

Assessment of knowledge and self-care for elderly patients with cataract

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Abstract:

Background: Cataracts are the primary cause of vision loss in those over 60. Self-care for elderly patients with cataracts is crucial for improving their quality of life and reducing the impact of vision loss. **Aim of the study:** The present study aimed to assess of knowledge and self-care for elderly patients with cataract. **Design:** A descriptive research design was used in this study. **Sample :** A purposive sample of 240 elderly patients of cataract. **Setting:** The study was conducted in the Ophthalmology out-patient clinics at Sohag University Hospital. **Tools:** One tool, Structured interview questionnaire included four parts: Part I: Demographic characteristic of the elderly patients with cataract, Part II: Past and present medical history of elderly patients with cataract, Part III: The elderly patients knowledge about cataract, Part IV: Self care for elderly patients with cataract. **Result:** The study results revealed that, 51.70 % of studied sample had unsatisfactory total knowledge. While, 83.70 % of them sample had poor total self-care. **Conclusion:** there was highly significant positive correlation between total knowledge and total self care regarding cataract among the studied sample. **Recommendations:** Implementation an educational program for elderly patients to improve knowledge and self care about cataract.

Keywords: Cataract , Elderly Patients, knowledge, Self-care

Introduction:

Age-related cataract is the single most important cause of reversible visual impairment. It has been estimated that about half of all patients in their sixties will have a significant cataract and by their nineties, almost everyone will be affected. One of the consequences, therefore, of the demographic shift towards old age witnessed in the population of the world is an increase in the prevalence of cataract (Cvekl & Vijg, 2024)

According to the **World Health Organization (WHO, 2022)** age-related cataracts affected more than 67 million persons globally and it takes the upper hand for blindness, as it is responsible for 51% of world blindness, about 20 million people Globally, cataracts cause moderate to severe disability in 53.8 million of them 52.2 million of whom are in low and middle-income countries .In Egypt, 2.2 million individuals are affected with cataract, and it will lead to bilateral blindness in about two percent of the populations over age of 40 (1.9 million individuals).

A cataract is a dense, cloudy area that forms in the lens of the eye. A cataract begins when proteins in the eye form clumps that prevent the lens from sending clear images to the retina. The retina works by converting the light that comes through the lens into signals. It sends the signals to the optic nerve, which carries them to the brain (**Khamkar & Barkade**

Vol. 4, Issue 11, Month: September 2025, Available at: <https://hijnrp.journals.ekb.eg/>, 2024). In Egypt, more than 60% of blind people require surgery due to cataracts. WHO statistics indicates that there are one million blind people and three million visually impaired people living in Egypt (Taha., 2021).

Patients with cataract are experience with vision that's cloudy, blurry, foggy or filmy, Sensitivity to bright sunlight, lamps or headlights, Glare (seeing a halo around lights), especially when you drive at night with oncoming headlights, Prescription changes in glasses, including sudden nearsightedness, Double vision, Need for brighter light to read, Difficulty seeing at night (poor night vision). Changes in the way see color (Mahendra & Andari, 2022).

Cataract occur commonly with advanced age , family history, gender (female more risk), race (White people have higher prevalence) , genetic factors, low educational and socioeconomic status, lifestyle factors as (cigarette smoking , alcohol consumption, prolonged exposure to Ultraviolet-B(UVB), as well as systemic medical problems including type 2 DM, HTN, renal impairment, malnutrition (low level of antioxidant), ingesting of carbohydrates with high-glycemic index , finally ocular disorders as myopic refractive error can lead to cataract formation (Ang & Afshari, 2021).

There are different types of cataracts. They're classified based on where and how they develop in eye. Cataracts may be partial or complete, stationary or progressive, or hard or soft. The main types of age-related cataracts are nuclear sclerosis, cortical, and posterior sub capsular (Zhang et al., 2024).

