

ADULT STRABISMUS NEWS

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ADULT STRABISMUS IS A PSYCHOSOCIAL ISSUE



A PERSONAL ACCOUNT By Claire Castleberry, C.O.

Strabismus in adulthood can be a life altering condition. Picture this. You are standing in the checkout line at your local grocery store after a long and frustrating day at work. As the six year-old boy behind you is digging through the lolly pops he turns around and points directly at you, and in the loudest voice possible says, "mommy, what's wrong with that lady? Her eyes are crossed!" Mortified, you embarrassingly hang your head, quickly pay and then hurry to your car before anyone else has a chance to belittle you.

On your first job interview, you nervously sit in front of a panel as they repeatedly fire questions. As you begin to answer, one of the interviewers says, "I'm sorry, are you looking at me or him?" You can immediately feel the all the blood rush to your face and your ears deafen; you are certain that this will effect their decision on whom to hire. After all, this job position is one in which you will have constant interaction with the public. Who would want to hire someone with an obvious and distracting disfigurement?

These are both personal experiences and ones that I will never forget. My eye misalignment is minor in comparison to most of my adult patients with much larger angles of strabismus. Can you imagine the looks, comments and questions *they* must endure? When adult strabismus

patients discover that I have battled the same problems both physically and psychosocially, they seem relieved and are more apt to openly share their feelings. One woman was brought to tears as she began to tell me of the cruel remarks and jokes she receives from fellow co-workers. Another young man confided that he simply cannot bear to look at himself in the mirror. At age twenty-four he should be living life to the fullest, not hiding behind his poor self-perception. After years of being self-conscious about an imperfection one begins to lose self-esteem and confidence. Often, these adults are introverted, suffer from poor interpersonal relations, and most avoid direct eye contact. It has been documented

that these adults are sometimes victims of discrimination when applying for a job.

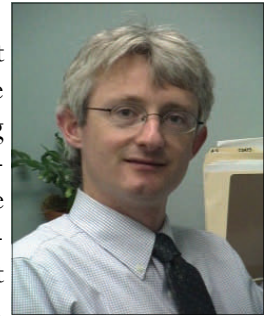
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The vast majority of adult patients with strabismus can be helped. Not only can eye muscle surgery realign the visual axes, restore binocular vision, eliminate diplopia and asthenopic symptoms, and expand the binocular visual field, but it can change one's personal life as a normal appearance is achieved. Strabismus creates a significant negative social prejudice and treatment may positively alter perceived characteristics by others and improve socialization.

Reference:

Olitsky SE, Sudesh S, Graziano A., Hamblen J., Brooks SE, Shaha SH. "The negative psychosocial impact of strabismus in adults." J AAPOS 1999; 3:209-11

DISABILITY ASSOCIATED WITH STRABISMUS CAN BE COMPELLING



By Joost Felijs, PhD

Duke-Elder in 1949 noted that socially noticeable strabismus has psychosocial implications that go beyond the obvious cosmetic flaw of misaligned eyes. Since then, numerous authors have documented various aspects of these psychosocial effects in both children and adults. For a long time, however, these papers did not seem to have much impact in the world of medicine. Indeed, accounting for psychological factors is not an easy task, since it involves highly subjective measures – while the clear-cut clinical and functional benefits of strabismus surgery to the patient were enough to establish surgery as a treatment option. Over the years however, great progress has been made in the field of measuring patient-perceived outcomes and quality-of-life. Moreover, such outcome measures are increasingly recognized as being important in evaluating the efficacy of treatment.

Three recent studies can be found in the literature that quantify in some way or another the patient-perceived disability that is associated with strabismus in adults. Two of these studies also report on the impact of surgery. Satterfield and colleagues (1993) mailed questionnaires to patients with uncorrected strabismus stemming from childhood. The data collection took place at various time points during teen-age years through adulthood, and the focus was on the impact of strabismus in social situations. The results showed that the stigma of having misaligned eyes (with the classic teasing and ridicule during school years) persists undiminished in later life, in sharp contrast with the teasing of children in glasses, which disappears after school years.

The paper by Burke *et al.* (1997) also concentrates on the effects on social interactions, which were measured using a sophisticated scoring grid so that results could be quantified and compared before and after surgery. Large statistical differences between pre- and post-operative scores were found, thus showing formally for the first time that strabismus surgery has a beneficial effect on these psychosocial factors.

More recently, Menon and colleagues (2002) confirmed these results with a study in India and extended Burke's findings to a wider realm of psychosocial factors and daily activities. They also found large improvements after surgery, ranging from improvements in relationships, appearance to increased self-esteem and trying out activities that had been avoided before.

