

# LETTERS

## TREATING READING DIFFICULTIES WITH COLOUR

### Authors' reply to Evans and Allen

Philip G Griffiths *consultant ophthalmologist*<sup>1</sup>, Lisa M Henderson *lecturer*<sup>2</sup>, Robert H Taylor *consultant ophthalmologist*<sup>3</sup>, Brendan Barrett *professor of visual development*<sup>4</sup>

<sup>1</sup>St Bernard's Hospital, Harbour Views Road, Gibraltar; <sup>2</sup>Department of Psychology, University of York, York, UK; <sup>3</sup>Department of Ophthalmology, York Hospital, York, UK; <sup>4</sup>School of Optometry and Vision Science, University of Bradford, Bradford, UK

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The charity websites we reviewed refer to colour as though it offers a scientific, evidence based treatment; none referred to feedback from the membership. For example, one charity website makes the claim that "Research in the UK and in Australia shows that people who need coloured filters, who are said to have visual stress, need to have exactly the right colour." This is incorrect. The research overwhelmingly shows little advantage, or at best conflicting results.<sup>3-5</sup>

We stated in our editorial that colour does not directly deal with the causes of reading difficulty. Nonetheless, we note that the dependent measure in most of the trials of overlays is reading; either of naturalistic text or of unrelated words. Indeed, elsewhere in their letter the authors refer to "20 studies of the effects of overlays on reading rate."

Systematic reviews select trials according to predefined statistical criteria that minimise the risk of bias. Some of the studies referred to by the authors were likely to have been excluded because of methodological shortcomings. It is widely accepted that systematic reviews are less vulnerable to bias than narrative reviews. According to the code of conduct of the Society for Coloured Lens Prescribers ([www.s4clp.org](http://www.s4clp.org)), members should adopt an evidence based approach "using evidence from systematic peer-reviewed research," and "In particular, double-masked randomized placebo-controlled trials."

The Medical Research Council patent solely refers to the colorimeter as a device for obtaining a desired tint, not as a therapeutic device. The only double masked randomised controlled trial of lenses selected with this device showed no improvement in reading speed, accuracy, or comprehension using optimum tint compared with placebo tint.<sup>3</sup>

We caution against asking children with reading difficulties if text appears to move as leading questions often elicit positive answers.

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Full response at: [www.bmj.com/content/349/bmj.g5160/rr/763556](http://www.bmj.com/content/349/bmj.g5160/rr/763556).

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