Preventing cataracts involves avoiding tobacco smoke, protecting eyes from the sun, and maintaining regular eye care. Early symptoms may not require surgery, but if they interfere with daily life, surgery may be recommended. To take care of oneself with cataracts, wear polarized sunglasses, use magnifying glasses, add brighter light bulbs, avoid night driving, see eye care providers regularly, and manage underlying medical conditions. If symptoms of cataracts or vision changes occur, contact a healthcare provider for appropriate treatment (Wang et al., 2024).

Self-care routine has been shown to have a number of important health benefits. Some of these include: Reducing anxiety and depression, reducing stress and improving resilience, improving happiness Increasing energy, reducing burnout, stronger interpersonal relationships. According to WHO, self-care is important because it can help promote health, prevent disease, and help people better cope with illness. Specific forms of self-care have also been linked to different health and wellness benefits, including a longer life. Exercise, finding a sense of purpose in life, and sleep have all been connected to an increased lifespan (Qiu et al., 2023).

The role of nurse for elderly patients with cataracts involves providing support to manage symptoms, promote safety, and prepare for potential surgical interventions. Nurses should assess the patient's visual acuity and educate them on adaptive strategies to enhance daily functioning, such as using adequate lighting and avoiding clutter to prevent falls. Emotional support is crucial, as vision loss can lead to anxiety or depression. Nurses should also monitor for complications and ensure that any underlying health conditions, such as diabetes, are well-controlled to prevent further eye damage. Regular communication with the patient and family ensures that care is tailored to needs, promoting independence and improving quality of life (Abdullah et al., 2021).

Significance of the study:

A cataract is the loss of the optical consistency of a crystalline lens. It can manifest as anything from slight fluctuations in the lens's initial purity to total cloudiness. Cataracts are the primary cause of vision loss in those over 40 and the primary cause of blindness worldwide. It is estimated that 285 million individuals suffer from visual impairments

Vol. 4, Issue 11, Month: September 2025, Available at: <https://hijnrp.journals.ekb.eg/> globally, of which 39 million are blind and 246 have low vision. Moreover, about 50% blindness worldwide is caused by cataracts. Approximately 90% of visually impaired people worldwide reside in low-income nations. Cataract accounts for half of blindness in developing countries and only 5% of blindness in developed countries. In Egypt, more than 60% of blind people require surgery due to cataracts. WHO statistics indicates that there are one million blind people and three million visually impaired people living in Egypt **Desoky et al., (2024)**.

Cataract disease can lead to major negative effects on the quality of people's lives .It is called "disease of aging" and considered the leading cause of reversible visual impairment worldwide, affecting 95 million people globally. Cataract can be treated by surgical removal of the cloudy lens and replacement with an artificial intraocular lens. Patients' independence in self-care and efficiency of activities of daily living (ADL) may be harmed as a result of this condition, resulting in lower quality of life (Kang et al., 2023) .

Initially, cataract may be asymptomatic due to localized clouding, but as they progress, various symptoms such as blurred vision, altered color perception, and glare sensitivity may emerge. In older adults, Cataract has been associated with harmful impacts on health; it increases the risk of developing frailty, falls, fractures, depression, and cognitive impairment, as well as reducing the percentage of the functional reserve with time. Furthermore, low vision poses significant psychological and social stress for those patients and their families, and contributing to the healthcare burden (**Abazaga & Fechtner, 2024**).

Aim of the Study:

Aim of the study:

The aim of this study is to assess knowledge and self-care for elderly patients with cataract. Through the following objectives:-

- 1- Assessing the elderly patient's knowledge about cataract.
- 2- Assessing the elderly patient's self-care about cataract.

Research question:

- 1- What are the elderly patient's knowledge about cataract?
- 2- What are the elderly patient's self-care about cataract?
- 3- Is there relation between elderly patient's knowledge and self-care for cataract patient's and their demographic characteristic?

Subjects and Methods:

Subject and methods for this study was portrayed under the four main items as the following:-

I- Technical Item:

The technical item includes research design, setting, subjects and tools for data collection.

Research design:

A descriptive research design was used in this study.

