25 generic visual function instrument. **RESULTS:** Mean age 76.8 years: 55.8% women. All had wet age-related MD (often progressing rapidly to severe visual impairment). Strong correlations between the 22 items ($r > 0.50$) and factor loadings >0.49 on a forced one-factor analysis supported use of an overall weighted impact score. Four subscales were indicated (Cronbach's alpha >0.7) measuring: essential tasks, family/social life, activities/capabilities, and embarrassment. Patients with BE VA < 5/10 and WE VA < 1/10 produced significantly worse scores than those with BE VA >= 5/10 and WE VA >= 1/10 (MacDQoL $p < 0.0001$; NEI-VFQ-25 $p < 0.0001$; global scores). MacDQoL score variation coefficients were lower (better) than those of NEI-VFQ-25. **CONCLUSIONS:** The analysis confirmed the metric properties of the MacDQoL.. The MacDQoL is associated with VA though, as expected, not as closely as the NEI-VFQ25 visual function measure, but offers a broader individualised measure of the impact of MD on QoL.

**PEY25**

### HEALTH-RELATED QUALITY-OF-LIFE AND UTILITY IN DUTCH GLAUCOMA PATIENTS

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**OBJECTIVES:** To quantify health-related quality-of-life and utility in patients with ocular hypertension (OH) and primary open-angle glaucoma (POAG). **METHODS:** A cross-sectional survey was performed in 481 OH and POAG patients. Patients were invited to complete a questionnaire at home. The questionnaire contained the EQ-5D, the Visual Functioning Questionnaire (VFQ-25, range 0–100 (best)) and the Glaucoma Quality-of-Life questionnaire (GQL-15, range 0–75 (worst)). Patients were also asked to report on demographics, treatment history, treatment side-effects, and co-morbidities. Medical records were consulted for clinical parameters of disease severity, such as optic nerve head excavation and visual field loss. **RESULTS:** Data-collection was ongoing at the time of writing. The preliminary response rate is 79%. Here we report the results of the first 269 patients (56%) that participated. Mean age was 71.2 ± 10.4 years, 51% was male, and 91% was currently using glaucoma medication. Trabeculectomy was self-reported in 13.8% of the patients. VFQ-25 score was 85.2 ± 14.9 in OH patients (n = 110), 81.4 ± 15.5 in medically treated POAG patients (n = 132) and 63.4 ± 23.4 in POAG patients with a history of trabeculectomy (n = 27) ($p < 0.001$, unequal variance). GQL-15 score was 21.8 ± 9.7, 23.6 ± 11.1 and 34.8 ± 13.4 in these groups respectively ($p < 0.001$, unequal variance). EQ-5D utility from the Dutch value set was 0.88 ± 0.18, EQ-5D VAS was 75.9 ± 14.5; these values did not differ between groups. Preliminary analyses with visual field loss (Mean Deviation, n = 209) in the better eye indicated no correlation with EQ-5D utility (Spearman's rho $r = 0.1$, ns) or EQ-5D VAS ($r = 0.08$, ns), and weak correlations with VFQ-25 ($r = 0.24$, $p < 0.001$), and GQL-15 ($r = -0.23$, $p < 0.001$). **CONCLUSIONS:** These preliminary results indicate that vision-related quality-of-life is lower in more severe glaucoma. Further research of the relationship between disease severity and quality-of-life is currently being undertaken.

**PEY26**

### VISION BENEFIT FROM MULTI-FOCAL INTRAOCULAR LENS (IOL) AFTER CATARACT SURGERY ESTIMATED BY PRINCIPAL COMPONENTS ANALYSIS

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**OBJECTIVE:** Restoration of near and far vision function without recourse to spectacles remains a major goal of cataract surgery. ReSTOR®, a new multi-focal IOL, addresses this issue by improving both near and far vision without spectacles. The present analysis attempts to quantify the vision benefits experienced by patients. **METHODS:** Data from two clinical trials conducted in Europe and the United States, evaluating the safety and efficacy of ReSTOR® compared to a mono-focal IOL (MoF), were pooled for an analysis of 672 patients undergoing cataract extraction. The TyPE questionnaire was administered at baseline, and after both first-eye and second-eye surgery. The TyPE measures 67 items evaluating distance and near vision limitations, social activities, glare and halo problems, and patient satisfaction both with and without spectacles. Principal components analyses (PCA) of the TyPE questionnaire were performed at baseline, and after first-eye and second-eye surgery. Factorial coordinates were compared both between ReSTOR® and MoF (t-tests), and between visits (paired t-tests). **RESULTS:** The first PCA factor (F1) concerned limitations to overall visual function. The second factor (F2) concerned vision limitations without spectacles. Overall, significant improvements of visual function were seen between baseline and first-eye surgery ($p < 0.0001$), and between first-eye and second-eye surgery ($p < 0.0001$). At baseline, no significant differences were observed between treatment groups with respect to F1 or F2. Vision after first-eye surgery was significantly better in the ReSTOR® group than the MoF group on both factors (F1: $p < 0.006$; F2: $p < 0.001$). These differences between ReSTOR® and MoF were maintained and reinforced after second-eye surgery (F1: $p < 0.001$; F2: $p < 0.001$). **CONCLUSIONS:** Mono-focal and ReSTOR® IOLs both improved visual function, but only ReSTOR® improved the "vision without spectacles" factor because, of course, the mono-focal does not correct near vision.

**PEY27**

### DEVELOPMENT OF A QUESTIONNAIRE ASSESSING PATIENT SATISFACTION WITH EYE DROPS IN OCULAR HYPERTENSION AND GLAUCOMA

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**OBJECTIVES:** To describe the early development of a satisfaction questionnaire for eye drops used in ocular hypertension and glaucoma, developed in English and French simultaneously. **METHODS:** A conceptual model of expectation and satisfaction with eye drops was designed and used to guide patient (n = 15) and clinician (n = 4) interviews in French and UK English. Following review of the interview responses, versions of the questionnaire were simultaneously developed in two languages and then pilot-tested by six patients (three in France and three in the UK). **RESULTS:** After analysing the practitioners' and the patients' interviews, six potential domains were identified as having an impact on patients' satisfaction regarding their eye drop treatments. These domains are: 1) Patient characteristics (16 items); 2) Treatment characteristics (4 items); 3) Relationship between patient and practitioner (10 items); 4) Patients' feelings about their treatment (7 items); 5) Patients' compliance (3 items); and 6) Interaction between the patient and the treatment (six items). The questionnaire was developed using patients' verbatim comments in each language. After a cognitive debriefing performed with six patients (six French and six English), the wording and the domains of the questionnaire were confirmed in the two languages. **CONCLUSION:** The Eye Drops Satisfaction Questionnaire (EDSQ) is now available in French and UK English for use with patients receiving eye drops in ocular hyper-