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Emotional, intellectual, and communicative characteristics of myopic patients with different levels of anxiety/depression**Volodymyr Drozdov**

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Abstract: myopia has been traditionally viewed as a consequence of the interplay between genetic, ethnic, and environmental risk factors. This disease affects people's psychological development. The aim – is to assess the peculiarities of emotional, intellectual, and communicative character traits of the person left with myopia in various manifestations of anxiety and depression. 200 patients with moderate myopia and mild myopic astigmatism in both eyes were examined. The «Kettel Test» was used to study the characteristics of the patient's character, and the Hospital Anxiety and Depression Scale was used to identify the levels of depression and anxiety. Methods of mathematical statistics were used for mathematical processing of the research results. The main characteristics of communicative features of patients with myopia are outgoing, supportive, somber, prudent, uninhibited, bold, docile, submissive, suspicious, private, shrewd, and self-sufficient. The main intellectual features of people with myopia are imaginative, close-minded, and traditional. The main emotional features of people with myopia are stable, calm, conscientious, apprehensive, organized, precise, stressed, and tough-minded. Patients with myopia and middle-level anxiety/depression were more close-minded, traditional, and tough-minded. Persons with a high level of anxiety/depression were more reserved, detached, somber, prudent, trusting, outgoing, social, and concrete thinkers. Determination of the prevalence of anxiety and depression, characterological features of patients with myopia if they are present, and compliance features of such patients should be the basis of their rehabilitation programs. Determination of emotional, intellectual, and communicative features of patients with myopia should be based on the study of etiopathogenetic factors of the formation of nosogenies of this pathology and the development of conceptual approaches to rehabilitation, improving their quality of life.

Keywords: [Anxiety](#); [Astigmatism](#); [Character](#); [Depression](#); [Myopia](#); [Mental Health](#); [Temperament](#)**Introduction**

Myopia, as one of the important problems of the healthcare system, significantly changes the lives of patients [1]. At the age of 40 years, 1,00 diopters of myopia are present in 27% of the population of Western Europe, and 5,00 diopters – in about 4,6% [2].

Myopia has been traditionally viewed as a consequence of the interplay between

genetic, ethnic, and environmental risk factors [3, 4]. Myopia affects people's psychological development [5]. A recent study [5] indicates, that as a unique psychological characteristic that distinguishes it from each other, personality was also associated with myopia. Most patients with myopia are mainly introverted personality and have emotional personalities, but some studies have shown that myopia patients do not have

personality traits that are significantly different from ordinary people [5].

A recent study [6] indicates that vision loss due to retinal damage significantly limits everyday activities such as recognizing faces, reading, or mobility. Vision loss is often irreversible and rapidly progressive, leaving patients stressed due to anxiety and fear, depression, and social isolation [6].

The attention of many researchers was focused on the personal traits of people with myopia. J. Dobson, 1949 [7] analyzed the emotional background of myopia and the relationship between refractive error and temperament and character properties. R. Lanyon and J. Giddings, 1974 [8] indicated, that myopic patients were introverted, shy and self-centered, less sociable. They had few friends, they often did mental work at home. Kalkan Akcay E et al., 2015 tried to evaluate the differences in temperament and character properties in patients with myopia [9]. Compared to normal patients, those with myopia had low rates for purposefulness, as well as a low-order scale of self-directedness, empathy, helpfulness, compassion, and cooperativeness [9]. As van de Berg R. et al., 2008 wrote, the long-held view that myopic persons were introverted [10]. There were a correlation between intellectual abilities (IQ) and myopia, rather than personality and myopia [10]. The objective of one study consists of determining whether personality factors or/and mental ability (FV/FR) will predict myopia independently of the potentially confounding variables of sex, and age [11]. However, to this day, emotional, intellectual, and communicative character traits remain not fully explored, with myopia in various manifestations of anxiety and depression.

Aim

The aim – to assess the peculiarities of emotional, intellectual and communicative character traits of the person left with myopia in various manifestations of anxiety and depression.

Materials and methods

200 patients with myopia were examined at the British Ophthalmological Center in Kyiv during the 2022-2024 years. The clinical diagnosis of myopia was established by the IMI – Clinical Management Guidelines Report [3], and Myopia

control strategies recommendations from the 2018 WHO/IAPB/BHVI Meeting on Myopia [12]. All the studies were conducted according to implemented guidelines in consideration of GCP-ICH and the Declaration of Helsinki, 2013 [13]. All patients signed the «Informed Voluntary Consent of the Patient for Diagnostics, Treatment and Operation and Analgesia» [14, 15].

