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Assessment of the clinical profile and impact of epiphora on quality of life in adult patients in a tertiary hospital of Nepal

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Abstract

Introduction: Epiphora or excessive tearing is a common ophthalmologic complaint affecting both ocular function and psychosocial well-being. This study aimed to assess the vision-related quality of life using the Watery Eye Quality of Life questionnaire in patients with epiphora visiting a tertiary care hospital.

Method: A cross-sectional study was conducted among adult patients with symptomatic epiphora at the Department of Ophthalmology, Dhulikhel Hospital, Kathmandu University, Nepal. Patients were recruited through consecutive sampling during routine outpatient visits from 04 Apr to 30 Sep 2024. Data were collected through structured interviews, ophthalmic examinations and Watery Eye Quality of Life (WEQOL) questionnaire. Ethical approval was obtained. Statistical analyses were performed using Stata version 17. Descriptive statistics were used to summarise baseline characteristics. Multivariate models were adjusted for age, sex and ethnicity to account for potential confounding factors. A $p \leq 0.05$ was considered significant.

Result: Out of 103 patients, females were 60(58.3%). Mean age was 39.7±17.9 years. Dry eye syndrome with reflex tearing was found in 53(51.5%), functional epiphora 25(24.3%) and lacrimal obstruction 13(12.6%). Mean WEQOL score was 46.3±11.7, indicating moderate-to-severe impairment. Older age ($\beta=0.1738$; $p=0.006$) and female gender ($\beta=5.212$; $p=0.02$) were independently associated with worse QoL. Eyelid malposition ($\beta=9.28$; $p=0.048$) and lacrimal obstruction ($\beta=7.77$; $p=0.019$) were predictors of poor QoL.

Conclusion: Epiphora significantly impairs quality of life, particularly among older adults, females and patients with structural lacrimal or eyelid disorders. Routine QoL assessment using tools like WEQOL may help guide targeted and patient-centred care for epiphora.

How to cite

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Introduction

Epiphora, or excessive tearing, is a condition that occurs when the balance between tear production and drainage is disrupted.[1] The causes can range from anatomical blockages in the tear drainage system to functional issues and ocular surface irritation that lead to reflex tearing.[2] This causes irregular tear film, blurred or glary vision, which significantly impacts daily activities like reading, driving, working on computers or using digital screens.[2,3] It also affects emotional well-being and quality of life (QoL), causing discomfort and social embarrassment.[3] Patient-reported outcomes are increasingly recognised as essential in epiphora evaluation.

Despite its clinical relevance, epiphora is often under-recognized, especially in low- and middle-income countries (LMICs) like Nepal, where environmental and healthcare system-related factors may uniquely shape the disease experience. For example, pollution, dust, and limited access to speciality care may worsen symptoms or delay diagnosis.[4-6]

Although patient-reported outcomes are now recognised as essential in the evaluation of epiphora, there is a lack of research that systematically evaluates the subjective impact of this condition on quality of life in Nepal or similar settings. Most existing studies are from high-income countries and may not account for the environmental and cultural context of LMICs.

This study aimed to assess the clinical profile and vision-related quality of life in patients with symptomatic epiphora in a tertiary care centre in Nepal. A disease-specific validated tool, the Watery Eye Quality of Life (WEQOL) score was used (https://weqol.shinyapps.io/individual/).[7] The assessment of epiphora in this context can guide targeted and patient-centred interventions.

Method

This was a cross-sectional, hospital-based observational study conducted to assess the clinical characteristics and the impact on quality of life of epiphora.

The study was carried out in the Department of Ophthalmology at the Department of Ophthalmology, Dhulikhel Hospital, Kathmandu University, Nepal. Data were collected over six months from 04 April 2024 to 30 September 2024, during regular outpatient consultations.

Demographic and clinical data were collected through structured interviews and eye examinations. Patients presenting with symptoms of epiphora were approached consecutively by trained research staff at the outpatient department. After obtaining informed consent, demographic and clinical data were collected through structured face-to-face interviews and detailed ophthalmologic examinations on the same day.

