

Impact of Amblyopia Treatment on Vision-Related Quality Of Life

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Editorial

Treatment of amblyopia during childhood can have both positive and negative impacts in later life. The treatment of amblyopia could influence Vision-related Quality of Life in adults and children, particularly social relationships and emotions [1-3]. For example, children with a history of occlusion were 35% to 37% more likely than children without visual defects to have suffered from verbal or physical bullying at school [4]. Many parents associate occlusion treatment with a decrease in children's self-confidence because of poor vision during occlusion [1,2,5] and report greater distress and more conflict at home [6-10].

Koklanis et al. [8] conducted a study in Australia on the psychosocial impact of amblyopia and its treatment from both the children's (aged 3 to 15 years) and parents' perspectives. The investigators performed a semi-structured interview with both children with amblyopia and their parents. In addition, parents were asked to complete a psychological inventory, the Behaviour Assessment System for Children. The study showed that dealing with stigma and the perceptions and responses of peers were found to be of central significance in amblyopia therapy and that stigma and the perceptions of peers had adverse consequences for some children's identity and psychosocial wellbeing.

In contrast, some studies have shown that parents of amblyopic children undergoing occlusion therapy do not report more stress or more psychosocial impacts in their children than parents of children who were not occluded. The level of parent's stress and child's psychosocial wellbeing in the occluded group did not notably change following the onset of occlusion treatment [1,11]. For example, in the United Kingdom, Choong et al. [11] investigated the psychosocial impact of occlusion therapy on children and their guardians using a questionnaire of perceived stress index (PSI) and the perceived psychosocial questionnaire (PPQ). Findings from this study showed that carers of children undergoing occlusion therapy did not experience statistically significant additional stress or perceive their child as showing poorer psychosocial wellbeing compared to carers in the non-occluded group. In the occluded group, the stress level of guardians and the child's psychosocial wellbeing did not significantly alter the subsequent onset of occlusion treatment. Likewise, this finding is consistent with the previous finding that parents' perspectives differ from those of children. This

should be made even if the treatment aims to reverse amblyopia and restore visual acuity.

References

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