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Research Article

TO DETERMINE THE LEVEL OF DRY EYE PRESENCE AND MAJOR CAUSES AMONG WORKERS WORKING IN CALL CENTERS AND TECH HOUSES IN LAHORE

¹Dr. Zahra Arshad, ²Dr. Muhammad Samaar Iqbal, ³Dr. Muhammad Jawad Anjum

¹Sir Ganga Ram Hospital Lahore, ²Services Hospital Lahore, ³Services Hospital Lahore

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Abstract:

Objective: To decide the degree of dry eye presence and significant causes among laborers working in call communities and tech houses in Lahore.

Methods: Our current research was conducted at Mayo Hospital, Lahore from October 2019 to September 2020. By helpful examining strategy, information was gathered from representatives matured 20 to 40 years of call focuses and programming houses. Segment data was recorded one-planned survey and Schemer's test strips were utilized to gauge creation of tears. De-sacred text investigation was accomplished for downright factors utilizing SPSS adaptation 20. Cross-arrangement of various factors was finished with dryness of eyes experienced. The recurrence of different eye grievances was resolved and Chi square test was utilized to notice the relationship with Schemer's test. P -value < 0.05 was considered as critical.

Results: Out of 150 workers 42 (28%) were found to have dry eyes. Mean age was 27 ± 3.5 years. Most of representatives 117 (78%) were guys and 77 (51.3%) were utilizing restorative displays for refractive mistakes. The most well-known eye grumblings among the PC clients were copying of eyes (44%), redness of eye (41.3%), dryness of nose (36%), dryness of mouth (34.7%), release from eye (10.7%) and unfamiliar body sensation (10%). Measurably critical ($p < 0.05$) relationship has been seen between presence of eye consuming and positive Schemer's test.

Conclusion: This investigation demonstrated that 28% of the people had dry eye, alongside different side effects of eyes among PC clients in call communities and programming houses.

Keywords: level of dry eye, call centers and tech houses, Lahore.

Corresponding author:**Dr. Zahra Arshad,**

Sir Ganga Ram Hospital Lahore.

QR code



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INTRODUCTION:

Dry eye syndrome (DES) or kerato conjunctivitis sicca (KCS), is a multifactorial eye disease most common in females and old patients. It is caused by either decreased tear production or increased tear film evaporation. Normally, a functioning tear film is required to maintain clarity of vision and ocular health [1]. The tear film consists of three layers from inside to outside: mucinous layer, aqueous layer, and sebaceous layer, which serves to provide the ocular surface with comfort, mechanical, environmental, and immune protection, maintain epithelial cellular health, and provide a smooth and very powerful refracting surface for clear vision. Abnormality of any one of the three layers of tears produces an unstable tear film, resulting in symptoms of KCS [2]. It has been reported in the past that older women suffer more from dry eye syndrome than males. A research conducted among men in the United States concluded that the risk of dry eye increases with age, presence of hypertension, benign prostatic hyperplasia, and use of anti-depressants [3]. Another study conducted on an elderly population in Australia reported that the incidences of symptoms of dry eyes are more common in older females [8]. Another study in a developing country revealed a prevalence of 27.5% of dry eye symptoms with pterygium; an independent risk factor. A cross-sectional hospital-based study done in India reported a prevalence of 18.4% with a relative increase in symptoms due to excessive wind, sunlight exposure, smoking, air pollution, and drug usage [10]. In this advanced era of technology, throughout the world, the use of computers has become a necessity in every working environment. This has significantly increased the impact on the health of a person [4]. This is especially likely to be greater in the underdeveloped countries where most of the computer users are not aware of the principles and practice of safe computer use [11]. Computer vision syndrome, along with dry eye syndrome, is also one of the major concerns among computer users. It is a collection of ocular, extra-ocular, and systemic symptoms related to prolonged sitting and focusing on computer screens [13]. Lahore is a megacity of Pakistan, and a large number of people are involved in call centers and software houses. These people work on computers for usually long hours and, thus, are likely to get affected from the computer screens [5]. Literature review has revealed that a few studies have looked into this important computer-related issue; therefore, the study aims to assess the frequency of presence of dry eye and its associated risk factors among employees working in call centers and software houses.