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Setting:

This study conducted at outpatient clinics at Sohag university Hospital. The study was conducted at ophthalmology outpatient clinic in first floor at Sohag university Hospital Which included one rooms, for checkup, The working in this clinic was all the day per week from 9 am to 2 pm except Friday.

Type of Sample: A purposive sample 240 elderly patient diagnosed with cataract .

Inclusion criteria:-

- Elderly patients age from 60 years and above from both sexes.
- Diagnosed with cataract.
- The Elderly patients agree to participate in the study.

Tools for data collection:

Structured interview questionnaire format was developed by investigator after reviewing of national and international related literature. It consist of four parts:

Part I: Demographic characteristics of elderly patients include age, sex, residence, the work before transfer to pension, marital status, level of education, living condition, source of income and monthly income. It composed of 9 closed /ended question

Part II Past and present medical history of elderly patients with cataract, include history of chronic disease , When diagnosed with chronic disease, complication of chronic disease, types of surgical operation , times of previous hospitalization , family history of cataract, complaint made the patient consult a doctor, when the complaint begin, place the complaint and symptoms associated with the main complaint. It composed of 8 closed /ended question from

Part III: Elderly patients' knowledge about cataract:- Knowledge about cataract, which include meaning of cataract, types , sign & symptom , causes and risk factors , high risk group, methods of diagnosis , complications of cataract, methods of prevention , methods of treatment of and types of surgical operation for treatment of the cataract. It composed of 10 questions from

Scoring system:-

Assessment of studied elderly patient knowledge about cataract include complete correct answer was scored 2 grade, incomplete correct answer was scored 1 grade and wrong answer or don't know was scored zero. Total scores were 20 points for 10 items. The score of each item stumped up and then converted into percent score.

Satisfactory knowledge ≥ 60 (≥ 12 scores)

unsatisfactory knowledge < 60 (< 12 scores)

Part IV: Self care for elderly patients with cataract: Self-care was developed by (El Fadawy et al.,2015), which consists of five domain include physical, emotional , social , psychological and spiritual. It include 32 items. These were categorized as follows: - **physical self-care:** 10 items concerning able to accomplish daily activity, able to go out without help , able to walk for half an hour, able to wake up and down the stairs, sleep well, go to the bathroom without help, eat

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without help, toileting without help, wear clothes without assistance and eat a variety of nutritious foods (e.g., vegetables, protein, fruits, and grains). **Emotional self-care:** 7 items related to have a good appetite ,enjoying meal, able to devote self , deal with stress, concentrate on something ,worry about cataract disease and eat from a balanced diet menu **Social self-care:** 4 items concerning get any encouragement, have problems dealing with people outside family, think family was troubled by getting treatment and worry about social life in the future. **Psychological self-care:** 4 items related to vision problem, feel that a burden on others ,feel depressed , feel a loss of confidence in doing usual activities, talk to someone trust about issues. **Spiritual self-care:** 7 items related to make time for prayer, meditation, and reflection, spend time in nature, participate in a spiritual gathering, community, or group ,cherish optimism and hope, contribute to or participate in the things believe in ,read inspirational literature and Listen to inspiring music. It composed of 32 questions from

Scoring system:

Each item had 3-point Likert scale “ Always, Sometimes and Never , which Always was scored 3 grade, Sometimes scored 2 grade and Never was scored 1 grade. **Except the following items** which never was scored 3 grade, sometimes scored 2 grade and always was scored 1 grade

- **Emotional self care** (Feeling couldn't cincetrate on something and worry about cataract disease)
- **Social self care** (Having problem dealing with people outside family, think family was troubled by getting treatment and worry about social life in the future)
- **Psychological self care** (Feeling the burden on others of vision problems and feeling a loss of confidence in doing usual activities because of vision problems)

Total scores were 96 point for 32 items.

The score of each item stumped up and then converted into percent score.

Good Self-care ≥ 60 (58-96 scores)

Poor Self-care < 60 (32-< 58 scores)

Tool validity:

The developed tool was formulated and submitted to three experts in Community Health Nursing, Faculty of Nursing, Helwan University to assess the content validity, needed modification was don as paraphrasing of some items.

