

3 de Dezembro

08h30 | 10h00 – Sala 2

Catarata | Cataract

Moderadores | Chairs: João Feijão (CHULC), Conceição Lobo (CHUC), João Paulo Macedo (CHUSJ)

CO 105

THE INFLUENCE OF PERSONALITY ON THE QUALITY OF VISION AFTER MULTIFOCAL INTRAOCULAR LENS IMPLANTATION

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Purpose: To assess the possible correlation between patients' personality traits and subjective perception of quality of vision (QoV), after multifocal intraocular lens (IOL) implantation.

Setting / Venue: Department of Ophthalmology, University Hospital of Coimbra

Methods: patients who had bilateral implantation of a non-diffractive X-WAVE or a trifocal lens were assessed 6 months postoperatively. Patients answered the NEO-Five Factor Inventory (NEO-FFI-20) questionnaire ("Big Five five-factor personality model") to examine their personality. Six months following surgery, patients were asked to fill a quality of vision (QoV) questionnaire where they graded the frequency of 10 common visual symptoms. Primary outcomes were to evaluate the correlation between personality scores and the reported frequency of visual disturbances.

Results: The study comprised 20 patients submitted to bilateral cataract surgery, 10 with a non-diffractive X-WAVE lens (AcrySof® IQ Vivity) and 10 with a trifocal lens (AcrySof® IQ PanOptix). Mean age was 60.23 ± 7.06 years. Six months following surgery, patients with lower scores of conscientiousness and extroversion reported a higher frequency of visual disturbances (blurred vision, $p = .015$ and $p = .009$, seeing double images $p = .018$ and $p = .006$, and having difficulties focusing, $p = .027$ and $p = .022$, respectively). In addition, patients with high neuroticism scores had more difficulty focusing ($p = .033$).

Conclusion: In this study, personality traits such as low conscientiousness and extroversion and high neuroticism significantly influenced QoV perception 6 months after bilateral multifocal lens implantation. Patients' personality questionnaires could be a useful preoperative assessment test to a multifocal IOL.