

Letter to the Editor: “Self-Reported Student Awareness and Prevalence of Computer Vision Syndrome During COVID-19 Pandemic at Al-Baha University” [Letter]

Mohammed Iqbal ¹, Hosam Ibrahim Elzembely², Omar M Said ³

¹Department of Ophthalmology, Faculty of Medicine, Sohag University, Sohag, Egypt; ²Department of Ophthalmology, Faculty of Medicine, Minia University, Minia, Egypt; ³Department of Ophthalmology, Faculty of Medicine, Fayoum University, Fayoum, Egypt

Correspondence: Mohammed Iqbal, Email dr_m_iqbal@yahoo.com

Dear editor

We have read with great interest the study by Alatawi et al¹ titled “Self-Reported Student Awareness and Prevalence of Computer Vision Syndrome During COVID-19 Pandemic at Al-Baha University”. First, we congratulate Alatawi et al¹ for their study on the prevalence of computer vision syndrome (CVS) and totally agree with their outcomes and conclusions.

Second, in their Discussion section, Alatawi et al¹ mentioned that Iqbal et al² investigated 4030 medical students in five Egyptian Universities and revealed a great difference between CVS prevalence of 84.8% depending on the subjective self-assessment questionnaire and 56% prevalence depending on the objective ophthalmic examination which means that CVS self-assessment questionnaires might be misleading. We believe that subjective CVS questionnaires are actually overestimating the real CVS prevalence rates, while objective complete ophthalmic examination is really helpful in determining the real CVS prevalence.

However, we would like to make it clear to your readers that our reported CVS prevalence rate of 56% by ophthalmic examination² was mainly based on Iqbal’s four major diagnostic criteria for accurate CVS diagnosis (Table 1) that we published in our previous study by Iqbal et al³ titled “Visual Sequelae of Computer Vision Syndrome: A Cross-Sectional Case-Control Study” as stated in our Methods section in both studies.^{2,3} Therefore, accurate CVS diagnosis necessitated the existence of the four criteria together (Table 1); hence, we obtained our 56% CVS prevalence. Interestingly, both studies^{2,3} concluded that self-assessment CVS questionnaires are overestimating the real CVS prevalence.

In addition, we would like to highlight that despite the importance of complete ophthalmic examination in documenting the actual CVS prevalence, it cannot alone accurately diagnose CVS unless it is linked to the self-assessment CVS questionnaire outcomes to achieve other diagnostic criteria. Therefore, we linked both subjective and objective tools in these four major diagnostic criteria (Table 1). For example, if a student complains of visual blur and eye strain while ophthalmic examination reveals a refractive error, this does not signify that this student has CVS unless the other criteria are fulfilled such as associated extraocular complaints as headache or neck pain while all complaints must be related to time of the screen use or shortly after, with frequent complaint-attacks over a last 12 months thus accurately diagnose CVS.

Finally, we are very grateful to Alatawi et al¹ for their interest in our study and congratulate them for their recent remarkable publication.

Table 1 Iqbal's Four Major Diagnostic Criteria for Accurate CVS diagnosis^{2,3}

Criteria	Origin	Type	Specification
Criterion 1	Self-assessment questionnaire	Subjective	One or more ocular complaints related to time of the screen-use
Criterion 2	Self-assessment questionnaire	Subjective	One or more extraocular complaints related to time of the screen-use
Criterion 3	Self-assessment questionnaire	Subjective	One or more complaint-attacks every month over the last 12 months
Criterion 4	Complete ophthalmic examination	Objective	Documenting ocular findings as dry eye disease, reduced visual acuity, refractive errors, conjunctival hyperemia, accommodation-convergence imbalance and/or mfERG screen-induced foveal dysfunction

Disclosure

The authors report no conflicts of interest in this communication.

References

1. Alatawi SK, Allinjawi K, Alzahrani K, Hussien NK, Bashir M, Ramadan EN. Self-reported student awareness and prevalence of computer vision syndrome during COVID-19 pandemic at Al-Baha University. *Clin Optim.* 2022;14:159–172. doi:10.2147/OPTO.S374837
2. Iqbal M, Elzembely H, El-Massry A. Computer vision syndrome prevalence and ocular sequelae among medical students: a university-wide study on a marginalized visual security issue. *Open Ophthalmol J.* 2021;15:156–170. doi:10.2174/1874364102115010156
3. Iqbal M, Said O, Ibrahim O, Soliman A. Visual sequelae of computer vision syndrome: a cross-sectional case-control study. *J Ophthalmol.* 2021;2021:6630286. doi:10.1155/2021/6630286

Dove Medical Press encourages responsible, free and frank academic debate. The content of the Clinical Optometry 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the Clinical Optometry editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

Clinical Optometry

Dovepress

Publish your work in this journal

Clinical Optometry is an international, peer-reviewed, open access journal publishing original research, basic science, clinical and epidemiological studies, reviews and evaluations on clinical optometry. All aspects of patient care are addressed within the journal as well as the practice of optometry including economic and business analyses. Basic and clinical research papers are published that cover all aspects of optics, refraction and its application to the theory and practice of optometry. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/clinical-optometry-journal>

<https://doi.org/10.2147/OPTO.S391171>