

Cataract and Glaucoma Patients Before and After Surgical Treatment

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Abstract: This article provides thorough information about the condition of patients having eye diseases, before and after surgery. In this article additional suggestions for doctors what to do with cataract patients are explained with pertinent practices conducted.

Key words: ophthalmological examination, treatment, health, emotional state, mental health, visual parameter, vision, psychological disorder, peripheral vision, eye pain.

The examination of patients conducted as part of the quality of life study protocol includes two components: filling out questionnaires by patients and filling out clinical charts by a researcher (Novik A.A., Ionova T.I., 2002). The clinical chart was developed in the form of a table containing demographic data and ophthalmological examination data. According to the data of visometry and perimetry, ophthalmoscopy and tonometry with the appropriate diagnosis, the patient was assigned to the study group (one of nine) with a note on the first sheet of the clinical chart. SF-36 and VFQ-25 were selected to study the OS of patients with cataract and glaucoma.

The questionnaires were filled out by patients before the start of treatment and a month after treatment (at check-ups in a hospital or in a polyclinic). The completeness and quality of filling out questionnaires and clinical charts should be constantly monitored. Statistical processing of the questionnaire results began with scaling. Scaling (recoding) of questionnaire data by bringing, using a special function or algorithm, the values of variables into a range that meets certain requirements. In accordance with the rules of procedure, the raw data were converted into QL scores according to the scales of the questionnaires, and in a form that simplifies their statistical analysis in the future. Scaling in the course of such studies is always carried out according to copyrighted procedures, which are provided directly by the authors of the questionnaires. Then the results in points on all scales of the questionnaires were evaluated and recalculated in accordance with the existing procedure for processing points. Each scale is expressed in a value from 0 to 100 (0 is the worst health). A higher score indicates a higher standard of living.

The assessment of the reliability of differences in indicators in the study groups before and after treatment was performed according to parametric criteria. The general questionnaire consists of 36 questions, the answers to which generally reflect physical activity, social activity, subjective assessment of the general state of health and emotional state of a person. A special questionnaire includes 25 questions that reflect the same components as in general, but conditioned by vision. For a comparative assessment of the results obtained and the construction of diagrams, the parameters of quality of life in the SF-36 questionnaire were divided into physical and psychological components. Physical components include physical functioning, role-based physical functioning, physical pain, psychological components include general health, vitality, social functioning, emotional role-based functioning and mental or mental health. The quality of life parameters in the NEI VFQ-25 questionnaire were divided into physical components (movement, dependence, restrictions), psychological components (mental health, social functioning, general health), visual components (peripheral vision, color perception, distant vision, near vision, vision assessment, eye pain). Thus, the analysis of the quality of life parameters before and after surgical treatment was carried out in three directions: comparison of visual parameters of QOL according to a special questionnaire, comparison of physical and psychological parameters according to two questionnaires. Ophthalmologists need to take into account the peculiarities of the quality of life of cataract and glaucoma patients before and after surgical treatment.

With initially high visual acuity, the patient's desire should be the determining factor in deciding on cataract surgery. Ophthalmologists should be psychologically oriented to the features of the quality of life of patients

with glaucoma. In glaucoma rooms, when establishing a diagnosis - glaucoma - it is recommended to conduct a questionnaire of patients to study their quality of life using the visual function assessment index VFQ - 25. Based on the results of the questionnaire, the question of the need for counseling on the correction of the psychological state should be resolved. Psychotherapeutic correction will depend on the personal characteristics of patients, their perception and attitude to the disease, and the severity of existing psychological disorders.

In patients with the initial stage of glaucoma, surgical treatment improves the quality of life, including psychological parameters. In patients with advanced and advanced stages of glaucoma, the psychological parameters of the quality of life are most reduced before treatment, which after surgical treatment increase slightly according to the general questionnaire and tend to decrease according to the assessment of the questionnaire for visual functions. The presence of cataracts and glaucoma in patients negatively affects all parameters of quality of life, which is due to the mutual aggravation of the two diseases, and after surgical treatment, the quality of life improves mainly due to improved visual acuity after cataract removal.

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