OBJECTIVES: To assess co-morbidity, quality of life (QOL), work productivity loss, and medical resource utilization (MRU) in patients suffering from glaucoma in Brazil.

METHODS: Patients’ self-reported data were collected from 2011-2012 National Health and Wellness Survey (NHWS) – Kantar Health global study (Kantar Health is an independent research organization specializing in healthcare economics). QOL was measured by the physical component score (PCS) and mental component score (MCS) of the Short Form-12 (SF-12) (mean score of 50 for general population). Loss of work productivity was measured by the validated Work Productivity Activity Impairment (WPAI) instrument. MRU was measured by provider visit, emergency room (ER) visits and hospitalization in the past 6-months. Comparisons were made between respondents who were diagnosed with glaucoma versus respondents without glaucoma (non-glaucoma group). Since glaucoma typically affects adult population, respondents with age 35 years and older were included in the analysis.

RESULTS: Among 24,000 survey respondents, 242 (1.0%) were diagnosed with glaucoma. The average age in the glaucoma group was 53.5 years and 48.2% were female compared to the non-glaucoma group where average age was 51.6 years and 47.8% were females. The glaucoma group reported more co-morbidities, lower PCS (46.3 vs. 49.4) and MCS (45.6 vs. 50.0) scores, more healthcare visits (29.6% vs. 19.0%) and hospitalizations (21.3% vs. 13.1%) in the past 6-months compared to the non-glaucoma group. Also, the glaucoma group had higher mean clinical visits (48.4 vs. 46.3*) and work/productivity loss (absenteeism and presenteeism) and 33.5% of the glaucoma group reported 36.5% work/productivity loss (absenteeism and presenteeism) and 33.5% of the glaucoma group reported 36.5% work/productivity loss (absenteeism and presenteeism) and 33.5% of the glaucoma group reported 36.5% work/productivity loss (absenteeism and presenteeism) and 33.5% of the glaucoma group reported 36.5% work/productivity loss (absenteeism and presenteeism). Data are cross-sectional and therefore, do not allow for conclusive causal interpretations. Glaucoma may be underdiagnosed due to decreased access to physicians in certain regions. Top co-morbidities (>10%) among groups are listed in Table 6. The glaucoma group reported lower mean scores of PCS and MCS, more MRU, higher percentages of work loss and activity impairment, and more co-morbidities compared to non-glaucoma group. All comparisons in QOL, MRU, and work/productivity loss between two groups were statistically significant at p < 0.05.

CONCLUSION: From the Brazil NHWS results, glaucoma patients suffer from impairments in quality of life, work productivity loss, more co-morbidities and use of medical services. Findings indicate that glaucoma can have a negative impact on patients suffering from the disease and for the healthcare system.