Available online at www.sciencedirect.com**ScienceDirect**journal homepage: www.elsevier.com/locate/jobcr **Editorial****Mobilizing action and inspiring change in quality of life of our patients**

Craniofacial deformities and oral maxillofacial defects are considered to be associated with huge physical, emotional and psychosocial break down. The huge psychological burden due to the disease or deformity in this region may present itself in terms of depression, anxiety and stress. The “quality of life” of these patients and also of the caregivers is hampered and this is rarely assessed. Not only this, its implication in the society is rarely examined.

Quality of life, as defined by WHO, is 'Individuals perceptions of their position in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns'. Quality of life also broadly includes individual's well-being, spiritual beliefs and satisfaction. Several aspects of an individual's life give rise to a broad multi-dimensional concept of quality of life.

Some have suggested that quality of life is a “dynamic construct”, and hence has the likelihood to get transformed in a period of time. Also, attitudes of individuals are not constant, as may vary with time and experience, and certain phenomena such as coping, expectancy and adaptation easily modify

the attitude. Individuals also differ in level of expectations and when the results do not match expectations, may give rise to frustrations.

QOL is not an easily measured quantity because of definition's complexity and lack of specificity. Assessment of QOL usually is performed through questionnaires. Health-related quality of life (HRQOL) is considered as subcategory of quality of life, which includes four core domains: physical functioning, psychological functioning, social interaction and disease as well as treatment-related symptoms.

Clinicians and researchers use “health-related quality of life” to focus on the assessment of health and quality of life issues. This is the time we should also focus on quality of life of our patients and improve the treatment outcomes for a better life quality.

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