

# Development and validation of a clinical severity scale in persons with watery eyes

<b>Submission date</b> 06/09/2018	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 06/11/2018	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 05/06/2023	<b>Condition category</b> Eye Diseases	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Having watery eyes is common. There are many causes but in some people it can be improved with surgery or by using eye drops. In some patients the excess watering might only be a mild nuisance, while in others it may dramatically affect their everyday life. Some patients may even get recurrent infections and need antibiotics or hospital-based treatment. With such a wide range of severity, it is useful for doctors to have a way to classify patients and prioritise them accordingly, so that the people who most need treatment receive it. A grading scale called the TEARS score has been developed for this very purpose. The TEARS score might also be used to tell whether treatment has been beneficial. It might also be able to help doctors to decide which treatments are most effective. By talking to both doctors and patients, it has been designed to address several important features of watery eyes. The scale considers not only symptoms, but also the effect of watery eyes on a person's day-to-day life and on their health. The aim of this study is to test the TEARS score and make sure that it is reliable, useful and measures what it was designed to.

### Who can participate?

Patients aged over 18 who have been referred to a specialist clinic with watery eyes

### What does the study involve?

Participants are asked a few questions at the time of their initial visit and complete some short questionnaires. The whole process is expected to take 15 minutes. This process is repeated at a second visit a few months later. If participants undergo surgery for watery eyes, this second visit takes place a few months after the procedure. If participants are discharged from the eye clinic at their initial visit, they may be contacted by telephone for the final consultation. Some patients may be started on eye drops or even undergo surgery after they meet their consultant. Any decision to undergo surgery or to be started on any treatment is made prior to the participant's involvement in this study. Their involvement in this study does not determine or influence the proposed treatment or influence any future decisions on treatment.

### What are the possible benefits and risks of participating?

There are no specific benefits of taking part, but the results of this study may help shape the treatment of future patients. The researchers recognise that the participants' time is important

to them and very much value the time they can spend as part of this important research. They also recognise the difficulty and cost involved in getting to the eye clinic, and will make every effort to make appointments as efficient as possible and at a time that is convenient. Where possible, the research data will be collected at the time of a routine eye clinic review.

Where is the study run from?  
Queen Victoria Hospital (UK)

When is the study starting and how long is it expected to run for?  
September 2018 to December 2020 (updated 10/05/2021, previously: December 2019)

Who is funding the study?  
1. Primarily investigator initiated and funded  
2. Merz Pharma UK  
3. Thea Pharmaceuticals Ltd

Who is the main contact?  
1. Mr Raman Malhotra  
2. Dr Christopher Schulz

## Contact information

**Type(s)**  
Scientific

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# Additional identifiers

## Protocol serial number

1.8

# Study information

## Scientific Title

Development and validation of the TEARS grading scale: a clinical tool for grading the severity of epiphora

## Study objectives

Epiphora (watery eye) is a common complaint of patients presenting to the oculoplastic clinic. There is a spectrum of clinical severity in patients with epiphora. While in some, the epiphora represents no more than a tolerable nuisance, in others it significantly affects their quality of life. At the more severe end of the severity spectrum, some cases require repeat medical attendances and hospital admissions for systemic infection. While various tools have been used to evaluate symptom severity, to date there is no valid grading scale that also considers the patient's functional status and quality of life as well as the clinical consequences on both patients and healthcare providers. There is a need for clinicians and healthcare commissioners to have a valid grading scale that allows the prioritisation of patients for surgical intervention based on both disease severity and the likelihood of success. The 'TEARS scale' was developed through extensive literature review, patient focus groups and consultation with an expert panel of consultant ophthalmologists. Disease severity is graded based on 4 subscales: symptom frequency, the effects on patients and healthcare providers, patients' functional status, and the compounding effect of ocular surface disease. This prospective study aims to evaluate the reliability and validity of the TEARS scale in a population of patients presenting to a specialist oculoplastic clinic with epiphora.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

North West - Greater Manchester West Research Ethics Committee, 05/11/2018, REC ref: 18/NW/0769

## Study design

Observational validation cohort study

## Primary study design

Observational

## Study type(s)

Other

## Health condition(s) or problem(s) studied

Epiphora (watery eye)

## Interventions

This is an observational study. It is expected that some participants will undergo medical or surgical intervention as part of their planned medical care (but not determined or influenced by their inclusion in the study).

