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Psychosocial Impact of Refractive Error on Medical Health Professionals

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Abstract: To study the psychosocial impact (emotional, functional, social well being) of refractive error on medical health professionals and its influence on life**.** 200,age group of 18-25years. Index Medical College &hospital Ophthalmology OPD, Indore. Duration of study- 3months. Patients of either sex, willing to participate in study. Exclusion criteria-Patients having low vision, due to cause other than refractive error. Semi structured questionnaire. In our study we found respondents to be under stress due to functional restriction of daily activities, glasses getting fogged up/dirty &lacking behind their couterparts. Our study demonstrated well known fact about stigmas attached with spectacles uses of cosmetic intolerance & rejection for marriage. On comparing the psychological and social domain in our study we found psychological domain to be more significantly affected than social domain, which may be due to higher level of qualification of our study subjects. Psychological domain was more significantly affected than social domain, which may be due to higher level of qualification of our study subjects.

Keywords: Psychosocial, impact, medical, health, professionals.

INTRODUCTION

Refractive errors occur when the shape of the eye prevents light from focusing directly on the retina. The length of the eyeball, changes in the shape of the cornea can cause refractive errors [1]. Globally, 153 million people over 5years of age are visually impaired as a result of uncorrected refractive errors [2].

It affects psychosocial & economic prospects of an individual by restricting the educational & employment opportunities of otherwise healthy individuals. Refractive error is a remediable cause of visual impairment, with the correction of the significant refractive error being a priority of Vision 2020[3].

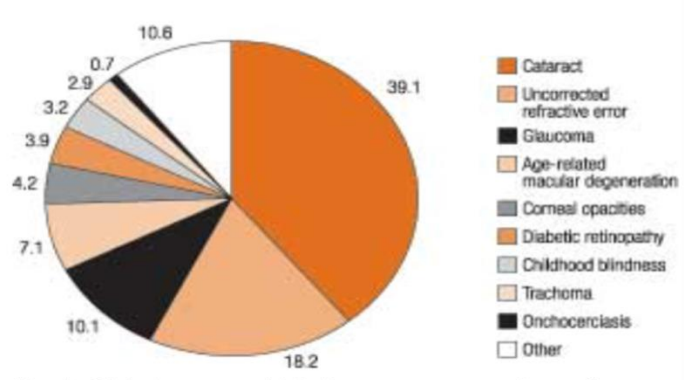


Fig. 1. Global causes of blindness as a percentage of total blindness, 2004

AIM

To study the psychosocial impact (emotional, functional, social wellbeing) of refractive error on medical health professionals and its influence on life

MATERIALS

Subjects- 200,age group of 18-25years.
Place of Study- Index Medical college&hospital Ophthalmology OPD, Indore.

Duration of Study- 3 months
Inclusion criteria- Patients of either sex, willing to participate in study
Exclusion criteria-Patients having low vision, due to cause other than refractive error
Semi structured questionnaire.

METHODS
A medical and ocular history was obtained.

Ophthalmological examination was performed.

Visual acuity by snellen chart, autorefractometryusing Visuref 100, subjective correction, fundus by 90D slit lamp biomicroscopy.

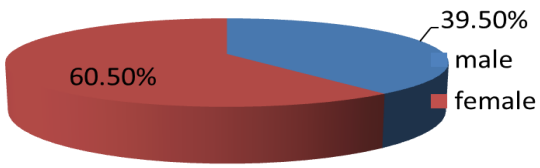
Myopia SE > −0.50 D,
Hyperopia SE> +1.0 D
Emmetropia SE −0.5 to +1.0 D

The questionnaire elicited the demographic profile & questions pertaining to the psychosocial aspects.

Observations & results
Psychological Domain
Emotional well being
Functional well being
Social Domain

Table-01: Socio- demographic data of subjects

Parameters		**Subjects**
Age		18-25 yr (20±4.2)Y
M/F		98:102
Martial status	Single Married Widow/divorced	65% 32% 3%
Education	12th UG PG	31.2% 44% 24.8%
Refractive error	Myopia Hypermetropia	-6.00 ± 4.0 D, (range: -0.50 – -14.00), +2D ± 0.5D, (range;-+1D-+3D)



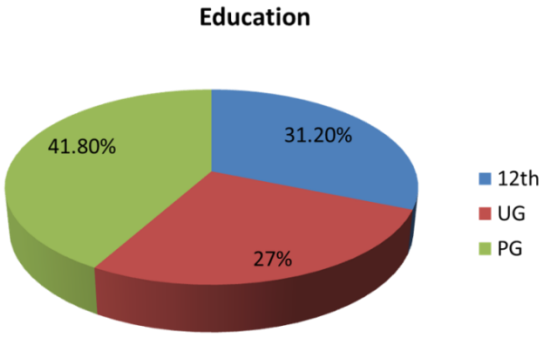


Fig-01: Sex ratio & education status

Modalities to correct refractive error
146 respondents used spectacles, 82 (56%) males and 64(44%) females.

