalence of DME is estimated to be 4.2 7.9% among patients with Type 1 diabetes and 1.4 to 12.8% among Type 2 diabetics ⁽¹⁾.
- There is a major concern in patients who are resistant to anti-VEGF and those who have recurrent or chronic DME for which anti-VEGF therapy is often unsatisfactory ⁽²⁾.



- Studies have suggested that outflow through the anterior chamber may play a role in clearance of intravitreal anti-VEGF drugs and decreasing aqueous production and outflow could slow drug clearance ⁽³⁾.
- Dorzolamide itself can reduce ME, as carbonic anhydrase inhibition could modulate Müller cell activity and retinal pigment epithelial cells, to pump fluid from the retina to the choroid ⁽⁴⁾.



- Dorzolamide was found to be effective in the treatment of CME caused by postoperative inflammation, retinitis pigmentosa, X-linked RS macular changes, enhanced S cone disease, and choroideremia (5).
- **Byeon et al.,** ⁽⁶⁾ first reported using dorzolamide- timolol in patients receiving bevacizumab for ME in RVO. Mean central retinal thickness was lower in the dorzolamide-timolol group compared with those receiving no drops 5Ws after injection.



- Topical dorzolamide— timolol was applied to nAMD patients with persistent exudation, despite fixed-interval anti-VEGF therapy resulted in anatomical improvement (3,7).
- Adjuvant topical dorzolamide– timolol with intravitreal bevacizumab (IVB) resulted in improvement of BCVA and CMT in DME ⁽⁵⁾.



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Objective

The present study aimed to evaluate the effect of topical dorzolamide–timolol with intravitreal ranibizumab injection on anatomical and functional outcomes in patients with diabetic macular edema (DME).



Patients and Methods



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This prospective interventional study included 30 patients with NPDR, DME (central macular thickness \geq 300 µm) measured by OCT, age ranged from 45-60 years.

The patients were divided into two groups according to treatment protocol:

- For Group 1: 15 patients (15 eyes) received intravitreal ranibizumab injection (three monthly injections of 0.5 mg/0.05 ml) and adjuvant topical dorzolamide-timolol (twice daily).
- ➤ Group 2: 15 patients (15 eyes) received intravitreal ranibizumab injection only (three monthly injection of 0.5 mg/0.05 ml).

Exclusion criteria:

- History of cardiac diseases or diabetic nephropathy.
- HbA1c > 8.5 or fasting blood sugar > 250.
- Other ocular diseases as glaucoma, significant cataract, ERM, PDR.
- History of retinal photocoagulation.
- History of allergy to beta blockers or CAI compounds.



Results



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		Group 1 (N=15)	Group 2 (N=15)
Age	Mean ± SD	55.73 ± 4.96	56 ± 4.42
	Range	45-60	46-60
C	Male	4 (26.67%)	6 (40%)
Sex	Female	11 (73.33%)	9 (60%)
Eye	OD	7 (46.67%)	5 (33.33%)
	os	8 (53.33%)	10 (66.67%)

Demographic data of the two study groups



Baseline Characteristics

	Group 1 Mean ± SD	Group 2 Mean ± SD	P-value (Student t-test)
Age (Years)	55.73 ± 4.96	56 ± 4.42	0.878
DM duration (years)	16.80 ± 5.85	14.07 ± 4.30	0.156
HTN duration (years)	10.14 ± 3.29	10.78 ± 3.03	0.695
Hb A1c %	6.28 ± 0.62	6.51 ± 0.54	0.295
Cholesterol level (mg/dl)	180.33 ± 17.57	182.8 ± 18.49	0.711

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Ophthalmological Evaluation: group 1

	Pre-treatment Mean ± SD	Post-treatment Mean ± SD	P-value (Paired t-test)
BCVA (log MAR)	0.93 ± 0.23	0.73 ± 0.27	< 0.001
IOP (mmHg)	16.87 ± 3.00	15.07 ± 3.61	< 0.001
CMT (µm)	568.67 ± 145.76	384.00 ± 110.63	< 0.001



Ophthalmological Evaluation: group 2

	Pre-treatment Mean ± SD	Post-treatment Mean ± SD	P-value (Paired t-test)
BCVA (log MAR)	0.93 ± 0.30	0.80 ± 0.33	0.001
IOP (mmHg)	17.07 ± 2.58	16.27 ± 2.55	0.017
CMT (µm)	513.40 ± 114.54	387.87 ± 119.52	< 0.001

