

## Reply to Barone to 24-hour intraocular pressure monitoring: past, present and future

Resposta para Barone para Monitoramento da pressão intraocular 24 horas: passado, presente e futuro

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Dear Editor,

I deeply thank Dr. Borrone for his comments on the Editorial published at *Revista Brasileira de Oftalmologia*, volume 83.<sup>(1)</sup> Very interesting paper published by Dr. Borrone in the *European Journal of Ophthalmology*, which should have to be quoted.<sup>(2)</sup> However, our experience is different. In ARVO, 2016, we presented the Abstract Comparison of 24-Hour IOP Measurements in Sitting and Supine Positions in Glaucoma with the purpose of assessing the correlation and agreement between sitting and supine intraocular pressure (IOP) measurements in glaucoma patients and suspects as part of 24-hour IOP curve. We included 138 eyes of 72 glaucoma patients and suspects. Intraocular pressure measurements were performed in the sitting position once patients arrived at the office. After 60 minutes in the same conditions, IOP measurements were obtained at 9 a.m. After remaining hospitalized during the night, the IOP was measured in the next day upon waking in the supine position before getting out of the bed in a dark room. IOP measurements at 6 a.m., 7 a.m., 8 a.m., and 9 a.m. were compared using a paired *t*-test, and a peak was determined when IOP > 21 mmHg.

So, despite the association, agreement among IOP measurements taken at 6 a.m. in the supine position was poor.

### REFERENCES

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2. Borrone R. A new strategy for diurnal intraocular pressure curve [letter]. *Eur J Ophthalmol.* 2012;22 (6):964-71.