200 patients with moderate myopia and mild myopic astigmatism in both eyes were examined. 58 men and 142 women aged $29,3 \pm 0,44$ years participated in the study. Independent distance visual acuity of the patients was $0,13 \pm 0,011$ IU, and the maximum corrected visual acuity was $0,87 \pm 0,10$ IU. The optical indicators of the eye were determined in conditions of cycloplegia using autorefractometry. Spherical refraction was $-3,39 \pm 0,126$ Dptr., and cylindrical $-0,65 \pm 0,035$ Dptr; length of the anterior-posterior axis of the eye $-25,06 \pm 0,059$ mm; thickness of the cornea in the central point $-545,87 \pm 1,55$ μ m.

The «Kettel Test» was used to study the characteristics of the patient's character [16], and the Hospital Anxiety and Depression Scale (HADS) – to assess the levels of anxiety and depression [17]. Depending on the level of anxiety/depression according to HADS, all examined patients were divided into 3 groups: the 1st group included 40 people (with a normal level of anxiety – 5,3 [3,6; 7,5] points), the 2nd group involved 100 examined (with subclinical anxiety/depression – 9,2 [7,7; 10,8] points), the 3rd group was made up of 60 patients (with clinically pronounced anxiety/depression – 11,0 [10,9; 13,4] points).

The data were thoroughly analyzed using statistical methods [18]. An analysis of the distribution was carried out for each studied feature. Student's t-test was used to assess differences in sample populations that had a normal distribution. For sample populations whose distribution differed from normal, Mann-Whitney U-test was used. When the distribution of quantitative features was different from normal, the median and interquartile range were determined (Me (25,0%; 75,0%)) [18].

Results

The «Kettel Test» is a comprehensive study of personality character [16]. The «Kettel

Test» evaluates various aspects of behavior, interactions with others, and other personal traits. These factors include such characteristics as emotional stability, extroversion, punctuality. Based on qualitative and quantitative analysis of the content and relationship of personal factors, the following blocks can be distinguished: communicative properties and features of

interpersonal interaction – factors A, H, F, E, Q2, N, L; intellectual features – factors B, M, Q1; emotional-volitional peculiarities – factors C, G, I, O, Q3, Q4 [16].

The assessment of communicative, intellectual and emotional-volitional features of patients with myopia is presented in Table 1; Fig. 1. and Fig. 2.

Table 1. Peculiarities of communicative, intellectual and emotional-volitional character traits of patients with myopia, Me (25,0%; 75,0%)

Features	Character traits (points)	Patients with myopia		
		1st group	2nd group	3rd group
Communicative	A-warmth	7 [4; 8]	7 [5; 8]	6 [5; 7]*
	H- social assertiveness	6 [5; 7]	7 [5; 8]*	6 [6; 8]***
	F- liveliness	5 [3; 6]	5 [4; 7]	4 [3; 7]
	E- aggressiveness	5 [4; 7]	5 [5; 7]	5 [4; 6]
	L- paranoia	7 [4; 8]	7 [4; 8]	6 [4; 7]
	N-introversion	6 [4; 7]	5 [4; 6]	6 [5; 7]
	Q2- independence	6 [4; 7]	6 [4; 7]	5 [1; 5]
Intellectual	B- intellect	7 [5; 8]	7 [5; 8]	6 [3; 7]
	M- abstractness	6 [5; 7]	7 [5; 7]	6 [4; 7]
	Q1- openmindedness	4 [1; 5]	4 [1; 5]	4,5 [5; 9]
Emotional	C- emotional stability	6 [5; 8]	7 [4; 8]	7 [4; 8]
	G-dutifulness	7 [6; 8]	7 [6; 8]*	7 [3; 8]
	I- sensitivity	5 [3; 4]	5 [3; 7]	5 [4; 6]
	O- anxiety	5 [4; 6]	6 [4; 7]	6 [5; 8]***
	Q4- tension	5 [3; 6]	6 [4; 6]	6 [4; 7]***
	Q3- perfectionism	7 [6; 8]	7 [6; 8]	7 [4; 8]

Note: comparison was made between the 1st and 2nd; the 1st and 3rd groups

* – p<0,05; *** – p<0,001.

