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EVOLIUCINĖ MEDICINA: ŽMOGAUS RAIDOS PERSPEKTYVOS IR SVEIKATA BESIKEIČIANČIOJE APLINKOJE

EVOLUTIONARY MEDICINE: PERSPECTIVES ON HUMAN DEVELOPMENT AND HEALTH CONSEQUENCES IN A CHANGING ENVIRONMENT

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ORAL HEALTH-RELATED QUALITY OF LIFE IN CHILDREN AND ADOLESCENTS WITH CLEFT LIP AND PALATE: A CROSS-SECTIONAL STUDY OF LITHUANIAN PATIENTS

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Background and Aim: Cleft lip, with or without palatal involvement, may adversely affect oral health-related quality of life (OHRQoL) through functional, esthetic, and psychosocial difficulties. This study aimed to evaluate OHRQoL among Lithuanian children and adolescents with cleft lip with or without palatal involvement according to cleft type and age group.
Materials and Methods: A cross-sectional study was conducted among 177 Lithuanian children and adolescents aged 7–18 years with repaired cleft lip with or without palatal involvement. Participants completed the Lithuanian version of the Child Oral Health Impact Profile–Short Form 19 (COHIP-SF 19), and parent proxy reports were obtained for 172 participants. OHRQoL was assessed across three domains: Oral Health Well-Being, Functional Well-Being, and Socio-Emotional Well-Being. Comparisons according to cleft type and age group were performed using non-parametric statistical tests. Parent–child agreement was assessed using intraclass correlation coefficients (ICC).
Results: The median total COHIP-SF 19 score was 55 (IQR 45–65). Significant differences in OHRQoL were observed according to cleft type. Children with unilateral cleft lip (UCL) reported significantly higher total COHIP-SF 19 scores than those with unilateral cleft lip and palate (UCLP) and bilateral cleft lip and palate (BCLP) ($p = 0.002$). The largest differences were observed in the Functional Well-Being domain ($p < 0.001$). Similar findings were reported by parents. No significant differences in OHRQoL were found among age groups in either child or parent assessments (all $p > 0.05$). Comparison of child and parent reports showed no significant differences in total COHIP-SF 19 scores ($p = 0.538$). Parent–child agreement was good for the total COHIP-SF 19 score (ICC = 0.81; 95% CI: 0.76–0.86).
Conclusions: OHRQoL was significantly associated with cleft type but not with age. Children and adolescents with UCL reported the highest OHRQoL scores, whereas those with BCLP reported the lowest scores, suggesting that OHRQoL decreases with increasing cleft severity. Good agreement between child and parent assessments supports the use of parent proxy reports when child self-reports are unavailable.

Keywords: adolescents, children, cleft lip and palate, COHIP-SF 19, oral health-related quality of life