

may be seeing the patient for the first time, and, quite reasonably, expect their recommendations to be second-guessed by the patient or family, and understand that the patient is frail, so that a bad outcome is possible, for which they might be blamed. In my situation we've usually been working together for years so that a large degree of trust has been

built. Patients are often reluctant to take anything new, unless they are suffering. Psychosis in PD is a situation that cries out for help.

Perhaps I'm too old, too paternalistic or I've been doing this too long. There is sometimes a reason to *not* share decision making, even in the face of a "black box." ❖

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### Disclosures on website

## Letter to the Editor

### Regarding the Idiopathic Intracranial Hypertension Treatment Trial

June 24, 2016

We read the article by Thakore and colleagues concerning the Idiopathic Intracranial Hypertension Treatment Trial (IIHTT)<sup>1</sup>, published in your journal in May 2016, and were surprised at the comments. By design, both the acetazolamide and placebo groups received the same low sodium, weight reduction dietary intervention. The fact that the acetazolamide group lost more weight on average than the placebo group does not account for the positive results concerning acetazolamide on vision outcome. As we explained in the original trial report<sup>2</sup>, we used mediation analysis to determine that the effect of acetazolamide was independent of its effect on weight. In other words, while acetazolamide had a significant effect on weight (acetazolamide – placebo difference of approximately 4 kg,  $p < 0.001$ ), the effect of acetazolamide on the visual field PMD was independent of its effect on weight loss. This strongly suggests that the mechanism of the effect of acetazolamide on vision outcome is not through its effect on weight reduction. We note that the IIHTT findings are not inconsistent with the theory that a weight loss intervention would be an effective therapy in IIH – Indeed, there was improvement observed over time in both the acetazolamide and placebo groups on most outcome measures. The IIHTT, however, was not designed to evaluate the effect of a weight loss intervention because all subjects received such an intervention delivered by an expert obesity nutrition research center.

We sincerely hope that this clarifies, and prevents any further misperceptions about, the results of the IIHTT.

Mark J. Kupersmith, MD  
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### References

1. Thakore R, Johnson M, Krohel G, Johnson L. Pseudotumor cerebri: What we have learned from the idiopathic intracranial hypertension treatment trial. *RIMJ Archives*, May 2016, pp 22-23.
2. NORDIC Idiopathic Intracranial Hypertension Study Group. The Idiopathic Intracranial Hypertension Treatment Trial: a Randomized Trial of Acetazolamide. *JAMA* 2014;311:1641-1651.