techniques on postkeratoplasty astigmatism in keratoconus. *Cornea* 2006; 25(9): 1029–1033.

- 5 Anwar M, Teichmann KD. Deep lamellar keratoplasty: surgical technique for anterior lamellar keratoplasty with and without baring of Descemet's membrane. *Cornea* 2002; 21(4): 374–383.
- 6 Acar BT, Vural ET, Acar S. Does the type of suturing technique used affect astigmatism after deep anterior lamellar keratoplasty in keratoconus patients? *Clin Ophthalmol* 2011; 5: 425–428.

N Padrón-Pérez, A Filloy and T Martí-Huguet

Department of Ophthalmology, Hospital Universitari de Bellvitge, Feixa Llarga s/n, L'Hospitalet de Llobregat, Barcelona, Spain
E-mail: noelpdrn@gmail.com

Eye (2014) 28, 909–911; doi:10.1038/eye.2014.59;
published online 4 April 2014

Sir, Patient experience of the transition from Xalatan to generic latanoprost

We write in response to Mr Dubois and Ms Titcomb regarding the controversy over the switch from Xalatan to generic latanoprost.^{1,2} We prospectively studied our patients' experience and the impact of generic use on our population. We also investigated the potency of generics versus Xalatan.

Patients with ocular hypertension and primary open angle glaucoma treated with Xalatan monotherapy were recruited between March and September 2012. At baseline visit, intraocular pressure (IOP) was recorded, and a questionnaire designed to acquire information on practical issues regarding drop application, side effect profile, and patient preference, was issued. At review in clinic (between 3 and 6 months later), IOP was recorded and questionnaires were collected.

Sixty-five patients were recruited, of whom 48 were women, with an average age of 75 ± 9.02 years. Fifty-one completed questionnaires, of whom 76% were using generics.

Patients found Xalatan easier to instil ($X^2 = 14.96$; $P < 0.001$), more comfortable in the eye ($X^2 = 10.82$; $P < 0.01$), and easier to open ($X^2 = 9.80$; $P < 0.01$). There was no statistical difference in hyperaemia caused by Xalatan or generics ($X^2 = 2.46$; $P > 0.1$).

Generic bottles failed to last a month for 20% patients (nonspecific to different manufacturers). Patients commented that: multiple drops fall at a time or drops run down their face; bottles fail to last a month, causing distress at the perceived wasting of resources; bottle is difficult to open or cannot be used with a dispensing aid.

Overall, 75% of patients preferred Xalatan and 22% wished to recommence Xalatan.

IOP data were complete for 45 eyes, with no statistical difference between Xalatan and generics

Figure 1 Comparison of IOP on Xalatan and generic latanoprost with solid line indicating identical pressures.

($t = 1.37$; $P > 0.01$); however, individual patients had reduced control of IOP on generic latanoprost (Figure 1).

Our study provides confirmation of the points raised in Mr Dubois and Ms Titcomb's articles and clarifies our population's experience. Our patients prefer Xalatan and tolerate it better. The debate of IOP control cannot be concluded with this small study as, although the population has statistically insignificant changes of IOP, individual patients lose control. This will ultimately have impact on the clinician's time, patient management, and the economy of glaucoma care.

Conflict of interest

The authors declare no conflict of interest.

References

- 1 Dubois VDJ-P. Are generic topical prostanoids the way forward in the care of glaucoma patients? – No. *Eye* 2013; 27(9): 1002–1003.
- 2 Titcomb LC. Are generic topical prostanoids the way forward in the care of glaucoma patients? – Yes. *Eye* 2013; 27(9): 999–1001.

SL Painter and AL Mead

Department of Ophthalmology, Buckinghamshire Healthcare NHS Trust, Aylesbury, UK
E-mail: sallylpainter@cantab.net

Eye (2014) 28, 911; doi:10.1038/eye.2014.71;
published online 11 April 2014