

Parents' perception and satisfaction assessment: a potential extension of EAR-Q

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Dear Sir,

We are profoundly glad to be engaged in Dr. Klassen's work of "An international study to develop the EAR-Q patient-reported outcome measure for children and young adults with ear conditions [1]", our center provided over 40% data for this EAR-Q study. Dr. Klassen [1,2] has already proved the acceptability, reliability and validity of EAR-Q, it can be widespread used for varied ear conditions. The current result fully encouraged us to use EAR-Q as a benchmark in evaluating novel procedures or improvements.

As a multicenter developed PROM (patient-reported outcome measure), EAR-Q shows great advantages in clinical practice. Besides using in patients, we supposed it would also be meaningful if EAR-Q extendedly been applied in parents of children with ear conditions.

From what we have seen during outpatient consulting, parents often showed much more concern about the ears than the young patient themselves. Some parents even still suffered from the ear deformity after their adult sons or daughters getting their jobs. Parents generally considered the defective ear a big issue of the whole family, especially severe ones (such as microtia). According to our former study, parents of microtia patients, especially mothers, had more psychological problems than general population [3].

When parents endured psychological pressure, their children would be affected both emotional and behavioral. Dr. Brent [4] suggested that children's mental disturbance before 6 or 7 years old counted on parents who projected their anxiety onto the child. An USA study [5] of familial experiences with microtia, demonstrated the importance of understanding families' formative psychosocial experiences to better promote positive family adjustment.

So far in our country, patients with ear conditions, including microtia, are barely not covered by national health insurance for medical treatments. For financial issue, parents play a major role in choosing treatments for young patients. In this way, parent's perception and satisfaction becomes even more important. By using EAR-Q pre- and post-operatively, we are able to evaluate not only patient but their parent's HRQOL (health-related quality of life) changing and their general satisfaction to the operation outcome.

Still, research is needed to develop a parent version EAR-Q for widely clinical application. Firstly, the majority of parent is beyond the applicable age range of 8 to 29. Moreover, parent's concentration on ear's appearance may differs from children patients', which might lead to an item adjustment of the appearance scale. Besides, adverse effects scale and school scale is neither applicable for parents.

Disclosure

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Declaration of Competing Interest

None.

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