Table 1. Examples of five statements in the AAO* POAG† guidelines, restated clinical guestions, and systematic reviews identified. Statements in the AAO POAG Cochrane systematic reviews[‡] Restated clinical questions Non-Cochrane systematic (clinical question(s) addressed) reviews[‡] (clinical question(s) auidelines addressed) The IOP[§] can be lowered by medical A. Is medical therapy an effective 1 (A, C-G) 1 (C) initial treatment in lowering IOP treatment, or by laser, filtering, or 2 (C-G) 2 (C) cyclodestructive surgery (alone or in in patients with POGA? 3 (C) B. What is the effect of discussion. combination). 4 (C, D) The choice of initial therapy of treatment options on the 5 (C, D) depends on numerous considerachoice of initial therapy? 6 (C, D, F) tions, and discussion of treatment 7 (C, D, F) with the patient should include 8 (C, D, E, F) appropriate optins. [A:III] 9 (C, G) In many instances, topical medica-10 (D) tions constitute effective initial 11 (D) therapy. 56 [A:I] The prostaglandin analogs and the C. Are prostaglandin analog eyebeta adrenergic antagonists are the drops effective in lowering IOP most frequently used eye drops for in patients with POAG? D. Are beta-adrenergic antagonist lowering IOP in patients with glaueye-drops effective in lowering coma. IOP in patients with POAG? Agents less frequently used include E. Are alpha2 adrenergic agonist alpha₂ adrenergic agonists, topical eye-drops effective in lowering and oral carbonic anhydrase inhi-IOP in patients with POAG? bitors, and parasympathomimetics. F. Are topical and oral carbonic anhydrase inhibitors effective in lowering IOP inpatients with POAG? G. Are parasympathomimetic eyedrops effective in lowering IOP in patients with POAG?

^{*}American Academy of Ophthalmology.

[†]Primary open angle glaucoma.

[‡]2 Cochrane and 11 non-Cochrane systematic reviews pertaining to one or more dinical questions were identified.

[§]Intraocular pressure.