Exploring Compliance, Knowledge and Attitudes of Prescribed Topical Eye Medications (TEM) in Children

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Introduction

- Non-compliance with topical eye medications (TEM) can have potentially debilitating effects, especially within the paediatric population[1].
- Although factors affecting compliance with TEM in adults has been widely studied, there is little research exploring reasons influencing TEM administration in children[2].

Aims

- We evaluated adherence to TEM in the paediatric population within a tertiary eye centre and the factors affecting this.

Methods

Population:

- All patients attending an outpatient general paediatric ophthalmology clinic and prescribed TEM between August and November 2022 inclusive.

Outcome measures:

Factors affecting-

- Compliance- e.g. Frequency and number of TEM prescribed, whether child or caregiver was administering, reasons for non compliance and techniques used.
- Knowledge/Attitudes- e.g. Understanding/MOA of TEM, interval time between different drops.

Data collection:

- Clinician completed questionnaire comprising 17 questions. These addressed the domains of **compliance** with TEM, **knowledge** of how TEM act on the eye and **attitudes** of children/caregivers in using TEM.
- Data collected was mixed- qualitative and quantitative.

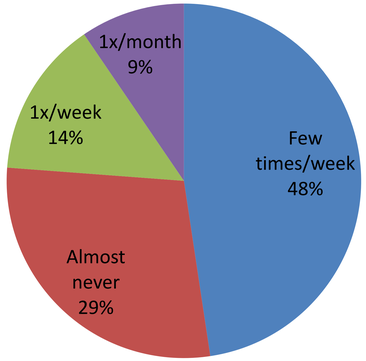
Results

Diagnosis: 71%= External eye disease (largely BKC and VKC), 29%= Others (e.g. post-op, infections, trauma).

Who administered TEM?= 81% caregiver, 19% child

Total sample =21 patients	Male	Female
South Asian (e.g. Indian, Pakistani, Bangladeshi)	33%	19%
White British	5%	9.5%
African	9.5%	5%
Other (e.g. Chinese/Middle Eastern)	5%	14%

How often were drops missed? → 76% = Too busy/forgetful



Quantity of different TEM prescribed	Proportion of patients
4	9.5%
3	23.8%
</=2	67%

Average self-reported confidence rating in administering TEM= 7.95/10

Received an information leaflet/signposted to more information on TEM?= 23%

Recommendations

1. Patient information leaflets for the most common paediatric conditions requiring TEM should be placed in appropriate clinical areas.
2. Contact details for ophthalmic pharmacists should be given to patients should they have any further queries relating to TEM.

Conclusions

- Compliance with TEM is poor amongst the paediatric population and could be due to lack of time/information given about TEM during consultations.
- This evaluation should guide next steps within a regional ophthalmology unit to improve TEM compliance in children.
- Further evaluations which are able to assess compliance more objectively in the paediatric population may be beneficial.

References:

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