Reliability:

Cronbach's Alpha was used to determine the internal reliability of the tool.

Tools	Alpha cronbach
Knowledge items	0.82
Self-care items	0.84

Ethical considerations:

Ethical considerations was gained from the Scientific Research Ethics Committee of Faculty of Nursing Helwan University. Participation in the study is voluntary and subjects was be given complete full information about the study and their role before signing the informed consent. The ethical considerations was include explaining the purpose and nature of the study, stating the possibility to withdraw at any time, confidentiality of the information were be guaranteed. Ethics, values, culture and beliefs were be respected.

II- Operational Item:

The operational item includes Preparatory phase, pilot study and field work.

Preparatory phase:

It included reviewing of past, current, national and international related literature and theoretical knowledge of various aspects of the study using books, articles, internet, periodicals and magazines to develop tools for data collection.

Pilot study:

The pilot study was done on 10% of the sample (24) students of the sample to examine the clarity of questions and time needed to complete the study tools. Based on the pilot study results, no modification was done. So, subjects of the pilot study were included in the main study sample.

Field work:

- An approval to carry out this study was obtained from Dean Faculty of Nursing Helwan university to director of sohag university hospital including the aims of the study to obtain permission after establishing a trustful relationship each subject.
- The investigator introduce himself to elderly patients and briefly explain the nature and purpose of the study to each elderly patient before participation.
- The interviewing questionnaire was completed by the investigator from each elderly patient.
- Data pertinent to the study were collected through structured face to face interview, it took about 20-30 minutes to be fully filled.
- Data were collected during academic year (2023-2024) over a period of three months from beginning of November 2023 to the end January 2024
- Data were collected 2 days/ weekly (Sunday and Tuesday) from 10:00 am to 12:00 pm to interviewing elderly patients with cataract, till the needed sample will be completed.

III. Administrative design:

An official letter requesting permission to conduct the study was obtained from the Dean of Faculty of nursing, Helwan University to the director of the sohag university hospital to obtain their approval to carry out this study. This letter included a permission to collect the necessary data and explain the purpose and nature of the study.

IV. Statistical design:

The Statistical analysis of the data was done by using the computer software of Microsoft Excel Program and Statistical Package for Social Sciences (SPSS) version 29. Data were presented using descriptive statistics in the form frequencies and percentages for categorical data, the arithmetic mean (\bar{X}) and standard deviation (SD) for quantitative data. Qualitative variables were compared using chi square test (χ^2). In addition, r-test were used to identify the correlation between the study variables.

Results:

Table (1): shows that, 73.3% of studied sample were in age group between 60-<70 years with Mean \pm SD was 69.54 ± 0.5 , while 60.8% of them were male. Regarding to level of education 42.5% of them had secondary education, 74.6% of them

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were married. Also, 45.0% of them the monthly income were not enough, 50.4% of them were lived in Urban , 72.1% of them the source of income was pension and 74.6% of studied sample were lived with wife or husband .

Figure (1): Shows that, 48.3 % of studied sample had satisfactory total knowledge, 51.7 % of them had unsatisfactory total knowledge. **Table (2):** Reveals that, the total mean score of the studied sample regarding total self-care was 43.9875 ± 13.58361 , the lowest mean score psychological self-care was 5.8625 ± 2.45330 and the highest mean score physical self-care was 13.0792 ± 5.01191 .

Figure (2): Illustrate that, 83.70 % of studied sample had poor with total self-care, while 16.3 % of them had good total self-care.

Table (3): Clarifies that, there was high statistically significant positive correlation between the total studied sample knowledge and self-care regarding cataract at ($P=0.000$).