The WEQOL questionnaire, adapted from the Ocular Surface Disease Index (OSDI) and validated for epiphora, was self-administered to participants under supervision. Standardised guidance was provided by staff to ensure clarity and accuracy. Symptoms were coded as binary variables (presence/absence). Tear meniscus height and lacrimal irrigation tests were conducted for objective diagnosis. All assessments were conducted by trained ophthalmology staff to ensure consistency.

Ethical approval was granted by the Institutional Review Committee of Kathmandu University School of Medical Sciences, approval number 119/4. All participants provided written informed consent before study participation.

A total of 103 adult patients aged 18 years or older with symptomatic epiphora were consecutively enrolled. Inclusion criteria included any identifiable cause of epiphora. Patients with severe coexisting ocular pathologies (e.g., advanced cataract, optic nerve disease) or those with prior lacrimal surgery were excluded. Participants were selected through consecutive sampling from outpatient department visits.

The primary outcome variable was the WEQOL score. The online WEQOL 'Input form' (https://weqol.shinyapps.io/individual/) was used to calculate the individual WEQOL score.[7]

Variables included age, gender, ethnicity, laterality, and clinical aetiology of epiphora. Symptom-level variables included photophobia, irritation, redness, foreign body sensation, and blurring of vision. All potential confounders (age, sex, ethnicity) and effect modifiers were accounted for in multivariate regression models.

The sample size was determined using the formula for a single population proportion based on an estimated prevalence of epiphora (p=0.072)[8] with a 5% margin of error (e=0.05), and 95% confidence level (Z=1.96); $n=Z^2xpxq/e^2=(1.96)^2x(0.072)x(1-0.072)/(0.05)^2=$ 102.6. Therefore, we included 103 participants in the study.

Statistical analyses were performed using Stata version 17. Descriptive statistics were used to summarise baseline characteristics. Association of clinic-demographic characteristics of the patients with symptomatic epiphora and with WEQOL was analysed. Multivariate models were adjusted for age, sex, and ethnicity to account for potential confounding factors. A p≤0.05 was considered statistically significant.

Result

A total of 103 patients with symptomatic epiphora were included in the study. The mean age was 39.67±17.89 years and the majority were female 60(58.25%). The most represented ethnic group was Newar 28(27.2%), followed by Mongolian and Brahmin each 24(23.3%), Chhetri 19(18.5%) and Others 8(7.8%), Table 1.

Most patients presented with bilateral epiphora 68(66.02%). The most commonly reported symptom was ocular irritation, experienced by nearly two-thirds of participants 64(62.1%), followed by photophobia 47(45.6%) and blurring of vision 35(34%). Redness and ocular discharge were relatively uncommon, each reported by fewer than 4(4%) of participants, Table 1.

The leading underlying cause of epiphora was dry eye syndrome with reflex tearing, accounting for just over half of the cases 53(51.5%). This was followed by functional epiphora 25(24.3%), lacrimal passage obstruction 13(12.6%), eyelid malposition 8(7.7%) and anterior segment diseases 4(3.9%), Table 1.

The impact of epiphora on daily functioning and emotional well-being was assessed using the WEQOL questionnaire. The mean Watery Eye Quality of Life (WEQOL) score was 46.3±11.7 (range 16–85).

Most participants reported frequent eye dabbing, with 74(71.8%) dabbing their eyes 1–4 times per day, followed by 13(12.6%) who dabbed 11–20 times daily. A smaller proportion dabbed 5–10 times 7(6.8%) or less than once daily 9(8.7%). About half of the participants 52(50.5%) did not experience skin soreness around the eyes, while the other half reported some degree of soreness, with 46(44.7%) indicating “quite a bit” and 5(4.9%) “a little.”