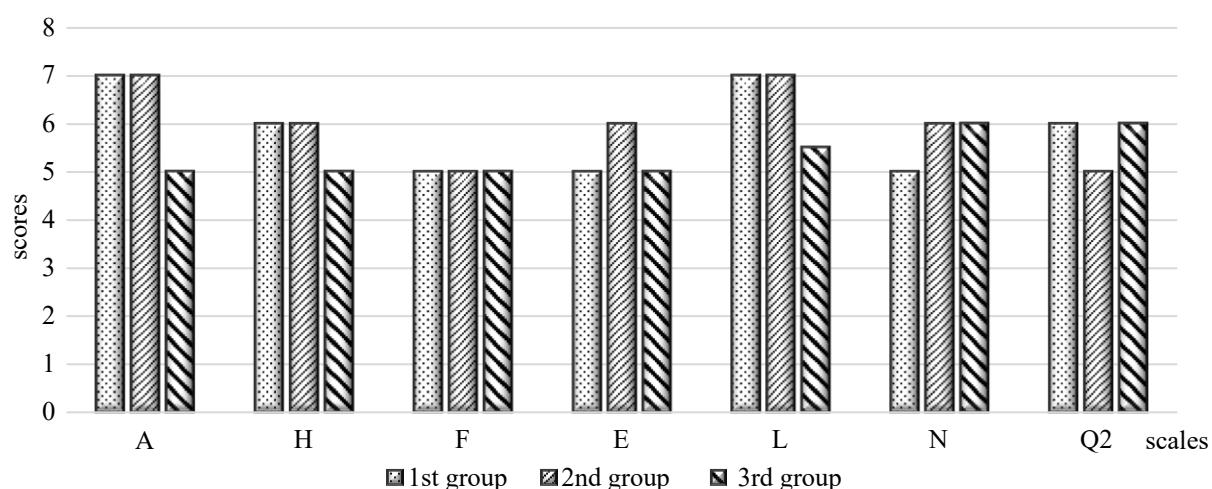


Fig. 1. Intellectual traits of people with myopia

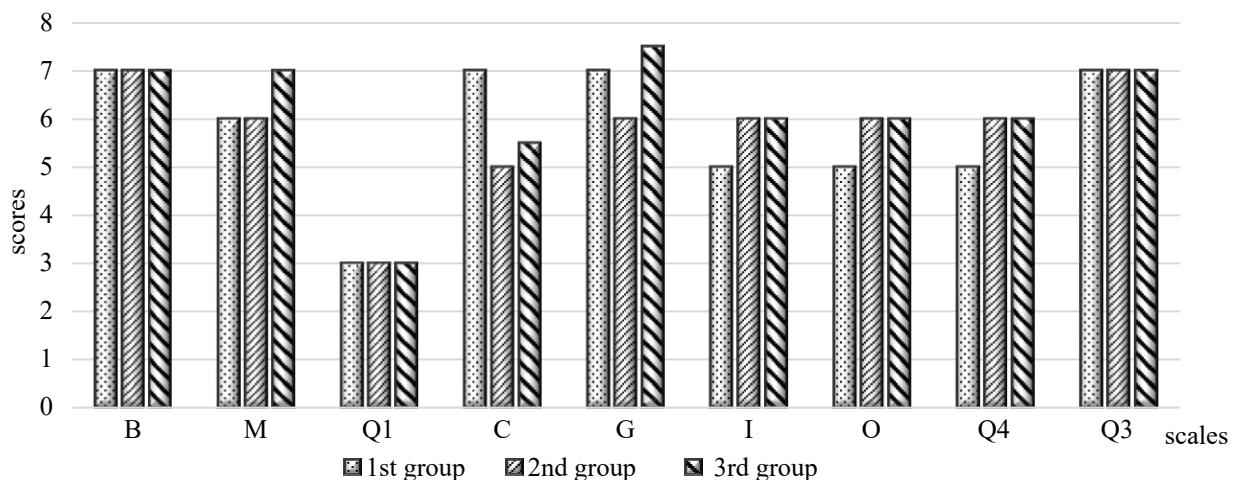


Fig. 2. Communicative and emotional traits of people with myopia

People with myopia crave closeness and communication, care and compassion. They are usually friendly, sociable, pleasant, active (+A). They often enjoy the opportunity to overcome obstacles, and seek to be the center of attention (+H). They are jealous, withdrawn, dreamy, firm, irritable, independent (+L). These people are almost always reserved, insightful, and polite. They can correctly assess people or situations (+N). To a greater extent, they are lonely, resourceful individualists; they try to depend on their strengths and resources, rather than on others (+Q2). But at the same time, they are often described as serious and reserved (-F). They are very compliant, soft, dependent, easily irritated, avoid leadership, submit, and must be managed (-E) (Fig. 1).