Table (1): Percentage distribution of elderly patients according to demographic characteristics (n=240)

Demographic characteristics	No.	%
Age:-		
60 - <70 years	176	73.3
70 - <80 years	35	14.6
≥ 80 years	29	12.1
Mean \pm SD 69.54 \pm 0.5		
Sex:-		
Male	146	60.8
Female	94	39.2
Educational level:-		
Don't read and write	23	9.6
Read and write	36	15.0
Basic education	38	15.8
Secondary education	102	42.5
University education and more	41	17.1
Marital status:-		
Single	0	0.0
Married	179	74.6
Divorced	23	9.6
Widow	38	15.8
Monthly income		
Save and enough	98	40.8
Not enough	108	45.0
Enough	34	14.2
Place of residence:-		
Urban	121	50.4
Rural	119	49.6

Source of income for you:-		
The Ministry of Social Solidarity	32	13.3
Pension	173	72.1
Agriculture	35	14.6
With whom you live:-		
Wife or husband	179	74.6
Your sons	17	7.1
Alone	21	8.8
Geriatric home	23	9.6

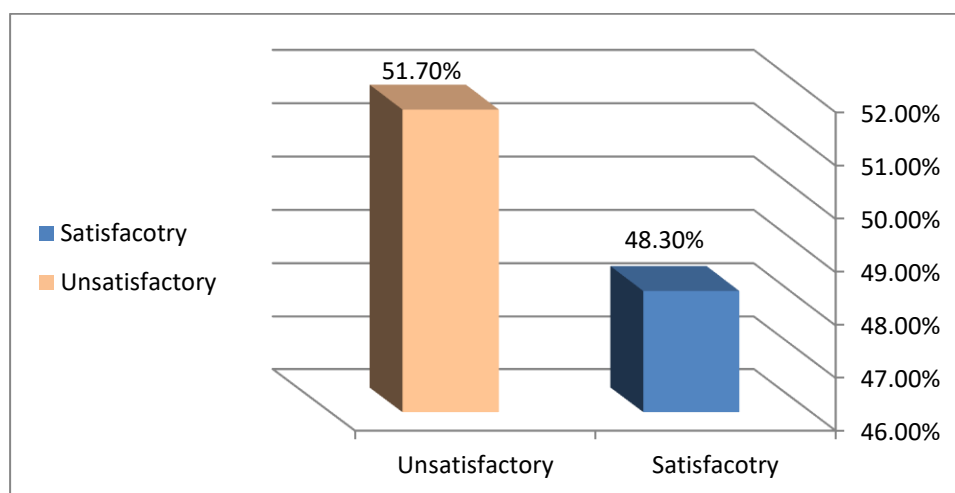


Figure (1): Frequency distribution of studied patients knowledge level regarding cataract (n=240)

Table (2): Distribution the total mean scores of the studied self-care dimensions regarding cataract (n=240)

Items	Pre Mean± SD
Physical self-care	13.0792±5.01191
Emotional self-care	9.9875±3.58108
Social self-care	5.1375±1.91062
Psychological self-care	5.8625±2.45330
Spiritual self-care	9.9208±3.47826
Total	43.9875±13.58361

**** Highly statistically significant at p<0.001**



Figure (2): Frequency distribution the studied patients' self-care level regarding cataract (n=240)

Table (3): Correlation between studied patients knowledge and self-care regarding cataract (n=240)

Study variables	Self-care	
	R	P
Knowledge	.809	.000**

Discussion:

Cataract is one of the chief causes of irreversible blindness worldwide. Importance of initial diagnosis in cataract is of a great value for a valuable management and blindness prevention. Lack of understanding may not only affect the timing of the diagnosis, but also the consumption of eye care facilities. Assessment of awareness is the first stage in the planning of disease management (Rao et al., 2021)

Self-care for elderly patients with cataracts involves a comprehensive approach addressing Physically, patients should follow prescribed treatments like eye drops and take safety precautions to prevent falls due to vision impairment. Psychologically, patients may feel anxiety, so providing education and reassurance can help alleviate fears. Socially, maintaining connections with family, friends, and community groups prevents isolation and enhances quality of life. Emotionally, creating a supportive environment where patients can express their concerns fosters a sense of comfort and well-being. Spiritually, encouraging practices like prayer, meditation, or reflection can provide inner peace and resilience, helping them cope with challenges (Kumar et al., 2023).