Nearly half 46(44.7%) reported feeling embarrassed, “quite a bit” by their symptoms, while one-third 35(34.0%) did not feel embarrassed at all. A smaller proportion reported “a little” 15(14.6%) and “very much” 7(6.8%) embarrassment. Feeling of frustration were expressed by the vast majority of participants, with 43(41.8%) stating “quite a bit” 32(31.1%) “very much” and 28(27.2%) “a little.” Similarly, mood disturbance was also notable, with 64(62.1%) reporting that epiphora impacted their mood “a little,” 36(34.9%) reporting no mood change and 3(2.9%) indicating significant impact. When asked whether they felt that their excessive tearing was a problem that others did not understand, the vast majority of participants 89(86.4%) responded “quite a bit,” indicating a strong perception of being misunderstood. An additional 13 participants (12.6%) felt this way “a little,” while only 1 participant (0.97%) reported not feeling this way at all.

Regarding functional limitations, the reading difficulty was reported by 87(84.5%), while 94(91.3%) had “some difficulty” using a TV or computer and 86(83.5%) reported difficulty with driving-related activities, including 52(50.5%) who experienced “much difficulty.” Regarding daily activities, 83(80.6%) reported “much difficulty,” and 19(18.5%) were not

engaging in these tasks for other reasons. Walking difficulty was also common, with 89(86.4%) reporting some limitation.

On a self-reported scale from 0 to 10, where 0 indicated no effect on quality of life and 10 indicated a severe impact. The participants rated the overall effect of epiphora on their daily functioning. The majority of respondents reported moderate impairment, with 40(38.8%) selecting level 5 and 35(34.0%) selecting level 6. Additional ratings included 14(13.6%) at level 4,9(8.7%) at level 7, 3(2.9%) at level 3 and2(1.9%) at level 8.

Crude linear regression analysis demonstrated that older age was significantly associated with worse vision-related quality of life (β=0.186; p=0.004), indicating that each additional year of age was linked to a higher (worse) WEQOL score. Among caste groups, Chhetri individuals had significantly worse QoL compared to Brahmins (β=–7.12; p=0.048). Regarding symptoms, photophobia, irritation, blurring and foreign body sensation were not significant (p>0.05). Among aetiologies, eyelid malposition (β=5.39; p=0.002) and lacrimal obstruction (β=7.52; p=0.032) were significantly associated with poorer QoL scores, Table 3.

After adjusting for age, gender and caste, several associations with quality of life (WEQOL scores) remained significant. Each additional year of age remained significantly associated with a 0.174 unit increase in WEQOL score (β=0.174, p=0.006), confirming that QoL declines with advancing age. Similarly, female gender remained significantly associated with a 5.212 unit increase in WEQOL score (ref male, β=-5.212, p=0.02), indicating worse QoL in females compared to males. The presence of eyelid malposition was significantly associated with a 9.275 unit increase in WEQOL score (β=9.275, p=0.048), indicating worse QoL. The presence of lacrimal obstruction was significantly associated with a 7.77 unit increase in WEQOL score (β=7.77, p=0.019), indicating worse QoL. Functional epiphora and anterior segment disease didn't demonstrate significant associations after adjustment, Table 3.

Although the Chhetri caste showed a statistically significant association with poorer quality of life in the crude analysis (p=0.048), this association did not remain significant after adjusting for age, gender and caste (p=0.077). Other ethnic groups, including Mongolian, Newar and Others, remained non-significant in both models, Table 3.

Table 1. The sociodemographic and clinical profile of the patients with symptomatic epiphora, n=103

Variables			n(%)
Age (mean±sd)	39.67±17.89		
Gender			
Male			43(41.75)
Female			60(58.25)
Ethnicity			
Newar			28(27.18)
Brahmin			24(23.30)
Mongolian			24(23.30)
Chhetri			19(18.45)
Others			8(7.77)
Madhesi		3(2.91)	
Dalit		3(2.91)	
Tharu		2(1.94)	
Eye Involvement, Bilateral			68(66.02)
Symptoms			
Photophobia, yes			47(45.63)
Redness, yes			4(3.88)
Irritation, yes			64(62.14)

Table 2. Quality of life impacts of patients with epiphora based on Watery Eye Quality of Life (WEQOL) questionnaire, n=103

