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Sir,

Comment on ‘smoking delays the response to treatment in episcleritis and scleritis’

We read with interest the recent paper by Boonman *et al*,¹ which reported a delay in response to treatment of scleritis in smokers compared with that in non-smokers. The authors postulated pharmacological and immunological reasons that may explain this. One explanation that they did not address is different rates of treatment compliance between the two groups.

This is an important consideration as smoking has been shown to be a predictor of poor compliance with treatment in a diverse range of conditions including acne,² renal failure,³ epilepsy,⁴ and hyperlipidaemia.⁵

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Sir,

Response to N Ali

Compliance with treatment was not formally recorded in this study but failure to take the treatment prescribed is very unusual as scleritis is such a painful and distressing condition.

Compliance was recorded in the ‘Double Blind Trial of the Treatment of Episcleritis-Scleritis with Oxyphenbutazone or Prednisolone’ *Br J Ophthalmol*: 1966; **50**: 463–481. In this trial only six of 59 patients failed to complete the full course of treatment for reasons other than drug reactions but, unfortunately, smoking was not included as a risk factor in this trial. However, as the treatment regimes are similar to those used in the present paper the documented poor compliance of smokers would not have altered the observation that smoking/delays/the response to treatment.

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