The prevalence of anisometropia and its associated factors in an adult population from Shahroud, Iran

BACKGROUND:

The aim of this study was to evaluate the prevalence of anisometropia in an urban adult population in the north of Iran.

METHODS:

This cross-sectional study was conducted among the 7:-:-year-old population in Shahroud, Iran. Random cluster sampling was applied to select 7,711 people. Following an interview, optometric and ophthalmologic examinations, including objective non-cycloplegic refractions, were carried out. The prevalence of anisometropia was reported according to non-cycloplegic refraction and with cut-off points of ..., 1..., 7...and 7...D.

RESULTS:

Of the sampled people, \circ , $^{1}\circ$ ($^{1}\circ$) ($^{1}\circ$) participants were included in the study. After considering exclusion criteria, data from $^{1}\circ$, $^{1}\circ$ participants were included in the final analysis. Most participants were female ($^{0}\circ$) per cent) and the average age (with standard deviation) was $^{0}\circ$. $^{1}\circ$ years. The prevalence of anisometropia with cut-off points of $^{1}\circ$, $^{1}\circ$ and $^{1}\circ$. On were $^{1}\circ$. ($^{1}\circ$) were $^{1}\circ$. ($^{1}\circ$) were $^{1}\circ$. ($^{1}\circ$) and $^{1}\circ$. Figure 1. The prevalence of severe anisometropia ($^{1}\circ$) and $^{1}\circ$. The prevalence of severe anisometropia ($^{1}\circ$) or more) was $^{1}\circ$ per cent ($^{1}\circ$), respectively. The odds ratio (OR) of anisometropia was $^{1}\circ$. Times higher for every year of increasing age. The OR of anisometropia in participants with cataract was $^{1}\circ$. Anisometropia age. The cent) compared to those with bilateral cataract ($^{1}\circ$. Per cent). Anisometropia of $^{1}\circ$. Or more was significantly more prevalent among myopic participants compared to hyperopic participants ($^{1}\circ$. Aversus $^{1}\circ$. Per cent, p ($^{1}\circ$. Anisometropia and myopia (OR = $^{1}\circ$. The hyperopia (OR = $^{1}\circ$. With increasing educational level, the prevalence of anisometropia decreased significantly (p.($^{1}\circ$.) The prevalence of aniso-astigmatism of $^{1}\circ$. Or more was $^{1}\circ$. Per cent ($^{0}\circ$ CI: ($^{1}\circ$.) The prevalence of aniso-astigmatism of $^{1}\circ$. Or more was $^{1}\circ$. Per cent ($^{0}\circ$ CI: ($^{1}\circ$.) The prevalence of aniso-astigmatism of $^{1}\circ$. Or more was $^{1}\circ$. Per cent ($^{0}\circ$ CI: ($^{1}\circ$.) The prevalence of aniso-astigmatism of $^{1}\circ$. Or more was $^{1}\circ$. Per cent ($^{0}\circ$ CI: ($^{1}\circ$.) The prevalence of aniso-astigmatism of $^{1}\circ$. Or more was $^{1}\circ$. Per cent ($^{0}\circ$ CI: ($^{1}\circ$.) The prevalence of aniso-astigmatism of $^{1}\circ$. Or more was $^{1}\circ$. Per cent ($^{0}\circ$ CI: ($^{1}\circ$.) The prevalence of aniso-astigmatism of $^{1}\circ$. Or more was $^{1}\circ$.

CONCLUSION:

In the present study, the prevalence of anisometropia in Iran was not negligible; however, it is less than in Eastern Asia. Myopia, cataract, age and educational level were associated with anisometropia.