Variables		n(%)
WEQOL score (mean±sd)	46.33 ± 11.66	
Dabbing frequency		
1-4 times a day		74(71.84)
11-20 times a day		13(12.62)
Never or less than once a day		9(8.74)
5-10 times a day		7(6.80)
Skin soreness		
Not at all		52(50.49)
A little		5(4.85)
Quite a bit		46(44.66)
Embarrassment		
Not at all		35(33.98)
A little		15(14.56)
Quite a bit		46 (44.66)
Very much		7(6.80)
Frustration		
A little		28(27.18)
Quite a bit		43(41.75)
Very much		32(31.07)
Mood impact		
Not at all		36(34.95)
A little		64(62.14)
Very much		3(2.91)
People dont understand watering as a problem		
Not at all		1(0.97)
A little		13(12.62)
Quite a bit		89(86.41)
Reading difficulty		
No difficulty		16(15.53)
Some difficulty		87(84.47)
TV/computer difficulty		
No difficulty		8(7.77)
Some difficulty		94(91.26)
Much difficulty		1(0.97)
Driving activities difficulty		
No difficulty		17(16.50)
Some difficulty		34(33.01)
Much difficulty		52(50.49)
Daily activities difficulty		
Some difficulty		1(0.97)
Much difficulty		83(80.58)
I do not do this for other reasons		19(18.45)
Walking difficulty		
No difficulty		14(13.59)
Some difficulty		89(86.41)
Overall quality of life impact		
3		3(2.91)
4		14(13.59)
5		40(38.83)
6		35(33.98)
7		9(8.74)
8		2(1.94)

Table 3. The sociodemographic factors and clinical characteristics of the patients with symptomatic epiphora associated with WEQOL, n=103

Characteristics	Crude	Multivariate*

	β coef	95% CI		p-value	β coef	95% CI		p-value
Age	0.186	0.428	0.625	0.004	0.1738	0.049	0.297	0.006
Gender								
Female	Ref							
Male	-5.876	-10.374	-1.377	0.011	-5.212	-9.569	-0.855	0.02
Ethnicity								
Brahmin	Ref							
Chhetri	-7.116	-14.171	-0.06	0.048	-6.011	-12.696	0.672	0.077
Mongolian	-2.375	-9.007	4.257	0.479	-0.151	-6.549	6.246	0.96
Newar	-5.851	-12.24	- 0.539	0.072	-4.821	-10.855	1.211	0.116
Others	4.726	-11.587	7.171	0.641	-1.064	-9.906	7.77	0.812
Symptoms bilateral								
No	Ref							
Yes	1.105	-3.694	5.905	0.649	0.759	-3.847	5.398	0.746
Photophobia								
No	Ref							
Yes	4.12	-0.398	8.65	0.073	1.97	-2.3	6.23	0.363
Redness								
No	Ref							
Yes	1.47	–10.377	13.33	0.8	-1.88	-12.85	9.09	1.734
Irritation								
No	Ref							
Yes	-.095	-5.67	-3.76	0.67	-0.12	-4.49	4.24	0.955
Foreign body sensation								
No	Ref							
Yes	0.27	-4.99	5.5	0.9	3.08	-2.03	8.2	0.235
Blurring								
No	Ref							
Yes	1.40	-3.4	6.23	0.5	0.29	-4.23	4.82	0.897
Aetiology								
Dry eye syndrome with reflex tearing	Ref							
Functional epiphora	-4.585	-9.95	0.779	0.093	-4.67	-9.89	0.61	0.08
Anterior segment disease	6.054	-5.46	17.572		8.78	-1.89	19.67	0.10
Eyelid malposition	5.387	-4.17	17.57	0.002	9.28	0.99	18.42	0.048
Lacrimal passage abnormality	7.516	-0.65	14.374	0.032	7.77	1.32	14.31	0.019

