

ORIGINAL ARTICLE

Medicine Science 2022;11(4):1613-8

Assessment of reliability and quality of YouTube videos as an information source in Retinopathy of Prematurity treatment

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Received 19 August 2022; Accepted 23 November 2022
Available online 27.11.2022 with doi: 10.5455/medscience.2022.08.195

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Abstract

To assess the reliability and quality of YouTube videos as an information source in Retinopathy of Prematurity (ROP) treatment. A YouTube search with the keyword “ROP treatment” was conducted. First 200 videos listed in the first 10 pages were evaluated. The upload sources, video length, days on YouTube, number of total views, likes, dislikes and comments were recorded. View ratio (VR), like ratio (LR) and video power index (VPI) were analyzed. Two ophthalmologists scored all videos using the DISCERN scoring system, Journal of the American Medical Association (JAMA) criteria, and Global Quality Score (GQS). Seventy-three videos were included in the study. The mean VR, LR, and VPI were 4.92 ± 10.11 , 83.88 ± 33.98 , and 4.55 ± 9.25 , respectively. The main upload sources were universities/non-profit professional organizations (36.99%) and physicians (31.51%). The 18 of the 55 videos on treatment procedures contained information on all treatment procedures, 37 videos contained information about at least one of treatment options. The mean DISCERN score, JAMA score and GQS were 42.32 ± 17.51 , 2.81 ± 1.03 , and 3.12 ± 1.48 , respectively. The category of all videos according to the mean DISCERN score was “fair”. The overall quality of YouTube videos on ROP treatment was intermediate. Although one third of videos were classified as good quality, most YouTube videos provided poor quality information. Competent authorities and experts should upload carefully recorded videos with reliable and quality content on YouTube to educate and increase the awareness of parents, especially in ROP requiring treatment.

Keywords: DISCERN, JAMA, retinopathy of prematurity, ROP, YouTube

Introduction

Retinopathy of prematurity (ROP) is a proliferative retinal vascular disorder of preterm babies with low birth weight and small gestational age. Despite developments in neonatal intensive care units, technological improvements and advanced treatment options, ROP continues to be one of the leading causes of childhood blindness worldwide [1]. A strictly managed screening program at regular intervals and early treatment in case of severe ROP is a team responsibility [2,3]. Parents are indispensable members of that team as well as ophthalmologists, neonatologists, pediatricians, nurses and other health professionals [2]. Despite the important role of parents in the management of ROP, it is easy to forget them, especially in busy clinics, and sometimes

it is difficult to see the situation from their perspective [2]. The parents of preterm babies with severe ROP can be very anxious and need all the information to get their questions answered and to overcome their concerns. Educating parents and increasing their awareness, giving them time to absorb the diagnosis or search the disease and treatment procedures before taking informed consent are important, especially in ROP requiring treatment [2].

The easiest way to get quick and broad information, the Internet, was reported as the most widely used health information resource, and the frequency of its use in everyday life grows rapidly [4-7]. In a previous survey conducted by the Pew Research Center, 74% of Internet health seekers indicated that they made health decisions based on what they found online [8]. Nicholl et al evaluated the use of the Internet by parents of children with rare conditions and found that Internet-sourced information improved the understanding of their children's condition in 72% and their ability to manage and care for the situation in 57% [9]. Visual informative materials on the Internet seem much more attractive than the readable information texts [10]. So, video-sharing

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websites on the Internet become popular sources for obtaining health information. YouTube®, the best known video-sharing website, may ultimately serve as an important platform for sharing and disseminating health information [11]. In addition to patients sharing their experiences, physicians, non-physician healthcare professionals, medical information websites, profit and non-profit organisations increasingly use YouTube to educate and inform patients. Nevertheless YouTube videos are not peer-reviewed sources, the reliability, quality, accuracy and educational value of the contents are questionable and cannot be predicted. Inaccurate and misleading contents may have negative influence on the physician-parent communication.