All three studies have limitations: Satterfield's included only patients with childhood strabismus and did not investigate the effect of strabismus surgery; Burke reported on only a small number of patients in total; and Menon's study also was limited to patients with childhood strabismus. It is reasonable to assume that the disability experienced by patients with strabismus acquired during adulthood is different: Sensorial adjustments to changes in eye alignment are different for those patients and they typically have had less time to learn to cope with their handicap. Strabismus specialists from Dallas and Houston are currently analyzing the results from a survey among a large sample of patients with a wide variety of strabismus etiologies in order to further establish the types and amount of disability resulting from strabismus, whether stemming from childhood or acquired later in life.

Literature

Burke J.P., C.M. Leach, H. Davis. *J Pediatr Ophthalmol Strabismus* 1997; **34**: 159-164.

Duke-Elder S. In: *Textbook of Ophthalmology: The Neurology of Vision, Optical and Motor Anomalies*. 1949, Mosby.

Menon V., J. Saha, R. Tandon, M. Mehta, S. Khokhar. *J Pediatr Ophthalmol Strabismus* 2002; **39**: 203-208.

HIGHLIGHTS: PSYCHOSOCIAL ASPECTS OF STRABISMUS STUDY

PARTICIPANTS: Forty-three female and male subjects aged 15 years or older who had a history of childhood strabismus that was uncorrected or incompletely corrected past the age of 13 years. **INTERVENTION:** None. **MAIN OUTCOME MEASURES:** Participants' responses to our survey and to the Hopkins Symptom Checklist.

RESULTS: Strabismus had a negative impact on many aspects of our subjects' lives. They report difficulty with self-image, securing employment, interpersonal relationships, school, work, and sports. Furthermore, difficulties encountered did not go away after childhood, rather, the problems encountered by our subjects intensified in the teenage and adult years. Subjects demonstrated generalized higher levels of distress on the Hopkins Symptom Checklist than age- and sex-matched controls ($P < .01$).

Satterfield D, Keltner JL, Morrison, TL: Psychosocial aspects of strabismus study. *Arch Ophthalmol*- 1993; 111:1100-5



Exotropic patient prior to strabismus surgery



Exotropic patient following strabismus surgery

STRABISMUS TREATMENT MAY POSITIVELY ALTER PERCEIVED PERSONAL CHARACTERISTICS



Esotropic patient prior to strabismus surgery



Esotropic patient after strabismus surgery

METHOD: An orthotropic person was photographed in primary, right, and left gaze. These photographs were then digitally altered to produce an esotropia and exotropia of similar magnitude. Subjects were then asked to evaluate a single photograph with reference to personality characteristics that are important for social interaction and employment capability. **RESULTS:** Overall, the strabismic faces were judged significantly more negatively, across 11 descriptive characteristics, than the nonstrabismic face. The effect of esotropia was worse than exotropia.

CONCLUSION: Strabismus creates a significant negative social prejudice. These biases can have a detrimental impact on socialization and employability. Treatment of strabismus may positively alter perceived characteristics of individuals and improve their ability to socialize normally and obtain employment. Therefore, the treatment of strabismus should not be considered cosmetic even when there is no hope of improving binocular vision.

Olitsky SE, Sudesh S, Graziano A, Hamblen J, Brooks SE, Shaha SH. The negative psychosocial impact of strabismus in adults. *J AAPOS* 1999; 3:209-11

A PUBLICATION FROM THE
TEXAS ADULT STRABISMUS
SPECIALISTS

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We wish you a healthy & happy New Year!



Contact information:

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DO YOU WANT TO KNOW THE ANSWERS TO THESE QUESTIONS?

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FREQUENTLY ASKED QUESTIONS

Q: Is it true that nothing can be done about misaligned eyes in adults after a certain age?

Q: Won't straightening my eyes after all these years cause me to see double?

Q: I've been told that straightening my eyes at my age is strictly cosmetic.

Q: Does my insurance cover the expense of this surgery?

Q: Isn't eye surgery at my age risky?

Q: How successful is eye muscle surgery?

Q: How painful is this type of surgery?

Q: Am I too old to have my eyes straightened?

Q: I am embarrassed by my misaligned eyes. I avoid looking people in the eye. They seem to be distracted by my wandering eye. As a result, communicating is difficult, hampering me socially and in getting the job I want. Am I being realistic or paranoid?

Q: Do I have to be hospitalized for eye alignment surgery? How will this affect my normal activities?

Q: How can I find out more about getting my wandering eye treated?



Hypertropia before



After correction