42 respondents used contact lenses; 31(74%) females were more than the 11(26%) males.
12(6%) respondents used none

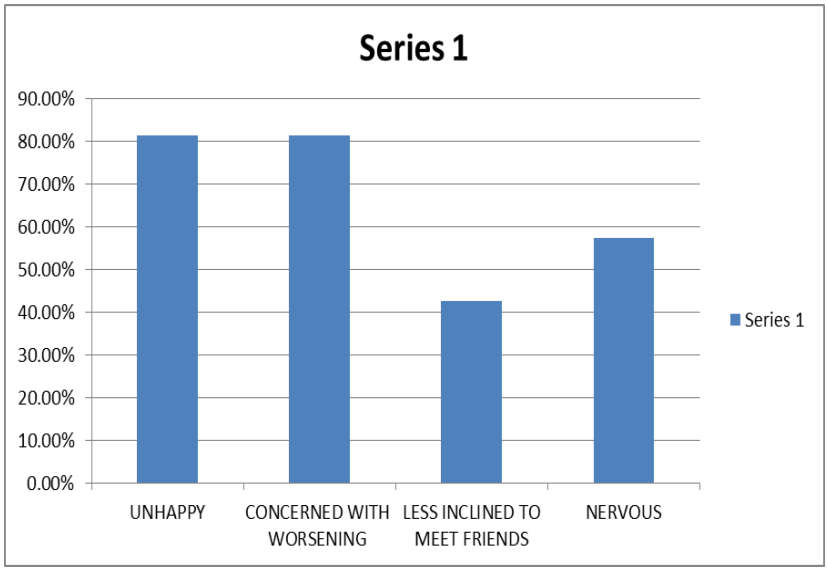


Fig-02: Psychological domain emotional well being

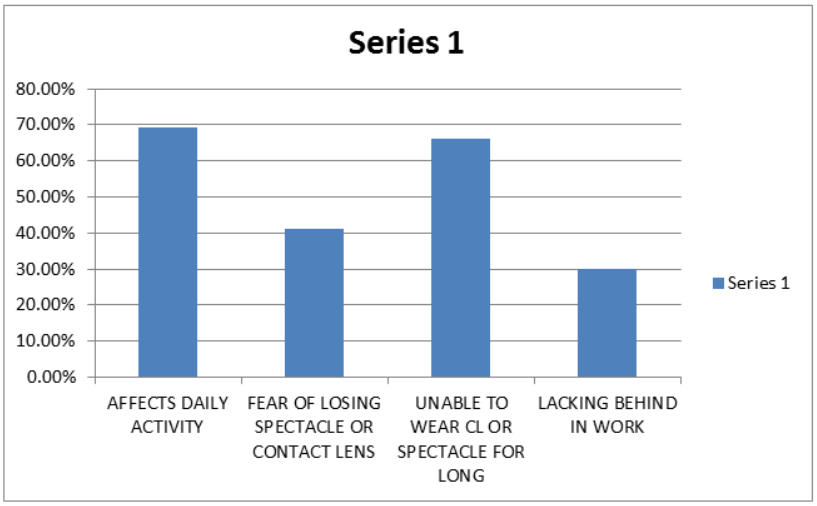


Fig-03: Functional well being

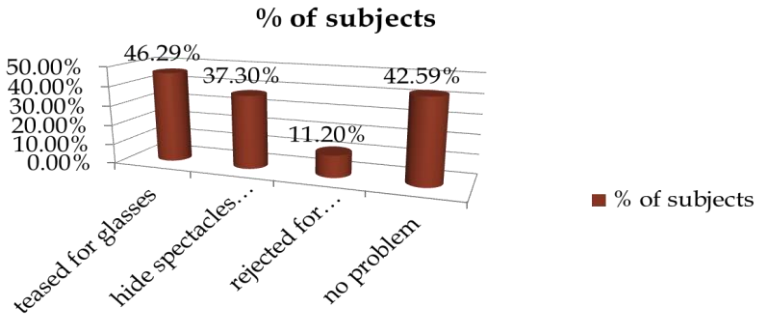


Fig-04: Social Domain

DISCUSSION

The earlier onset of refractive error as compared to cataract can account for twice as many blind-person years [4]. Our study showed, most of the respondents were shy & quiet by nature. Lanyon and Giddings[4]stated myopic patients to be more introverted, embarrassed, egocentric, as well as less outgoing in social relationships; fewer friends, prefer indoor activities , & participate in intellectual activities more often. According to Emine Kalkan Akcay *et al.*

[5], those with refractive errors had low rates for purposefulness, empathy, helpfulness, compassion, &cooperativeness. Lauriola [7] found that the more short-sighted the patient, the more he or she tended toward introversion, and mental closeness.

According to Bullimore *et al.* no relationship existed between refractive status & personality differences [8]. Also Cooke [8] found no association in personal characteristics with myopia. In our study we found respondents to be under stress due to functional restriction of daily activities, glasses getting fogged up/dirty &lacking behind their couterparts.

Katz *et al*. [10] Rosanes [11] evaluated patients either with or without refractive errors and reported that both patients with myopia and hyperopia showed significantly less expression of non-specific anxiety and hostility in comparison to healthy subjects.

Seitler [13] hypothesized that myopia is a result of a defense mechanism to tension that makes extraocular muscles tighten that eyeball, which directly causes refractive errors. Sheehan [12, 13] our study demonstrated well known fact about stigmas attached with spectacles uses of cosmetic intolerance & rejection for marriage [14, 15].

Dhoble *et al*. concluded that spectacle users were more than contact lens users, results similar to our study (73%-spectacles; 21%contact lenses). This may be because of fear of losing a contact lens (42.43%) or they think they could not wear contact lenses for as long as they wanted to (64%).

Total of 32% respondents felt that spectacles were cosmetically unacceptable and embarrassing in public; most of them were females (65%). 37.3% respondents believed that one should not marry a spectacle user. The respondents refused to use spectacles at all if needed because of likely teasing from colleagues (46.29%).

On comparing the psychological and social domain in our study we found psychological domain to be more significantly affected than social domain, which may be due to higher level of qualification of our study subjects [16]. However, females showed more significance in social domain [15].

CONCLUSION

Psychological domain was more significantly affected than social domain, which may be due to higher level of qualification of our study subjects.

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