However, YouTube videos can make it easier for parents of premature babies to understand the importance of ROP treatment, learn about treatment options and thus decision making, in case of using the right resources. It is hence important to access a reliable and quality information during health seeking. Although YouTube videos pertaining to ROP has been investigated as useful or misleading in a previous study, there is no study evaluating the reliability and quality of the contents in YouTube in terms of ROP treatment [12]. The aim of the current study was to assess the reliability and quality of YouTube videos as an information source in ROP treatment.

Material and Methods

Ethical approval was not required as the current study was conducted as an observational research.

YouTube search and data extraction

A YouTube search with the keyword “ROP treatment” using the filter “sort by relevance” was conducted on <http://www.youtube.com> on April 20, 2022. The search was performed without a user log-in after clearing browser history. Since 95% of internet users do not view more than 10 pages, only the first 200 videos listed in the first 10 pages were evaluated in the current study [7,12]. All of these videos were saved in a playlist accessible to both independent reviewers (AU and AKS).

Duplicate or multipart videos were analyzed together and considered once by averaging viewer interaction parameters. Videos in languages other than English, with silent or audio-only content, shorter than 30 seconds, or containing irrelevant content and advertisements were excluded. The videos with disabled comments, likes or dislikes by uploader were also excluded. All videos were independently evaluated by two experienced ophthalmologists (AU and AKS) who were blind to each other’s ratings.

Video characteristics

The title of the video, uploader (physicians, universities/non-profit professional organisations, health/medical information websites, the relatives of patients, television programs/news agencies), video length (as minutes), time since upload (days), number of total views, likes, dislikes and comments were recorded. View ratio (VR; views per day), like ratio [LR; number of likes /(number of likes +number of dislikes) ×100] and video power index (VPI) were analyzed to evaluate viewer interaction parameters. VPI was calculated with the formula (LR×VR)/100 as first described by Erdem and Karaca to define the popularity of the videos [4]. The videos were also classified according to their content as follows: general information, treatment procedures (laser, intravitreal injection and surgery) or screening method (diagnosis and follow-up).

Evaluation of reliability and quality of the content

All videos were scored using DISCERN scoring system, Journal of the American Medical Association (JAMA) benchmark criteria, and Global Quality Score (GQS) to evaluate the reliability and the quality of the contents.

DISCERN was developed as a 3-part instrument including a total number of 16 questions to assess the reliability and quality of health information [13]. In the DISCERN scoring system, each question was scored on a 5-point Likert scale (Table). The videos were categorized as excellent (i.e. 63-80 points), good (i.e. 51-62 points), fair (i.e. 39-50 points), poor (i.e. 27-38 points) or very poor (i.e. 16-26 points) according to the total DISCERN score [14].

Table 1. DISCERN scoring system

	Question	Score
Section 1	Is the publication reliable?	
1	Are the aims clear?	1-5
2	Does it achieve its aims?	1-5
3	Is it relevant?	1-5
4	Is it clear what sources of information were used to compile the publication (other than the author or producer)?	1-5
5	Is it clear when the information used or reported in the publication was produced?	1-5
6	Is it balanced and unbiased?	1-5
7	Does it provide details of additional sources of support and information?	1-5
8	Does it refer to areas of uncertainty?	1-5
Section 2	How good is the quality of information regarding treatment choices?	
9	Does it describe how each treatment works?	1-5
10	Does it describe the benefits of each treatment?	1-5
11	Does it describe the risks of each treatment?	1-5
12	Does it describe what would happen if no treatment is used?	1-5
13	Does it describe how the treatment choices affect overall quality of life?	1-5
14	Is it clear that there may be more than 1 possible treatment choice?	1-5
15	Does it provide support for shared decision making?	1-5
Section 3	Overall rating of the publication	
16	Based on the answers to all of the above questions, rate the overall quality of the publication as a source of information about treatment choices	1-5

The JAMA benchmark criteria was published in 1997 to evaluate the quality of medical information on the Internet [15]. In this scale including 4 criteria (i.e. authorship, attribution, disclosure and currency), each criteria was given either 0 or 1 point (Table 2). A total score of 4 points indicated high quality whereas a 0-point demonstrated low quality in this scoring system [15].

