# Abstract

**Background:** Open angle glaucoma (OAG) is an eye condition with a chronic and fluctuating course. Previous studies conducted in Western countries and Japan have shown an association between psychiatric morbidity and OAG, but the association is unknown in the local population. It is therefore interesting to explore their relationship in a population with a different cultural and religious backgrounds as compared with the Western world.

**Objective:** This study aimed to examine the prevalence of psychiatric morbidity of a local population with OAG and identify the clinical correlates. The psychometric properties of the 12-item General Health Questionnaire (GHQ-12) and Hospital Anxiety and Depression Scale (HADS) as screening tools for psychiatric morbidity would be evaluated.

**Methods:** This cross-sectional study recruited OAG patients in a local ophthalmology clinic by systematic sampling. Sociodemographic and clinical data were gathered

from interviews and clinical records. Cognitive function of the participants was

assessed using the Cantonese-Chinese version of the Mini Mental State Examination

(CC-MMSE). The Chinese version of the Medical Outcomes Study Social Support

Survey (MOS-SSS-C), GHQ-12 and HADS were completed by eligible participants.

Finally, the author administered the Chinese Bilingual Structured Clinical Interview

for DSM-IV Axis I Disorders, Patient research version (CB-SCID-I/P) to establish

any possible psychiatric diagnoses.

**Results:** One hundred and five patients were recruited with a response rate of 97.1%.

The point prevalence of psychiatric morbidity was 23.5%. The point prevalence of

depressive disorders and anxiety disorders were 16.7% and 8.8% respectively. The

lifetime prevalence of psychiatric morbidity was 38.2%. The lifetime prevalence of

depressive disorders, anxiety disorders, and alcohol-related disorders were 26.5%,

10.8% and 3.9% respectively. Major depressive disorder was the most prevalent mood

disorder and generalized anxiety disorder was the most prevalent anxiety disorder.

Poor perceived social support, not receiving active glaucoma treatment and past

psychiatric history were independent correlating factors of current psychiatric

morbidity. The GHQ-12 using C-GHQ scoring at cutoff threshold of 7/8 could

provide satisfactory psychometric properties in detecting psychiatry morbidity. The

HADS depression subscale (HADS-D) and HADS anxiety subscale (HADS-A) at

cutoff thresholds of 4/5 and 5/6 could provide satisfactory psychometric properties in

detecting depressive and anxiety disorders.

**Conclusion:** Psychiatric morbidity, predominantly depressive and anxiety disorders,

are common in local OAG patients. Identification of the independent correlating

factors and optimal cutoff thresholds of two effective screening tools can help

ophthalmologists recognize psychiatric morbidity earlier and arrange suitable clinical

intervention.