The present study finding showed that, less than three quarter of studied sample their age ranged between 60-<70. This result was in approved with the study performed by Desoky et al., (2024) in Egypt (n=60) entitled as “Effect of Nursing Intervention Guidelines on Knowledge and Self-care Practices among Adult Patients Undergoing Cataract Surgery” and showed that 74% of participants were age ranged between 60-<70 years. From the researcher point of view, this result might be due to this age group considered high risk for cataract disease.

Regarding elderly patients' gender, the current study showed that more than three fifths of studied patient were male. This result was supported with Kumar et al., (2023) whose conducted a published study in India (n=616) entitled as “Knowledge among patients about postoperative home self-care following cataract surgery in Northern and Western India” and found that 62% of participants were male. Conversely, this result was in disagreement with Feng, (2021) whose conducted a published study in America (n=600) entitled as “Gender differences in surgical volume among cataract

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surgeons” and found that three fifths of participants were female. From the researcher point of view, these results might be due to bad habits as smoking and alcoholism in male more than females .

Regarding elderly patients’ residence, the current study showed that more than half of them were lived in urban area. This result was in agreement with **Garg et al., (2021)** whose conducted a published study in India (n=600) entitled as “Risk factors associated with development of senile cataract.. On the other hand, this result was in disagreement with **Chen, (2021)** whose conducted a published study in America(n=100) entitled as “Cataract: advances in surgery and whether surgery remains the only treatment in future” who found that more than half of them were lived in rural area. From the researcher point of view, this result may be due to lower social economic status lead to inadequate follow up to detect cataract early in rural than urban.

Regarding marital status of elderly patient's, the current study showed that slightly less than three quarters of them were married. This result was in agreement with **Mima et al., (2020)** whose conducted a published study in China(n=122) entitled as “The impact of cataract surgery on vision-related quality of life for cataract patients” and found that 74.3% of participants were married.

Regarding to level of education, the current study showed that more than two fifths of studied patients had secondary education. This result was congruence with **Zuo et al., (2024)** whose conducted a published study in China (n=120) entitled as “Study on the impact and clinical effect of high-quality nursing intervention on the quality of life of elderly cataract patients” and found that 43.8% of participants had secondary education. In contrast, this result was in disagreement with **Reis et al., (2022)**” whose conducted a published study in Brazil (n=472) entitled as “Association between axial length and level of education in elderly patients with cataracts unexposed to electronic devices in the first two decades of life” and found that majority of participants don’t read and write. From the researcher point of view, this difference may be due to elderly patients that participated in this study live in rural area and due to decrease awareness about the importance of education.

As regards living condition, the current study revealed that slightly less than three quarter studied patients was lived with wife or husband. This result was supported with **Miura et al., (2021)** whose conducted a published study in Japan (n=54) entitled as “Effects of Cataract Surgery on Vision-Related Quality of Life in Patients with Retinitis Pigmentosa and the Predictive Factors of Quality of Life Improvement” and found that majority of participants were lived with their families. From the researcher point of view, this result may be due to elderly in this age were lived with their wives or husband and majority patients with cataract were inability to care themselves.

Concerning to source of income, the current study revealed that more than two third of them the source of income was pension. This result was congruence with **Khoza et al., (2020)** who conducted a study in South Africa(n=467) entitled as “Survey on prevalence of cataract in selected communities in Limpopo Province of South Africa” and found that 74% of participants had income from pension. In contrast, this result was in disagreement with **Pereira et al., (2021)** who conducted a study in Brazil (n=53) entitled as “Evaluation of visual function and vision-related quality of life in patients with senile cataract” and found that 20% of participants the source of income was pension. From the researcher point of view, this result may be due to elderly people were retirement period and had income from pension.

