| **Study, Year** | **Study DesignPurpose of Study** | **Patients** | **InterventionDuration of Followup** | **Results** | **Quality** |
| --- | --- | --- | --- | --- | --- |
| Chylack, 200294 | To determine if a mixture of oral antioxidants would modify progression of cataractDouble-blind PCT of consecutively enrolled patients | Able to provide written informed consent; able to attend all visits; age ≥40 years; ≥1 eyes met the following ocular criteria: cataract extraction unlikely within 2 years, immature idiopathic ‘senile’ cataract present in 1 or both eyes, U.S. patients: presence of minimal cataract by LOCS II14 criteria, U.K. patients: presence of cataract of minimal Oxford grade; logMAR acuity ≤0.5; ocular media clear enough to capture good images of the lens; remote risk of angle closure glaucoma; pupil dilatable to 6 mm; oscillatory movement displacement threshold ≤50 S; no visually significant fundus pathology; no clinical signs of glaucoma and intraocular pressure; no history of amblyopia, eye surgery, argon or YAG laser eye treatment, or major eye trauma; no history of iritis, retinal crystalline deposits, or optic nerve disease; no extended (daily for >3 months) use of ocular corticosteroid or glaucoma therapy; no participation in another clinical trial investigating an anticataract formulation within the last year. | Antioxidant multivitamin (250 mg vitamin C + 200 mg vitamin E + 6 mg beta carotene) tid vs. placebo3 years followup | Multiple methods used to evaluate changes in lens opacities; following 3 years of treatment there was a marginally significant between group difference in cataract progression (p=0.048) based on the primary outcome measure only (% pixels opaque) and not for other measure of cataract progression (e.g., LOCS) | Fair |
| Foss, 200693 | RCTTo determine if second eye cataract surgery reduces the risk of falling and to measure associated health gain | Women in the U.K. age ≥70 years with a previous, successful cataract operation who had a second, operable cataract | Cataract surgery vs. no/delayed treatment1 year followup | Proportion of patients with falls: 48/120 (40%) immediate surgery group vs. 41/119 (34%) delayed treatment group; HR 1.06 (CI 0.69 to 1.61; p=0.80)Proportion of patients with second falls: 22/120 (18%) immediate surgery group vs. 22/119 (18%) delayed treatment group; HR 0.85 (CI 0.49 to 1.56; p=0.61)Rate of falling per 1,000 patient days: 2.9 immediate treatment group vs. 4.3 delayed treatment group; rate ratio 0.68 (CI 0.39 to 1.19; p=0.18) | Good |
| Harwood, 200592 | RCT to determine if first eye cataract surgery reduces the risk of falling and to measure associated health gain | Women in the U.K. age ≥70 years with cataract who were suitable for surgery and had not had previous ocular surgery | Cataract surgery (phacoemulsification) vs. no/delayed treatment1 year followup | Proportion of patients with falls: 76/154 (49%) immediate surgery group vs. 69/152 (45%) delayed treatment group; HR 0.95 (CI 0.69 to 1.35; p=0.77)Proportion of patients with second falls: 28/154 (18%) immediate surgery group vs. 38/152 (25%) delayed treatment group; HR 0.60 (CI 0.36 to 0.98; p=0.04) Rate of falling per 1,000 patient days: 1.0 immediate treatment group vs. 1.52 delayed treatment group; rate ratio 0.66 (CI 0.40 to 0.96; p=0.03)Fracture incidence: 4/154 (3%) immediate treatment group vs. 12/152 (8%) delayed treatment group; risk ratio 0.33 (CI 0.1 to 1.0; p=0.04) | Good |

**Abbreviations:** CI = confidence interval; LOCS = Lens Opacities Classification System; HR = hazard ratio; PCT = placebo controlled trial; RCT = randomized controlled trial; YAG = yttrium aluminium garnet.