Compared to individuals in the 1st group, patients with a high level of anxiety/depression (the 3rd group) have significantly lower results on the warmth (A), liveliness (F), paranoia (L), and independence (Q2) scales, while individuals of the 2nd group – on the introversion (N) scale (Fig. 1).

The main characteristics of communicative features of patients with myopia include outgoing, supportive, somber, prudent, uninhibited, bold, docile, submissive, suspicious, private, and shrewd.

Such individuals make practical, pragmatic and realistic decisions. When obstacles arise, they are usually adaptable, mature and calm (+B). These patients are absorbed in their own ideas and do not pay attention to others (+M).

These people are conservatives who respect tradition (-Q1) (Fig. 2).

Compared to individuals in the 1st group, patients of the 2nd and 3rd groups have significantly lower results on the Q1-openmindedness, and persons with a high level of anxiety/depression (the 3rd group) have significantly lower results on the B-intellect (Fig. 2).

That is, the intellectual features of people with myopia are stable, calm, imaginative, close-minded, and traditional.

These patients focused on practical, pragmatic, and realistic solutions. When solving problems, they are usually well-adapted, mature, and calmly respond to challenges (+C). All people with myopia are adaptable, conscientious, and highly moral (+G). They are insecure, agitated, almost always feel guilty, and worry about little things (+O) (Fig. 2).

They are self-disciplined, well-organized and goal-oriented, obsessive and strong-willed (+Q3). All of the examined patients adopt and conscientiously follow society's accepted standards of behavior. They are self-disciplined, well-organized, thorough, attentive to detail, and goal-oriented. They may also be described as compulsive, socially precise, and have exacting willpower (+Q4). They are practical, objective and unsentimental, tough, rude and self-confident (-I) (Fig. 2).

Compared to individuals in the 1st group, patients of the 2nd and 3rd groups have significantly lower results on I-sensitivity, and

persons with a high level of anxiety/depression (the 3rd group) have the lowest results on Q3-perfectionism and Q4-tension (Fig. 2).

That is, the emotional features of people with myopia are stable, calm, conscientious, apprehensive, organized, precise, stressed, and tough-minded.

Discussion

The «Kettle test» has been used in the development of other Big Five factor models. In the Big Five factor model, the independence factor is organized around the assertiveness traits. That is, the global independence factor is determined by the dominance traits (extraversion/introversion-responsiveness, low anxiety/high anxiety-emotional stability, firmness/receptiveness-intelligence/culture, independence/yielding-agreeableness, self-control/lack-restraint/reliability) [19].

Several studies have found that openness and high IQ are associated with myopia [8-10], but others have not found such patterns [20, 21]. Rosanes MB., 1967 showed that patients with both myopia and hyperopia had a fairly low level of anxiety [22]. The manifestation of anxiety in patients with myopia is a decrease in motor activity and in patients with hyperopia – an increase [22].

Kalkan Akcay E. et al., 2015 [9] showed that patients with refractive errors were less compassionate and more egocentric. Patients with myopia and astigmatism were more dependent, helpful, and independent than normal myopic patients, while hyperopic patients had more compatible secondary characteristics and less empathy [9].

Seitler B.N. et al., 2009 [23] suggested that myopia is the result of protective mechanisms against stress, which leads to a violation of refraction. Stress causes a state of anxiety in people with myopia, and they feel that they are unable to cope with stress. Rodríguez Uña I. et al., 2015 [11] studying the interdependence between the sphere defect and 5 leading personality traits, showed that such features as neuroticism, extraversion, openness, kindness, and responsibility did not have statistically significant correlations. When comparing high myopic subjects to the non-high myopic ones,

there were significant differences between the 2 groups in terms of the associated pathology, received treatment, and the level of studies. There were no differences in the variables of personality: neuroticism, extroversion, openness, kindness, and responsibility [11].

Among younger adolescents (13-14 years of age) with myopia there was a significantly higher incidence of pathological intensification of anxiety as a constant trait. After taking into account the distribution of gender, there was a higher level of trait anxiety in the group of boys with myopia than in the control group aged 13-17 years and 13-14 years. There was also a higher level of trait anxiety detected in males than in females [24].

Gulyi Y. I., Nauchitely O. D., Dolgopolkova O. V., 2018 showed that the relationship between self-esteem and the behavioral component of the “I-concept” of a person with myopia has not yet been sufficiently studied [25]. A patient with myopia most often uses “denial” as a mechanism of psychological defense; when resolving conflicts, he resorts to “cooperation” [25].

