

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two -letter Code for the one (1) Section best suited to review your abstract
EP

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
 (b) Poster

4. The signature of the First (Presenting) Author. (REQUIRED) acting as the authorized agent for all authors, hereby certifies. That any research reported was conducted in compliance with the Declaration of Helsinki and the UNIFESP Ethical Committee"
Marcela Colussi Cypel

Marcela Colussi Cypel
 Signature of First

Scientific Section Descriptions
 (OR) ORBIT
 (PL) OCULAR PLASTIC SURGERY
 (RE) RETINA / VITREOUS
 (RX) REFRACTION-CONTACT LENSES
 (NO) NEURO-OPHTHALMOLOGY
 (TU) TUMORS AND PATHOLOGY
 (ST) STRABISMUS
 (UV) UVEITIS
 (LS) LACRIMAL SYSTEM
 (LV) LOW VISION
 (CO) CORNEA / EXTERNAL DISEASE
 (GL) GLAUCOMA
 (RS) REFRACTIVE SURGERY
 (CA) CATARACT
 (US) OCULAR ULTRASOUND
 (TR) TRAUMA
 (LA) LABORATORY
 (BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
 (EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
 Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
 Example: ARVO (1.10 x 1.70)
 Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
 Must be author listed first in body of abstract
 () R1 () R2 () R3
 () PG0 (x) PG1 () Estagiário () Tecnólogo () PIBIC
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 Last Name First Middle
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 Service (sector) N° CEP

Quality of life and Quality of Vision in Elderly Patients (80 - 108 years).
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ABSTRACT
Purpose: Evaluate quality of life and quality of vision in patients older than 80 years old. **Methods:** The 150 examined patients were: residents of the "Lar Golda Meir", participants of the project EPIDOSO ("Projeto Epidemiologia do Idoso/ UNIFESP") and some others recruited by media advertisement. They were examined at the UNIFESP's Vision Institute. We divided them in three groups: Group 1: 70 patients between 80 and 89 years old; Group 2: 50 patients between 90 and 99 years old and Group 3: 30 patients above 100 years old. We measured de visual acuity and classified it (using an international classification) and the following questionnaires were performed: SF-36 (Quality of Life "Short Form" – 36) and VFQ-25 (Vision Functioning Questionnaire-25) **Results:** The mean age found was: Group 1 - 83.83 (DP 4.24), Group 2 - 92.36 (DP 2.70) and Group 3 - 101.60 (DP1.73). Most of them were females 68.7% (103). At the SF -36 we found difference statistically significant when considering the answers of the whole group of patients (150 patients) comparing the scores of visual acuity, unless in the scale for pain. When considering each age group and comparing the SF-36 answers in the different groups of scores of visual acuity or considering each score of visual acuity and comparing it in each age group we found the opposite, almost all didn't show difference statistically significant. At the VFQ-25 we found difference statistically significant when considering the answers of the whole age group of patients and separately at the age group 1 and at the age group 2 each one against the scores groups of visual acuity, but the age group 3 showed no statistically difference in most of these comparisons answers. Considering the VFQ-25 answers on the same visual acuity score and comparing them in each age group we found most of results without significant statistically difference. The scale that represented the visual acuity for reading showed significant statistically difference in all the groups when considering age and score of visual acuity **Conclusion:** Perhaps after the 80ths what mater most is how your health is and not really how old you are (80, 90 or centenarian). The quality of visual acuity showed to have an important impact in the general quality of live in old peoples from 80 to 99 years old and should be considered in the different age groups and in the different scores of visual acuity. Looking for improvement in vision in old peoples eyes can bring real profits in quality of life.
Keywords: old populations, quality of life, quality of vision.