Table 2. JAMA benchmark criteria

Criteria	Description
Authorship	Authors and contributors, their affiliations, and credentials should be provided
Attribution	References and sources for content should be listed clearly, and all copyright information should be noted
Disclosure	Conflicts of interest, funding, sponsorship, support, advertising, and video ownership should be fully disclosed
Currency	Dates that content was posted and dates of updates to content should be provided

JAMA; Journal of the American Medical Association

Table 3. Global Quality Score (scored based on the following characteristics)

Score	Description
1	Poor quality, poor flow, most information missing, not useful for patients
2	Generally poor, some information given but of limited use to patients
3	Moderate quality, some important information is adequately discussed
4	Good quality, good flow, most relevant information is covered, useful for patients
5	Excellent quality and excellent flow, very useful for patients

Statistical analysis

Statistical analysis was performed using the SPSS software for Windows version 25.0 (SPSS Inc., Chicago, IL, USA). The averages of the numerical scores given by the reviewers were taken, accordingly. The normal distribution of all variables were examined by histogram graphics and the Kolmogorov-Smirnov test. Continuous variables were presented as mean ± standard deviation or median (minimum–maximum) whereas categorical variables were given as frequency and percentages. The Mann-Whitney U test was used to evaluate non-normally distributed (nonparametric) variables between groups and Spearman’s correlation test was used to examine the relationship between variables. A p-value less than 0.05 was considered as statistically significant.

Results

A total number of 200 videos were evaluated, 73 videos meeting the inclusion criteria were included in the study. The characteristics, viewer interaction parameters and quality scores of the videos were given in Table 4.

The mean DISCERN score, JAMA score and GQS of all videos were 42.32±17.51, 2.81±1.03, and 3.12±1.48, respectively. The masked inter-reviewer agreement was evaluated by intraclass correlation coefficients (ICC). The masked inter-reviewer agreement in ICC was high in DISCERN scores, JAMA scores and GQS as 0.984 (95% CI, 0.974-0.990), 0.885 (95% CI, 0.801-0.931) and 0.950 (95% CI, 0.920-0.968), respectively. The category of whole videos according to the mean DISCERN score was “fair”. The distribution of videos according to the DISCERN score were as follows: 18 (24.66%) excellent, 9 (12.33%) good, 10 (13.70%)

Finally, a 5-point Likert scale, GQS, was used to evaluate the overall quality, educational value and usefulness of videos (Table 3). The GQS instrument was developed as a subjective rating tool to assess the overall quality, flow of information and ease of use of websites [16]. A GQS of 5 points demonstrated the excellent quality of the video [14].

fair, 17 (23.29%) poor, and 19 (26.03%) very poor.

While 55 (75.34%) videos were about treatment procedures, 18 (24.66%) videos contained general information about the disease or screening method. Eighteen (32.73%) of the videos on treatment procedures contained extensive theoretical or practical information on all ROP treatment options, including laser photocoagulation, intravitreal injections and surgical approaches. Of the videos on treatment procedures, 15 (27.27%) were about both of laser photocoagulation and intravitreal injections and 22 (40%) included information about only one of ROP treatment options.

The upload sources were physicians in 23 (31.51%) videos, universities/non-profit professional organisations in 27 (36.99%) videos, health/medical information websites in 14 (19.18%) videos, television programs/news agencies in 7 (9.59%) videos and the relatives of patients in 2 (2.74%) videos. All videos were then categorized as physician or non-physician (universities/non-profit professional organisations, health/medical information websites, television programs/news agencies and the relatives of patients) according to the upload source. As shown in Table 5, there were no significant difference in viewer interaction parameters between physician and non-physician loading sources. The median DISCERN score, JAMA score and GQS were also similar between these 2 groups (p=0.981, p=0.324 and p=0.791, respectively).