METHODOLOGY:

The data was collected from employees of two call

centers and two software houses using convenient sampling technique. Our current research was conducted at Mayo Hospital, Lahore from October 2019 to September 2020. All employees of both call center and software houses working on computers were invited to participate in the study. Using the formula for estimating population proportion with an anticipated prevalence of 67% and 95% confidence interval, the sample size was found to be 156. Six respondents were excluded due to incomplete information; hence, a total of 150 employees were included, of both sexes and more than 19 years of age. Verbal consent was taken, and anonymity of each participant was assured. A pre-designed questionnaire was given to each participant for demographic information and assessment of various eye-related problems. Schirmer's test strips were used to measure production of tears. The strip was placed inside the lower eyelid (conjunctival sac) and the subject was asked to close their eyes for 5 minutes. Both eyes were tested at the same time. The test strip has a printed ruler on one side, with a scale divided into millimeters. The strip was removed after 5 minutes, and the quantity of tears absorbed was measured and compared with the other eye. To prevent eyes from producing excess tears due to irritation from the paper strips, local anesthetic eye drops were given before the start of the test. The use of anesthesia ensures that only basal tear secretion is being measured. The results of Schirmer's test were interpreted as: (i) positive - less than 10 millimeter wetting of the paper strip after 5 minutes, (ii) negative - more than 10 millimeters wetting of the paper strip after 5 minutes. Employees between more than 19 years of age using a computer at least for 3 hours daily are included in the study. All participants with any eye morbidities (eye injury, ocular disease), history of ocular surgery, and use of ocular medication or computers less than 3 hours were excluded. The data was entered into SPSS version 20. It was cleaned for data discrepancies and checked for double entries before statistical analysis. Descriptive analysis was done for all categorical variables.

Table 1.

Cross-tabulation of demographic characteristics, measures for refractive error correction, type of computer screens used, and time spent on computers with presence of eye dryness. Variables: Eye dryness. Total p-value

Present n= 61 (%) n= 89 (%)

Absent N= 150 (%)

Sex

Male 47 (77.0) 70 (78.7) 117 (78.0)

Female 14 (23.0) 19 (21.3) 33 (22.0) 0.843

Age in years

< 25 19 (31.1) 35 (39.3) 54 (36.0)
 > 25 42 (68.9) 54 (60.7) 96 (64.0) 0.387
 Mean \pm SD (Range)
 26.9 \pm 3.58 (19 to 40)

Wearing spectacles for refractive error correction

Yes 42 (68.9) 35 (39.3) 77 (51.3)
 No 19 (31.1) 54 (60.7) 73 (48.7) <0.0001

Wearing contact lens for refractive error correction

Yes 6 (9.8) 6 (6.7) 12 (8.0)
 No 55 (90.2) 83 (93.3) 138 (92.0) 0.549

Type of computer screen

LCD 52 (85.2) 81 (91.0) 133 (88.7)
 Monitor 9 (14.8) 8 (9.0) 17 (11.3) 0.303

Time spent on computers (in hours)

< 6 26 (42.6) 37(41.6) 63 (42.0)
 > 6 35 (57.4) 52 (58.4) 87 (58.0) 0.999

Table 2.

Association of ocular and extra ocular symptoms with Schirmer's test Variable

Schirmer's test Total p-value
 Positive Negative N= 150 (%)
 n= 42 (%) n= 108 (%)

Burning of eyes

Yes
 40 (95.2) 26 (24.1) 66 (44.0)
 No
 2 (4.8) 82 (75.9) 84 (56.0) <0.0001

Redness of eyes

Yes
 22 (52.4) 40 (37.0) 62 (41.3)
 No
 20 (47.6) 68 (63.0) 88 (58.7) 0.099

Watery discharge from eyes

Yes
 4 (9.5) 12 (11.1) 16 (10.7)
 No
 38 (90.5) 96 (88.9) 134 (89.3) 0.999

Foreign body sensation in eye

Yes
 1 (2.4) 14 (13.0) 15 (10.0)
 No
 41 (97.6) 94 (87.0) 135 (90.0) 0.068

Dryness of nose

Yes
 17 (40.5) 37 (34.3) 54 (36.0)
 No
 25 (59.5) 71 (65.7) 96 (64.0) 0.570

Dryness of mouth

Yes
 16 (38.1) 36 (33.3) 52 (34.7)
 No
 26 (61.9) 72 (66.7) 98 (65.3) 0.574

Demographic variables were tabulated as frequencies and percentages. Cross-tabulation between different variables and dryness of eyes was done. The frequency

of various eye complaints was determined and Chi square test was used to observe the association with Schirmer's test. P-value<0.05 was considered significant.