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Regarding total knowledge scores of elderly patients about cataract, the current study illustrated that more than half of studied sample had unsatisfactory knowledge about cataract while less than half of them had satisfactory knowledge about cataract. This result was accordance with **Moladoost et al., (2021)** whose conducted a published study in Iran (n=64) entitled as " The effects of an interdisciplinary supportive educational program on anxiety among patients undergoing cataract surgery "" found that 60% of elderly people had unsatisfactory knowledge about cataract disease. Conversely, this result was in disagreement with **Lee et al., (2022)** who conducted a study in South Korea(n= 240) entitled as "Relationship between Cataract Surgery and Mortality in Elderly Patients with Cataract" and found that more than half of elderly patients had satisfactory knowledge about cataract disease. From the researcher point of view, this result may be due to elderly patients needed to more information to increase their knowledge about cataract disease.

The current study assessed the self-care among elderly patients with cataract, and the findings revealed that the total mean score of self-care was 43.9875 ± 13.58361 . The highest mean score was observed in physical self-care (13.0792 ± 5.01191), while the lowest was in psychological self-care (5.8625 ± 2.45330). These findings agree with **Metwally et al., (2024)** whose conducted a published study in Egypt (n=60). entitled as " Impact of Incorporating a Self-care Management Program with Telephone Follow-up on Geriatric Patients' Self-care Compliance and Coping Post Cataract Surgery " who reported that elderly patients with visual impairment prioritize physical self-care due to their need to maintain daily functioning and independence. Similarly **Dessie et al., (2021)**. whose conducted a published study in Ethiopia (n=186).entitled as " Effectiveness of a preoperative teaching programme for cataract patients " found that physical needs are often more apparent and immediately addressed compared to psychological or emotional needs. On the other hand, the results disagree with **Pankasikorn & Kitsripisarn., (2022)**. whose conducted a published study in Thailand (n=50). entitled as " Benefits of a self-care-promoting programme for cataract surgery patients' knowledge and self-care " who found higher scores in emotional or spiritual self-care. This discrepancy could be attributed to cultural differences, the availability of psychological support services, or the awareness levels of psychological health among the elderly in different settings

Regarding total self care about cataract, the current study illustrated that, less than one fifth of studied elderly patients had good self care about cataract while more than four fifth of them had poor self care. This result was supported with This finding was consistent with by **Metwally et al., (2024)** whose found that more than four fifths participants had poor self. Conversely, this result was in disagreement with **Pankasikorn & Kitsripisarn., (2022)**. which found more than half studied sample had good self-care about cataract. From the investigator point of view, this result may be due to elderly patients needed to improve their self care with cataract disease.

Related to the correlation between studied elderly patients knowledge and total self-care about cataract among studied elderly patients, the current study showed that, there was highly significant positive correlation between total knowledge and total self care regarding cataract among the studied sample at ($P = < 0.0001$).. This result was in agreement with **Dessie et al., (2021)**. Whose found that there was a significant positive correlation between total knowledge scores and total self care scores regarding cataract. From the investigator point of view, this result may be due to that satisfactory knowledge of patient with cataract makes patients able to manage disease and improve self care.

Conclusion :

On the light of results of the current study and answers of the research questions, it concluded that , there was more than half of studied sample had unsatisfactory knowledge about cataract while more than two fifths of them had satisfactory knowledge about cataract. also, majority of the studied sample had poor self care while less than one fifth of them had good self care. There were highly statistically significant relation between total self care of studied sample and their age, place of residence, marital status, level of education and monthly income at($p = <0.001$). there is statistically significant relation between total knowledge of studied sample and their age, level of education and monthly income at($p = <0.001$). There is significant positive correlation between total knowledge and total self care scores regarding cataract among the studied sample at($p = <0.000^{**}$) & ($r = 0.809$).

Recommendation:

On the light of the current study findings, the following recommendations are suggested.

- ❖ Elderly patient need regular checkup of their visual functions for early detection and prompt management of any disorders.
- ❖ Implementation an educational program for elderly patients to improve knowledge and self care about cataract.
- ❖ Dissemination of booklets regarding cataract among elderly patients & design posters about cataract to improve knowledge and self-care for elderly patients.
- ❖ Further research on a large sample and other setting is needed.

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