After the participant has entered the study, the treating clinician will complete the TEARS scale in consultation with the participant. Data will also be collected about the diagnostic cause of epiphora, previous surgery, and whether surgery is planned. At the same visit, a second clinician or member of the study team will again complete the TEARS scale after a minimum of 15 minutes. This will allow the evaluation of inter-observer reliability of the TEARS scale. The participant will be asked to complete two self-administered questionnaires (Lac-Q and WEQOL). The participant's care pathway will continue as planned with their consultant regardless of their involvement in this observational study. Any participants undergoing surgical intervention as part of this plan will be reviewed within a period of 3-6 months following their intervention as part of their routine clinical care. Non-surgical participants who are still under routine follow-up by their clinical team will be reviewed 3-6 months after the date of their baseline visit. If participants have already been discharged from routine clinical care, a telephone-based review will be conducted by a member of the research team. At this follow-up review (either face-to-face or telephone-based), either their clinician or a member of the research team will complete the TEARS scale with the patient. The participant will complete three self-reported questionnaires (WEQOL, Lac-Q and GBI). Following completion of this review, the participant will exit the study.

### **Intervention Type**

Other

### **Primary outcome(s)**

The TEARS scale will be completed at baseline by two clinicians and at the follow-up appointment (3-6 months after any intervention). The TEARS scale has been developed and gone through multiple iterations by our group through extensive literature review, patient focus groups and consultation with an expert panel of consultant ophthalmologists. Disease severity is graded based on 4 subscales: symptom frequency, the effects on patients and healthcare providers, patients' functional status, and the compounding effect of ocular surface disease. A fifth subscale is used postoperatively to record patient-reported success as a percentage.

### **Key secondary outcome(s)**

1. The Watery Eye Quality of Life (WEQOL) score is a 10-item patient-administered questionnaire that takes most people approximately 5 minutes to complete. This is a disease-specific quality of life tool whose development is evidence-based and is undergoing further validation studies in patients with surgically-amenable epiphora.

2. The Lacrimal Symptom Questionnaire (Lac-Q) is a 9-item patient-administered questionnaire that takes approximately 5 minutes to complete. This is a validated scale of symptom severity and social impact that has to date been used in published studies involving approximately 400 patients.

Both the WEQOL and Lac-Q will be completed at baseline and again at follow-up 3-6 months after any intervention.

3. The Glasgow Benefit Inventory (GBI) is a validated 18-item questionnaire that has been used in patients with epiphora to evaluate changes in psychological, social and physical well-being. The GBI will be completed at the final study visit 3-6 months after any intervention.

### **Completion date**

01/12/2020

# Eligibility

## Key inclusion criteria

1. Aged over 18 years
2. Diagnosed by an ophthalmologist with experience in lacrimal pathology as having a cause of epiphora amenable to surgical or non-surgical intervention (including tear outflow obstruction, excess eyelid laxity, eyelid malposition, lacrimal hypersecretion or reflex epiphora secondary to evaporative dry eye)
3. Participant is willing and able to give informed consent for participation in the study
4. Participant is fluent in written and spoken English language

## Participant type(s)

Patient

## Healthy volunteers allowed

No

## Age group

Adult

## Lower age limit

18 years

## Sex

All

## Total final enrolment

136

## Key exclusion criteria

Does not meet inclusion criteria

## Date of first enrolment

07/11/2018

## Date of final enrolment

19/06/2019

# Locations

## Countries of recruitment

United Kingdom

England

## Study participating centre

Queen Victoria Hospital  
Holtye Road

RH19 3DZ  
United Kingdom  
RH19 3DZ

## Sponsor information

### Organisation

Queen Victoria Hospital

### ROR

<https://ror.org/01ywpj09>

## Funder(s)

### Funder type

Other

### Funder Name

Primarily investigator initiated and funded

### Funder Name

Merz Pharma UK

### Funder Name

Thea Pharmaceuticals Ltd

## Results and Publications

### Individual participant data (IPD) sharing plan

The data sharing plans for the current study are unknown and will be made available at a later date.

### IPD sharing plan summary

Data sharing statement to be made available at a later date

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		01/07/2022	05/06/2023	Yes	No

[HRA research summary](#)

28/06/2023

No

No