QUALITY OF LIFE AND PRIMARY OPEN-ANGLE GLAUCOMA

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INTRODUCTION

Primary open-angle glaucoma is the most common cause of irreversible blindness worldwide, and can have a significant impact on visual function, quality of life (QoL), and societal burden. This disorder affects 1 in 2 of the general population, and is the third cause of blindness after diabetes mellitus and age-related macular degeneration [1]. Its management is based on early screening and implementation of timely and appropriate treatment to reduce intraocular pressure (IOP) [2,3].

The Global Quality of Life 15-Q (GQL-15) questionnaire is a disease-specific instrument to evaluate and quantify functional impairment of patients with glaucoma (D1-4). It also evaluates the impact of POAG on the quality of life (QoL), to identify risk factors that may alter it, and to guide therapists on choices and strategies for improved adherence to therapeutic regimens.

RESULTS

One hundred thirty-six glaucoma patients met criteria for inclusion and exclusion.

Demographic characteristics of patients:

- Age of the sample ranged from 35 to 85 years with an average of 55.3 years (SD 11.9).
- Sex ratio (M:F) was 1.13.
- Rural status was in 33.6% of cases.
- Education level was low (no or primary studies) in 71.6% of cases.
- Professional activity was present in one third of patients.
- Socio-economic level was low in 74.8% of cases.
- Patients were married in 75.9% of cases.
- Number of dependent children was greater than 3 in 67.2% of cases.
- The presence of medical and psychosocial comorbidity was in 39.7% of cases.
- The relative autonomy was seen facing 15.4% of glaucomatous patients.

Clinical features and treatment of glaucoma:

- Seventy-one patients (45.4%) had a disease duration of more than 15 years (Fig. 1).

- The visual acuity was greater than 0.5 in 64 patients (39.8%) for the right eye and less than 0.2 in 74 patients (50.8%) for the left eye.

- More than one third of patients had an IOP above 20 mm Hg.

- The mean optic disc cupping was 0.6.

- Eighty-five patients (85.4%) used a combination of at least two eye drops (Fig. 2).

Correlation between scores on the GQL-25 and quantitative variables:

- Scores on the GQL-25 of all glaucoma ranged from 36 to 79 with an average of 61.9 and a standard deviation of 15.2 for the subscales SF-12 and FUNC-4, the mean scores were respectively 67.1 and 52.6.

- Scores in VD-25 of all patients ranged from 36 to 82.2 with an average of 51.6, a standard deviation of 12.1 and a median of 46.6. Fifty-three percent (53.3%) of patients scored above average [4].

- The change in mean scores by dimension to the VD-25 (MDR) of all glaucoma patients have shown that the alteration was for no order of importance: dependency due to visual problems (D1), general health (D2), mental health (D3), distance vision (D4), peripheral vision (D5), near vision (D6) and the limitation of visual activities (D7). The results of the analysis showed that only five scales were significantly correlated with impaired QoL. These factors were in decreasing order (Fig. 3):

  - visual acuity (A1) with a p value 0.008 and OR 1.485
  - number of dependent children (A2)
  - presence of medical problems (A3)
  - absence autonomy
  - the eye condition (A4)

- The correlation of the total score with the subscales of the VD-25 and the GQL-25 is in the GSS with a coefficient of Spearman (r) ranging from 0.2 to 0.61 and from 0.2 to 0.60. This correlation was more significant to the fun-4 than to the SF-12 (Table 1).

DISCUSSION

Glaucoma has a major impact on the quality of life of patients due to the serious evolution, in addition to visual function, and its leading therapy 1-5. Current medical practice the problems of quality of life in patients with glaucoma is very limited. Assessing the clinical efficacy is not enough, we must at the same time assess the impact of disorder on the patient's life. In the current, we use the GQL scale symptoms evaluation to evaluate the patient's clinical status to that of the QoL. Regarding the instrument evaluation of the GQL, we found that the specific for this case the VD-25, considering the advantages and its inferences, including its psychometric properties and ease is used in association with the subscales SF-12 for the evaluation of these defects.

Our work was based on a cross-sectional study approach to implement, however, despite the limitation of observation, it does not provide a longitudinal view of the phenomenon and are difficult to extrapolate to the general population. In dealing with our study, we relied on several patients representative rational interest since the glaucomatousowers of Tunisia. Thus, in order to improve the management of glaucoma patients and optimize the health care, to put therapeutic choices and strategies for improved adherence to therapeutic regimens, we suggest the following propositions:

- Improvement of medications and treatment of PRN by identifying those at risk.

- Treatment of comorbidity and depression, associated with glaucoma.

- The identification of depressive symptoms in order to overcome the mental health problems and not just concentrate on their signs.

- The consideration of the doctor-patient relationship by incorporating the same, which analyze the letter to focus on the partner's ability, in its relation to the psychiatric and social aspects.

Our study gives a significant information for the quality of life of patients with glaucoma and evaluates the impact of the disease on the quality of life. It helps to focus on the factors that have an impact on the quality of life and defines the needs and expectations of patients. We also conclude that the improvement of the quality of life is a priority in the management of glaucoma.