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Factors associated with health-related quality of life among patients after a two year follow up of cataract surgery in Armenia

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Introduction: Cataract remains the leading cause of visual impairment and blindness globally despite improved delivery of cataract surgical services. It substantially improves visual function and enhances quality of life in affected patients. This study explored health-related quality of life (HRQoL) and factors associated with, two years after the cataract surgery in Armenia.

Methods: This cross-sectional study conducted an interviewer- administered survey among 248 patients in 2014-2015, who underwent cataract surgery at Sevan Lions Regional Ophthalmic Unit in 2012-2013. All participants underwent detailed ophthalmologic examination. The study tool included questions about socio-demographic characteristics, use of eye care services, comorbidities, receiving and giving social support and HRQoL. SF-36 tool was used to measure HRQoL.

Results: The mean age of participants was 72.1 (SD = 8.84), ranging from 47 to 90 years. Females were 52.0% of the sample. Good, borderline and poor visual outcome was identified in 76.6%, 14.9% and 8.5% of study participants (respectively) based on the WHO classification. The mean composite scores of SF-36 among patients with good/borderline visual outcome and poor visual outcome were 51.1 ± 23.6 and 45.2 ± 25.9 , respectively. Gender, socioeconomic status, having at least one non-communicable disease, receiving and giving instrumental social support (e.g., financial assistance, helping with chores and errands) were significantly associated with HRQoL global score in the adjusted model. The adjusted mean score of HRQoL was higher by 8.79 among men compared to women (95% CI: 0.61; 16.9). The adjusted mean score of HRQoL was higher by 10.9 among those who had “average and higher” socio-economic status compared to those with “low” socio-economic status (95% CI: 5.68; 16.2).

Conclusion: HRQoL was substantially affected by borderline and poor visual outcome following a cataract surgery. A focus on women, patients with poor socioeconomic status and with non-communicable diseases is warranted to improve HRQoL outcomes.