

# A comparison of two perimeter strategies: The oculus CLIP strategy and the full-threshold strategy.

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Evaluation of the CLIP strategy of glaucomatous loss

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruiting
<b>Health condition type</b>	Glaucoma and ocular hypertension
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON34051

### Source

ToetsingOnline

### Brief title

A comparison of two perimeter strategies

### Condition

- Glaucoma and ocular hypertension

### Synonym

Primary Open Angle Glaucoma; Glaucoma

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Universitair Medisch Centrum Groningen

**Source(s) of monetary or material Support:** Ministerie van OC&W

## Intervention

**Keyword:** Comparison, Glaucoma, Perimeter, Twinfield

## Outcome measures

### Primary outcome

Full-threshold and CLIP: Mean Deviation (MD). The MD is a widely used parameter that reflect the severity of glaucomatous defects.

### Secondary outcome

N/A.

## Study description

### Background summary

The full-threshold (FT), the Swedish Interactive Threshold Algorithm (SITA) and the supra-threshold (ST) are three well known and most used strategies of the Humphrey Field Analyzer (HFA) for the detection and follow-up of glaucoma patients. Less known is the Twinfield Oculus perimeter, which has the same full- and suprathreshold strategies, and the internally developed Continuous Light Increment Perimetry (CLIP). The Twinfield perimeter has several advantages over the HFA and particularly the CLIP strategy, with a short test time, is a potentially interesting development (unreliable examinations are correlated with fatigue making short test time essential). However, there is a shortage of good comparative studies concerning the CLIP strategy.

### Study objective

Evaluation of the CLIP strategy of glaucomatous loss

### Study design

Sectional comparison between two perimeter strategies: full-threshold vs CLIP.

### Study burden and risks

Minimal burden: 2x10, 2x5 and 2x2 minutes (last one concerns supra- threshold strategy, see study design in research protocol) looking at a screen en pushing

a button when a light spot is seen. The visit is scheduled during a regular visit to our outpatient clinic.

Applies to glaucoma patients who are already being monitored with threshold perimetry, therefore, there is no risk involved of unexpected findings (e.g. detecting disease in a previously healthy individual).

## Contacts

### Public

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### Scientific

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## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)  
Elderly (65 years and older)

### Inclusion criteria

Glaucoma patients aged 18 years or older that visit our outpatient clinic for a regular appointment and provide informed consent.

## Exclusion criteria

Best corrected Visual Acuity < 0.5 caused by non-glaucomatous pathology  
Visual Field Loss caused by non-glaucomatous pathology

## Study design

### Design

**Study type:** Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Diagnostic

### Recruitment

NL

Recruitment status: Recruiting

Start date (anticipated): 20-07-2010

Enrollment: 36

Type: Actual

## Ethics review

Approved WMO

Date: 14-07-2010

Application type: First submission

Review commission: METC Universitair Medisch Centrum Groningen (Groningen)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

**Other (possibly less up-to-date) registrations in this register**

No registrations found.

**In other registers**

Register	ID
CCMO	NL32823.042.10