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Risk factors for non compliance using occlusive therapy: a case study

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Abstract Details

Purpose: Compliance with treatment is a common problem when treating amblyopic patients. Visual acuity of amblyopic eye does not improve without effective occlusive therapy. The aim of this study is to identify potential risk factors of non-compliance with treatment when it is implemented by family in amblyopic children.

Setting: A quantitative transversal study was performed in a public hospital and in a private clinic in Lisbon.

Methods: Parents of functional amblyopic children (n=100) were asked to participate and fill a questionnaire based on Roger’s Protection Motivation Theory (PMT). The questionnaire contained 51 items and 5 sections. Crohnbach Alpha was used to evaluate internal consistency. A logistic binary model was adjusted using the following variables: severity, vulnerability, self-efficacy, behaviour intentions, perceived efficacy and treatment barriers (stress perception), parent and children age, and parents’ qualifications. Clinical data, including visual acuity and self-report accounts of parents, was used as a measure of compliance.

Results: Compliance with eye patching revealed that 72% of parents were achieving orthoptists’ recommendations to patch their child. In 28% of cases visual acuity didn’t raise any line. At a 5% level of significance 3 risk factors for non compliance with patching were identified: treatment barriers ( ), parents’ basic education condition ( ) and the interaction between severity and vulnerability ( ). Severity ( ) and vulnerability ( ) when considered isolated were identified as protect factors that promote compliance with treatment.

Conclusions: Parent awareness of treatment barriers with occlusive therapy is a risk factor that increases non-compliance. Parents with low levels of education have more difficulties in treatment implementation. Interaction between severity and vulnerability was also identified as a non-compliance risk factor. Further studies should be conducted to support these findings.

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