Determination of emotional, intellectual, and communicative features of patients with myopia should be the basis of the study of etiopathogenetic factors of the progression of this pathology and the development of conceptual approaches to the rehabilitation of such patients, improvement of their quality of life.

Conclusions

The main characteristics of communicative features of patients with myopia are outgoing, supportive, somber, prudent, uninhibited, bold, docile, submissive, suspicious, private, shrewd, and self-sufficient. The main intellectual features of people with myopia are imaginative, close-minded, and traditional. The main emotional features of people with myopia are stable, calm, conscientious, apprehensive, organized, precise, stressed, and tough-minded. Patients with myopia and middle-level of anxiety/depression were more close-minded, traditional, and tough-minded. Persons with a high level of anxiety/depression were more reserved, detached, somber, prudent, trusting, outgoing, social, and concrete thinkers. Determination of the prevalence of anxiety and depression,

characterological features of patients with myopia if they are present, compliance features of such patients should be the basis of their individual rehabilitation programs.

Prospects for further research

Prospects for further research will be the study of the personal characteristics of patients with myopia, the pathopsychological diagnosis of their mental and behavioral disorders, the study of the etiopathogenesis of the formation of nosogenies in myopia, and the development of an algorithm for the diagnosis and combined treatment of myopia in the presence of nosogenies.

Strengths and limitations

This study provides important information on emotional-volitional, communicative and intellectual characteristics in individuals with myopia and various manifestations of anxiety/depression in one medical center. However, the study design, small sample size, screening methods for diagnosing anxiety/depression limit the representativeness of the results. Further studies with a more in-depth pathopsychological diagnosis are needed to clarify the results of the studies and the factors that influence the emotional-volitional, communicative and intellectual properties of individuals with myopia, and ultimately the possibility of effective rehabilitation after surgical interventions.

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No special funding was provided for this study. The Drozdov V. has no conflict of interest to declare.

Conflict of interest

The author declares that there are no potential or apparent conflicts of interest related to the manuscript.

Consent to publication

The author has reviewed the manuscript and has consented to its publication.

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A – Research concept and design, B – Collection and/or assembly of data, C – Data analysis and interpretation, D – Writing the article, E – Critical revision of the article, F – Final approval of article.

Compliance with ethical requirements

In this publication, Drozdov V. adhered to the Ethical Principles for Medical Research Involving Human Subjects outlined in the World Medical Association's Declaration of Helsinki and current Ukrainian regulations. The study protocol was approved by the ethics committee of the National Medical University named after O.O. Bogomolets, Ministry of Health of Ukraine. The written informed consent was obtained from all the patients.

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Анотація: міопію традиційно розглядають як наслідок взаємодії між генетичними, етнічними та екологічними факторами ризику. Це захворювання негативно впливає на психогігічний розвиток людини. Мета – оцінити особливості емоційних, інтелектуальних та комунікативних рис характеру людини з міопією при різних проявах тривоги та депресії. 200 хворих з міопією середнього ступеня та міопічним астигматизмом обох очей легкого ступеня було обстежено. Особливості характеру пацієнтів вивчались за допомогою «Тесту Кеттела», а рівні тривожності та депресії – із використанням Госпітальної шкали тривоги та депресії. Математичну обробку результатів дослідження проводили з використанням методів математичної статистики. Основними комунікативними особливостями пацієнтів з міопією є комунікабельність, підтримка, розважливість, розкутість, сміливість, служняність, покірливість, підозрілість, закритість, проникливість, самодостатність. Провідними інтелектуальними особливостями осіб з міопією є мрійливість, замкнутість і традиційність. Головними емоційними рисами людей з міопією є стабільність, спокій, свідомість, побоювання, організованість, точність, напруженість і твердість. Пацієнти з міопією та середнім рівнем тривоги/депресії були більш закритими, традиційними та жорсткими. Особи з високим рівнем тривоги/депресії були більш стриманими, відстороненими, похмурими, розважливими, довірливими, комунікабельними, соціальними та з конкретним мисленням. Визначення поширеності тривожно-депресивних станів; інтелектуальних емоційних, комунікативних особливостей хворих на міопію за наявності тривоги та депресії, особливостей комплайенсу цих осіб має бути покладено в основу їх індивідуальних програм реабілітації.

Визначення емоційних, інтелектуальних та комунікативних особливостей хворих на міопію має бути покладено в основу вивчення етіопатогенетичних факторів формування нозології за цієї патології, розробки концептуальних підходів до реабілітації, до поліпшення якості їх життя.

Ключові слова: Астигматизм; Депресія; Міопія; Психічне здоров'я; Тривога; Характер



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