Objective: To examine the profile of obesity, risk factors, and health-related quality of life (HRQOL) in idiopathic intracranial hypertension (IIH).

Background: Obesity and weight-gain are known risk factors for IIH. However, the profiles of body mass index (BMI) and weight change most associated with IIH have not been defined. Associations for tetracycline use and other purported risk factors have not been confirmed by case-control studies. The combination of obesity and disease-related symptoms in IIH is likely to affect both vision-specific and overall HRQOL.

Methods: Patients with newly-diagnosed IIH (n=34) and other neuro-ophthalmologic disorders (neuro-ophthalmic controls, n=41) were assessed in a pilot case-control study. Standardized questionnaires were used to assess weight-gain and medication use prior to symptom onset (reference date used for controls). HRQOL was examined using the 25-Item National Eye Institute Visual Function Questionnaire (VFQ-25) and SF-36 Health Survey.

Results: Higher levels of BMI were associated with progressively greater risk of IIH (BMI 25-30: OR [odds ratio in favor of IIH]=6.5; BMI 30-35; OR=19.5; BMI>35; OR 26.0; \(p<0.01\), chi-square test for trend), as were higher percentages of weight-gain during the year prior to symptom onset (5-10%: OR=3.5; 10-15%: OR=10.2; >15%: OR=15.2; \(p<0.01\)). Among medications, tetracycline use within 6 months prior to symptom onset was more frequent among IIH patients (OR=8.6; \(p=0.02\)). VFQ-25 composite scores were lower in IIH (73±26) compared with neuro-ophthalmic (82±20) and disease-free controls (95±4, \(p<0.0001\)). SF-36 scores were likewise lower in IIH.

Conclusions: The risk of IIH increases with progressively higher BMI and percent weight-gain. Tetracycline use appears to be a risk factor for IIH. Vision-specific and overall HRQOL are affected to a greater extent in IIH than in other neuro-ophthalmologic disorders. Treatment trials for IIH should include strategies to minimize potential risk factors, particularly weight gain, and to optimize therapies for visual loss and disease symptoms.

References:

Keywords: idiopathic intracranial hypertension, risk factors, quality of life

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