Vision-related Quality of Life in Children with Amblyopia

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Editorial

Vision plays an important role in most everyday activities. Consistent with this, people with visual impairment are usually faced with signifcant challenges in their daily activities. In children, such activities include playing, reading, socialisation and taking care of their daily needs [1,2]. In the paediatric ophthalmological feld, visual problems include high refractive errors, binocular disorders, depth perception defciency, amblyopia and ocular pathology [3]. T ese visual impairments in children potentially cause psychological and functional changes and could afect educational and social prospects [4,5] and may thus impact on vision-related quality of life (VRQoL).

Amblyopia is usually defned as a unilateral or bilateral reduction in visual function caused by abnormal visual input resulting from degradation of the retinal image during a sensitive period of visual development, which historically has been thought to be the frst seven years of life [6-11].

It is one of the most common causes of unilateral visual impairment in children [7] and afects about 3% to 4% of the general population [10,12-15]. Although a lot is known about the visual characteristics, epidemiology, detection and treatment approaches of amblyopia [9,11], the VRQoL in children with amblyopia has not been fully explored [16].

Visual defcits may cause problems with learning [17] and ability to progress to higher education [18]. For example, it has been found that people with amblyopia were signifcantly less likely to have completed a university degree than those without amblyopia [18]. People with amblyopia also have greater di f culty performing visually-guided tasks such as reaching and grasping [19,20], social relations [4,21,22], emotions [17,23], sporting and physical activities (in both children and adults) [24,25] and even employment opportunities later in life [18, 26,27].

T ere is no standard defnition of VRQoL in the literature. Frost et al. (1998) [28] defned VRQoL as any self-reported problem relating to vision that may constitute a QoL issue. Measuring VRQoL is becoming increasingly important for the assessment of patients with visual impairment [16,29-33]. To date, there is a child self-report QoL instrument that was developed to assess the impact of strabismic amblyopia on children's QoL [34] . However, this instrument focused only on strabismic amblyopia and excluded non-strabismic amblyopia.

Other instruments are proxies and have been developed for use in children to assess the impact of amblyopia treatment [35] or VRQoL [36] from an adult perspective, which may difer from children's perspectives. Carlton (2013) [16] noted that “the way in which these instruments have been described is largely via parent (or proxy) pe adatctiveO other p tQ rab mpaEc Q en ts u ˛ u es t iEQ oL ˛ Eg

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