

ASSOCIATION OF HEALTH-RELATED QUALITY OF LIFE (HRQOL) WITH THE SEVERITY OF INTERMITTENT EXOTROPIA (IXT) IN CHILDREN AND THEIR PARENTS

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ABSTRACT

Aims: To evaluate the relationship of Health-Related Quality of Life (HRQoL) with the severity of intermittent exotropia (IXT) in children and their parents.

Methodology: 44 children (aged 5-17 years) with IXT and one parent (proxy) for each child were recruited to this prospective study. The severity of IXT (magnitude of IXT, stereovision, sensory fusion, and the Newcastle Control Score (NCS)) were measured. HRQoL of IXT children and their parents were assessed using the Intermittent Exotropia Questionnaire (IXTQ - Child, Proxy, Parent Psychosocial, Parent Function, and Parent Surgery subscales). All IXTQ questionnaires were scored using an established Rasch look-up table and converted to a 0-100 scale. A Spearman's rho correlation was run to determine the relationship between the severity of IXT and IXTQ scores.

Results: There was a significant correlation between Proxy IXTQ score and the NCS at home ($r_s = -0.299, p = 0.048$). Parent Surgery IXTQ score were significantly correlated with IXT magnitude at near ($r_s = 0.365, p = 0.015$) and at distance ($r_s = 0.322, p = 0.033$), distance fusion ($r_s = 0.364, p = 0.015$), and the NCS at home ($r_s = 0.326, p = 0.031$). Parent overall IXTQ score was significantly correlated with distance fusion ($r_s = 0.309, p = 0.041$). Lower proxy HRQoL was associated with poorer IXT control at home in children with IXT. Parent surgery IXTQ score increased as the magnitude of IXT (near & distance) increased.

Conclusion: Parents' (proxy) HRQoL was associated with severity of IXT. Our study suggest that parents preferred squint surgery to be performed if their child has a larger magnitude of IXT.

Keywords: intermittent exotropia, IXT questionnaire, Newcastle control score