*Adjusted socio-demographic variables

Discussion

This study identified that dry eye syndrome with reflex tearing was the most common cause of symptomatic epiphora 53(51.5%), followed by functional epiphora and lacrimal obstruction. This contrasts with reports from Western cohorts, where nasolacrimal duct obstruction is typically the leading cause. For instance, a study in the UK reported nasolacrimal duct obstruction in 31.8% of patients.[9,10] The high rate of dry eye in our setting aligns with data from Nepalese tertiary care centres, where dry eye prevalence among individuals over 40 years exceeds 25%.[11] Their observation of abnormal tear break-up times in 85.7% of cases supports our finding of evaporative stress as a primary contributor to reflex tearing.[11]

Environmental factors, particularly dust, smoke, and sunlight exposure, as well as delayed presentation and lack of protective measures, may contribute to the pathophysiology.[6,12]

In our cohort, the most frequently reported symptoms were ocular irritation 64(62.1%) and photophobia 47(45.6%), while blurring of vision

35(34.0%) was less common. Signs of inflammation, like redness and discharge, were very low 4(3.9%), suggesting that most cases were non-inflammatory. This is consistent with a non-inflammatory, evaporative dry eye mechanism rather than infectious or inflammatory obstruction, contrasting with a study that reported much higher rates of mucopurulent discharge in their obstruction-predominant sample.[3]

The quality-of-life burden of epiphora was considerable, with a mean WEQOL score of 46.33±11.66, indicating moderate-to-severe impairment. Patients reported substantial disruption in daily functioning, particularly with walking 89(86.4%), reading 87(84.5%), computer/TV use 94(91.3%), and driving 86(83.5%). Emotional effects were also prominent, with 43(41.8%) reporting “quite a bit” of frustration and 46(44.7%) feeling “quite a bit” embarrassment, indicating a substantial psychosocial burden. These figures are consistent with findings by a similar study, which validated the WEQOL against the SF-36 and Lac-Q scales and demonstrated its sensitivity to emotional and social impact.[7]

Crude linear regression revealed that older age was significantly associated with worse WEQOL scores (β=0.186; p=0.004), indicating that QoL declines with age. After adjusting for confounders, age remained a significant predictor (β=0.174; p=0.006), possibly due to the chronicity of symptoms or cumulative exposure to environmental irritants.[13]

In the present study, gender differences were also significant, where female patients reported worse QoL than males (crude β=-5.876; p=0.011), and this persisted (β=-5.212; p=0.02) in the adjusted model for age and caste. This aligns with findings from a similar study, which also observed greater difficulty in household and interpersonal activities among women.[3] Hormonal influences on tear film dynamics, social expectations and higher visual demands may explain this gender disparity.[14] In a study to develop predictive models in patients with epiphora using lacrimal scintigraphy and machine learning, female sex was identified as a key variable in epiphora severity prediction (accuracy 80.6%), which further supports our findings.

Among ethnic groups, Chhetri participants showed significantly poorer QoL than Brahmins in crude analysis (β=-7.116; p=0.048), but this association lost significance in the adjusted model (p=0.077). No significant differences were observed for Mongolian, Newar, or other groups, Table 3.

Among the various aetiologies, eyelid malposition (crude β=5.387; p=0.002; adjusted β=9.275; p=0.048) and lacrimal obstruction (crude β=7.516; p=0.032; adjusted β=7.77; p=0.019) were both significantly associated with worse WEQOL scores. Functional epiphora and anterior segment disease showed poorer scores but did not reach statistical significance in adjusted analyses, suggesting variability in patient-perceived burden, Table 3.

Our findings emphasise the need for context-specific management of epiphora in LMICs like Nepal, where evaporative dry eye is likely the dominant mechanism. Clinical evaluation must go beyond anatomical causes and incorporate validated patient-reported tools like WEQOL to identify high-burden individuals. Targeted interventions, such as public education on eye protection, increased screening for dry eye, and addressing modifiable psychosocial factors, can help alleviate the broader burden.

Limitations of our study include its cross-sectional nature, absence of post-treatment QoL assessments, and lack of comparison with objective tear dynamics. Studies with correlations with tear film biomarkers and lacrimal imaging may add value. Qualitative studies with in-depth interviews of patients lived experience of epiphora may help physicians better understand patients' expectations.