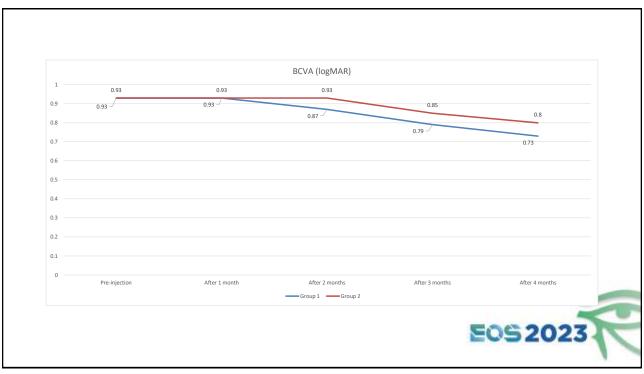


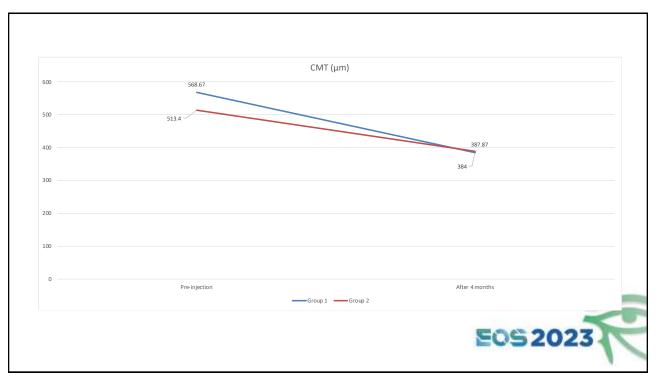
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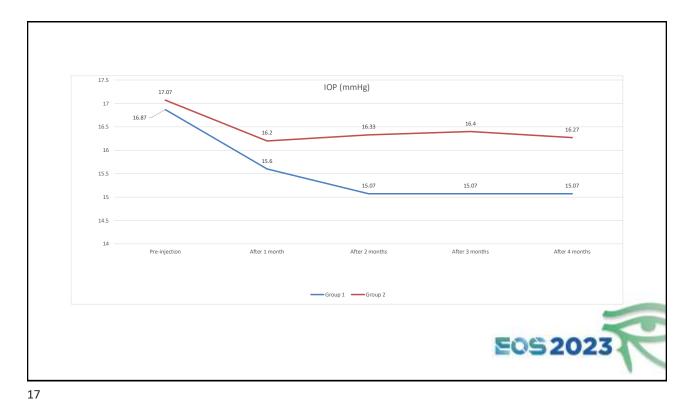
Ophthalmological Evaluation Post-treatment; comparison between the two study groups

	Group 1	Group 2	P-value (Student t-test)
BCVA (log MAR)	0.73 ± 0.27	0.80 ± 0.33	0.549
IOP (mmHg)	15.07 ± 3.61	16.27 ± 2.55	0.302
CMT (µm)	384.00 ± 110.63	387.87 ± 119.52	0.927









Conclusions

- ➤ By comparing group 1 and group 2 from baseline to the last visit: mean change in BCVA was 0.2 vs 0.13, mean change in CMT was -184.67µm vs -125.53µm but the differences between the 2 groups were not statistically significant.
- This study demonstrated that adjuvant topical dorzolamide-timolol with intravitreal ranibizumab injection had additional effects, but not a statistically significant, on IVR in the treatment of DME over a 4-month-course.

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References

- 1. Diabetes Control and Complications Trial Research Group. The relationship of glycemic exposure (HbA1c) to the risk of development and progression of retinopathy in the diabetes control and complications trial. Diabetes 1995; 22:968–983.
- **2. Ophir A.** Early and long-term responses to anti-vascular endothelial growth factor therapy in diabetic macular edema: Analysis of protocol I data. Am J Ophthalmol 2017; 177:230-231.
- 3. Sridhar J, Hsu J, Shahlaee A, et al. Topical dorzolamide- timolol with intravitreous anti-vascular endothelial growth factor for neovascular age-related macular degeneration. JAMA Ophthalmol 2016;134:437–443
- **4.** Lee JH, Lee SC, Byeon SH, et al. Efficacy of adjuvant topical dorzolamide-timolol in patients with neovascular agerelated macular degeneration refractory to anti-vascular endothelial growth factor therapy. Retina 2019;39:1953-1958.
- 5. Mirshahi A, Tadayoni R, Mohsenzadeh N, et al. Efficacy of adjuvant topical timolol-dorzolamide with intravitreal bevacizumab injection in diabetic macular edema: A contralateral eye study. J Curr Ophthalmol 2019; 31:168-171.
- Byeon SH, Kwon OW, Song JH, et al. Prolongation of activity of single intravitreal bevacizumab by adjuvant topical aqueous depressant (timolol-dorzolamide). Graefes Arch Clin Exp Ophthalmol 2009; 247:35-42.
- 7. Hsu J, Patel SN, Wolfe JD, et al. Effect of adjuvant topical dorzolamide-timolol vs placebo in neovascular agmacular degeneration: A randomized clinical trial. JAMA Ophthalmol 2020;138:560-56

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Thank You