RESULTS:

Out of the total subjects, the majority 117(78%) were males and 33 (22%) were female participants. The mean age was 26.90 \pm 3.58 years (range 19 to 40 years). There were 54 (36%) participants equal to or less than 25 years of age and 96 (64%) participants above 25 years of age. Slightly more than half, 77 (51.3%) of the participants were using spectacles and 12 (8.0%) wore contact lenses for correction of refractive errors. Most of the participants, 87 (58.0%), spent more than 6 hours on computers with the majority, 133(88.7%), having liquid crystal display (LCD) as their computer screens. Statistically significant (p<0.05) association was observed between participants using corrective spectacles with complaint of eye dryness (Table 1). Forty-two (28.0%) participants had positive Schirmer's test (less than 10 millimeters of moisture) while 108 (72%) participants showed normal tearing (more than 10 millimeters of moisture). Burning of eyes, 66 (44%), was the most frequently reported eye complaint among the computer users. This was followed by redness of eye 62 (41.3), watery discharge from eye 16 (10.7%) and 15 (10%) foreign body sensation in eye. Extra ocular symptoms include dryness of nose 54(36%) and dryness of mouth 52 (34.7%) and showed no association with Schirmer's test, whereas burning of eyes was strongly associated (p<0.05) (Table 2).

DISCUSSION:

The present study is probably the first study in Lahore conducted on employees of call Centre and software houses using computers in their job description exclusively. The presence of dry eyewash found to be 28% among participants. A study conducted in Pakistan among medical students reported a much higher frequency (67%) of dry eye syndrome compared to our study. Another local 1 4 study conducted on different students found a frequency of 72% [6]. However, a recent study on computer 16 users in Lahore reported 30% frequency of dry eyes. A study conducted in our neighboring 1 7 country reported frequency of 78.6% for dry eye syndrome. Higher frequency of dry eye syndrome 18 was reported from Malaysia 89.9%, and 74% in 1 9 Nigeria 2 0. The mean age of subjects in our study was 27 \pm 3.5 years. Studies from Malaysia and India reported similar mean age of 31 and 30 years respectively. However, Khalaj *et al.* conducted a study 21, 22 in which the mean age was 15.83 years [7]. The 23 presence of dry eye among participants more than 25 years of age was (68.9%) and

more among male participants (77%) in our study suggesting that this prevalence increases with computer exposure time. Study conducted in India reported that the prevalence of dry eye is (25%) among both male and female 24 the present study found 57.4% of the participants using computers for more than 6 hours a day. Akinbinu *et al.* reported that participants who spend 6 to 8 hours average daily on the computer experienced more symptoms of dry eye syndrome from those spending lesser time. Another study also reported of developing DES among those using computer for more than 5 hours per day Never 2 1 the less, Reddy *et al.* reported more than 2 hours continuous use of computer significantly associated with occurrence of DES [8]. In our study, the ocular symptoms experienced by the participants were burning sensation 44%, followed by redness of eyes 41.3%, discharge from eyes 10.7% and foreign body sensation 10%. While among extra ocular symptoms, dryness of nose 36% was the most common symptom. Burning sensation of eye was also reported among 33% and 32% in study conducted in Lahore and India 1 4 respectively Another study conducted in India 2 5 reported relatively less prevalence of burning sensation as it was experienced by 28.9% of the participants This is in contrast to a study among call center workers reporting a higher prevalence(54.6%) of burning sensation Logia *et al.* conducted a study in Chennai reported symptoms of redness, burning sensation, headache, and dry eye, and neck and shoulder pain among computer users. In another study, the most common visual 1 8 problem reported was burning sensation and dry/tired/sore eyes Maralinga *et al.* also reported 28 headache, fatigue and tiredness, burning of eyes, dry eyes, and neck and shoulder pain as the most common symptoms [9]. Prolonged time spent on 2 9 computers could probably be one of its causes. One of the limitations of this study is that detailed examination of those who had eye complaints was not done due to time restraint and unavailability of specific machines. More studies should be done among students and professionals involving logistics and experts to identify the burden of this problem that can further avoid complications and limit dis-ability [10].

CONCLUSION:

The present study showed a sizable frequency of dryness of eyes and other ocular and extra ocular symptoms among computer users of call Centre sand

software houses. There is a definite need to provide them a better understanding of sign and symptoms of dry eye syndrome. Periodic eye examination would help early recognition of computer related eye problems hence, preventing loss of work productivity and vision-related quality of life among its users.

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