Conclusion

Epiphora imposes substantial vision-related quality of life impairment, more in women and patients with anatomical abnormalities. Integrating WEQOL assessments into routine ophthalmic practice may optimise patient-centred management.

Author contribution

Conception, design: TS, AT; Data acquisition: TS, AT, TR, MG, KS; Data analysis, interpretation: AT, NB; Drafting: TS, AT, NB, TR, MG, KS; Revision: TS, AT, NB; Final approval of the version to be published: TS, AT, NB, TR, MG, KS; Agreement to be accountable for all aspects of the work: All

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Conflict of interest

None

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Supplementary material

Data and supplementary material that support the findings of this study are available from the corresponding author upon reasonable request.

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Pro-forma
Clinical profile and impact of epiphora on quality of life
Hospital registration no. :……..

Section 1: Demographic information
1. Gender: [ ] male [ ] female
2. Age : ……..
3. Caste:
[ ] newar
[ ] bhramins:
[ ] chhetri
[ ] mongolians
[ ] others

Section 2: Symptoms
Do you experience any of the following symptoms? (check all that apply)
[ ] unilateral [ ] bilateral
[ ] photophobia
[ ] redness
[ ] irritation
[ ] foreign body sensation
[ ] discharge
[ ] blurring of vision

Section 3: Aetiology of epiphora
Have you been diagnosed with any of the following? (check all that apply)
[ ] dry eye syndrome with reflex tearing
[ ] lacrimal passage abnormality
[ ] multifunctional epiphora
[ ] functional epiphora
[ ] anterior segment disease
[ ] eyelid malposition

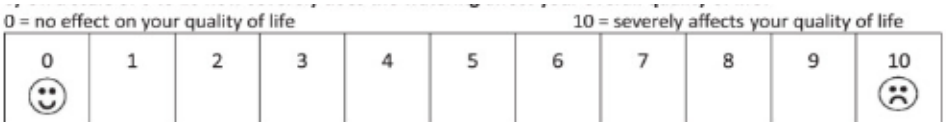
Section 4: Epiphora due to lacrimal passage abnormality
Have you been diagnosed with any of the following? (check all that apply)
[ ] nasolacrimal duct obstruction
[ ] nasolacrimal duct stenosis
[ ] common canaliculi obstruction
[ ] punctal obstruction

Section 5: Impact on quality of life
Please circle one answer to each question below:
1) **On days when your eye(s) waters, on average how many times a day do you have to dab your eye(s) with a tissue / handkerchief?** *Refer to the more watery eye if one is worse than the other*
Never or less than once a day1–4 times a day
5–10 times a day
11–20 times a day
more than 20 times a day
2) Does the watering make the skin around your eye(s) sore?
Not at all
a little

quite a bit
very much
3) Does the watering make you embarrassed when with other people?
Not at all
a little
quite a bit
very much
4) Do you feel frustrated or fed up because of the watering?
Not at all
a little
quite a bit
very much
5) Does the watering negatively affect your mood?
Not at all
a little
quite a bit
very much
6) Do you feel that the watering is a problem that other people do not understand?
Not at all
a little
quite a bit
very much
7) Due to the watering, how much difficulty do you have with the following?
a) Reading
No difficulty
some difficulty
much difficulty
i do not do this due to my watery eye(s)
i do not do this for other reasons
b) watching television or using a computer
No difficulty
some difficulty
much difficulty
I do not do this due to my watery eye(s)
I do not do this for other reasons
c) Driving
No difficulty
some difficulty
much difficulty
I do not do this due to my watery eye(s)
I do not do this for other reasons
d) Daily activities at work or at home
No difficulty
some difficulty
much difficulty
i do not do this due to my watery eye(s)
i do not do this for other reasons
e) Walking (including steps and kerbs)
No difficulty
some difficulty
much difficulty

I do not do this due to my watery eye(s)
I do not do this for other reasons

8) On a scale of 0 to 10, how severely does the watering affect your overall quality of life?
0 = no effect on your quality of life 10 = severely affects your quality of life
[scale from 0 to 10]



WEQOL score: