



## **Coping Strategies and Quality of Life in Children and Adolescents with Cleft Lip and Palate**

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### **Abstract**

Cleft lip and palate (CLP) are a craniofacial anomaly with high prevalence, constituting a chronic condition that requires continuous follow-up. Its functional repercussions primarily affect speech, compromising social interaction and psychosocial adjustment. In this context, multidisciplinary care is essential to manage associated stressors. This study investigated coping strategies and health-related quality of life associations in children and adolescents with CLP, considering clinical and psychosocial variables. This quantitative, cross-sectional study included 10 participants aged 9 to 14 years treated at a public pediatric referral hospital linked to Brazilian Unified Health System in Espírito Santo. Post-hoc sensitivity analysis validated the sample size for large effect sizes. Data collection involved sociodemographic and clinical questionnaires and three validated instruments: the Orofacial Myofunctional Assessment Protocol for Individuals with Cleft Lip and Palate (PROTIFI), the Response to Stress Questionnaire – Cleft Lip and Palate (RSQ-CLP), and the Pediatric Quality of Life Inventory (PedsQL). Data were analyzed via descriptive statistics and simple linear regression ( $p \leq 0.05$ ). Results showed significant associations between quality of life and school grade, timing of corrective surgery, speech therapy participation, and perceived stress. Fifth-grade students presented higher impairment scores than fourth-graders. Specific surgical timing was associated with lower difficulty scores, while speech therapy participation and higher perceived stress were linked to poorer quality of life. These findings indicate that school-related, treatment-history, and psychological factors significantly influence quality of life in children and adolescents with CLP. This reinforces the necessity of multidisciplinary approaches in clinical management to improve speech, social interaction, and psychosocial adjustment.

**Keywords:** Clinical variables; Craniofacial anomalies; Psychosocial adjustment; Public health; Stress Response