The psychosocial impact of facial paralysis
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Background

- Facial paralysis (FP) can have profound psychosocial consequences. Prior studies have evaluated the effect of FP on quality of life (QOL) using generalized, non-specific QOL measures.
- The most relevant QOL measure for patients with FP is the ability to interface with other individuals and the psychosocial consequences of these interactions.
- In this study, we sought to identify the relationship between severity of FP and QOL using objective and validated measures for both variables. We hypothesized that with increasing severity of FP, patients would have worsening psychosocial function.

Methods

- 612 patients over the age of 18 with facial paralysis were evaluated by the Johns Hopkins Facial Plastic Surgery Division between July 2001 and December 2007.
- Retrospective questionnaire which consisted of multiple validated instruments:
  - Facial Clinimetric Evaluation (FaCE) *
    - Assesses degree of facial impairment
  - Social Avoidance and Distress (SAD) **
    - Assesses social avoidance & anxiety
  - Fear of Negative Evaluation (FNE) **
    - Captures degree of worry about others’ perceptions of them
- Descriptive statistics and univariate linear regression models were created using SigmaPlot 8.0.

Results

- 85 patients met inclusion criteria (13.9% questionnaire response rate), the majority were females (66%) with vestibular schwannoma (35%).
- Considering individual questions of SAD and FNE, approximately 40% of patients’ answers demonstrated increased social anxiety (Figure 1, right).
- Mean FaCE, SAD and FNE scores are summarized in Table 2.
- As severity of facial impairment increased (decreasing FaCE score), the level of social anxiety (increasing SAD scores) and evaluative fear (increasing FNE scores) also tended to rise. There was a moderate correlation between these two variables (Figure 2, r²=0.50 and 0.48, respectively).
- Gender, age and synkinesis did not significantly correlate with any scoring scale.

Conclusions

- A high level of social avoidance and fear of negative evaluation occurs among patients with worse facial paralysis.
- QOL among patients with FP should be measured in terms of their psychosocial perception of societal interactions, not their level of physical activity.
- SAD and FNE are important considerations in this patient population, and should be used in future prospective studies and as a measure of quality of life.

Selected References