

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

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^o

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
(LV) LOW VISION

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

Lopes, Márcia Caires Bestilleiro
Last Name First Middle

Sector de VSN (Ambulatório de Estimulação Visual Precoce)
Service (setor)

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5. ASSESSING VISION -RELATED QUALITY OF LIFE IN CHILDREN WITH BILATERAL CONGENITAL CATARACT

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PURPOSE
To assess vision-related quality of life in children with bilateral congenital cataracts, using the recently developed Children's Visual Function Questionnaire (CVFQ).

METHODS
CVFQ has two presentations, one for children under 3 years of age and the other for older children, and is divided in six subscales – general health; general vision; competence; personality; family impact and treatment. From those, a composite score can also be calculated. The CVFQ was applied in the hospital setting to parents or other caretakers by personal interview. The subscale scores were compared for control group (n=32 - normal vision) versus congenital cataract group (n=16 - no visual impairment, n=9 - mild visual impairment and n=11 - severe visual impairment). For analysis, t-tests and analysis of variance (ANOVA) were performed.

RESULTS
All subscales presented low scores for the quality of life of children with bilateral congenital cataracts. Congenital bilateral cataract scores were higher than those of the control group for all subscales. In the bilateral congenital cataract cohort competence subscale was significantly lower in the severe visually impaired compared to those not visually impaired (ANOVA F 5.1, p=0.01; Tukey test p<0.01) with composite subscale significantly lower in the severe visually impaired patients compared to those mild and not visually impaired (ANOVA F 5.4, p=0.01; Tukey test p=0.01/0.05).

CONCLUSIONS
Bilateral congenital cataracts influence vision-related quality of life of children as confirmed by low scores in all competences assessed by the CVFQ. This instrument should be incorporated in the clinical assessment of children with bilateral cataracts as a measure of the impact of visual impairment in their quality of life.