The correlation analysis of viewer interaction parameters with DISCERN score, JAMA score and GQS were given in Table 6. There were negative correlation between JAMA score and number of views (r=−0.359, p=0.002), number of likes (r=−0.268, p=0.022), VR (r=−0.259, p=0.027) and VPI (r=−0.255, p=0.029). There was a positive correlation between LR and DISCERN score (r=0.264, p=0.024) and GQS (r=0.259, p=0.027). The correlation

Table 4. Characteristics, viewer interaction parameters and quality scores of YouTube videos

Criteria	Mean $\pm$ SD	Median (Min–Max)
Time since upload (day)	1647.89 $\pm$ 2039.76	1117 (16-15772)
Length of video (min)	21.42 $\pm$ 32.73	7 (1-162)
Number of views	7300.37 $\pm$ 20498.98	912 (20-157257)
Number of likes	57.12 $\pm$ 125.41	19 (0-704)
Number of dislikes	3.3 $\pm$ 9.66	0 (0-64)
Number of comments	7.12 $\pm$ 13.18	1 (0-56)
View ratio	4.92 $\pm$ 10.11	1.02 (0.02-50.37)
Like ratio	83.88 $\pm$ 33.98	100 (0-100)
VPI	4.55 $\pm$ 9.25	1.01 (0-49.18)
DISCERN score	42.32 $\pm$ 17.51	38.5 (20-69)
JAMA score	2.81 $\pm$ 1.03	3 (0-4)
GQS	3.12 $\pm$ 1.48	2.5 (1-5)

VPI; Video power index, JAMA; Journal of the American Medical Association, GQS; Global Quality Score, SD; Standard deviation, Min; minimum, Max; maximum

Table 5. Comparisons of the videos according to the upload source

	Physician (n=23)	Non-physician (n=50)	P* value
Parameter	Median (Min–Max)	Median (Min–Max)	
Time since upload (day)	697 (310–4144)	1291.5 (16–15772)	0.426
Length of video (min)	10 (2–53)	6 (1–162)	0.181
Number of views	581 (80–53874)	932 (20–157257)	0.561
Number of likes	15 (0–704)	19 (0–278)	0.284
Number of dislikes	0 (0–40)	0 (0–64)	0.687
Number of comments	2 (0–52)	0.5 (0–56)	0.051
View ratio	1.02 (0.06–50.37)	1.08 (0.02–37.68)	0.648
Like ratio	100 (0–100)	100 (0–100)	0.127
VPI	1.01 (0–49.18)	1.08 (0–30.63)	0.656
DISCERN score	40 (21.5–66)	35 (20–69)	0.981
JAMA score	2.5 (0.5–4)	3 (0–4)	0.324
GQS	2.5 (1–5)	2.75 (1–5)	0.791

VPI; Video power index, JAMA; Journal of the American Medical Association, GQS; Global Quality Score, Min; minimum, Max; maximum. *Mann-Whitney U Test

Table 6. Correlation analysis of viewer interaction parameters with DISCERN score, JAMA score and GQS.

Parameter		DISCERN	JAMA	GQS
Number of views	r	–0.152	–0.359	–0.116
	p*	0.200	0.002	0.330
Number of likes	r	–0.036	–0.268	0.034
	p*	0.764	0.022	0.776
View ratio	r	–0.073	–0.259	–0.006
	p*	0.542	0.027	0.959
Like ratio	r	0.264	0.074	0.259
	p*	0.024	0.536	0.027
VPI	r	–0.062	–0.255	0.006
	p*	0.602	0.029	0.957
DISCERN	r	-	0.611	0.923
	p*	-	<0.001	<0.001
JAMA	r	0.611	-	0.534
	p*	<0.001	-	<0.001
GQS	r	0.923	0.534	-
	p*	<0.001	<0.001	-

VPI; Video power index, JAMA; Journal of the American Medical Association, GQS; Global Quality Score. *Spearman's correlation analysis

between DISCERN score, JAMA score and GQS was also evaluated and a strong significant correlation was found between all scores ($p < 0.001$).

Discussion

The reliability and quality of videos on YouTube is questionable and unpredictable because any registered user can upload videos totally free without any standardization or approval process. Identifying reliable and accurate resources in such a large amount of unregulated and non-peer-reviewed data has become a big problem [10]. YouTube, of course, may ease understanding the importance of ROP treatment, learning about treatment options and thus decision making for parents of premature babies with severe ROP requiring treatment. On the other hand, health-seeking on YouTube may impair the balance between information and knowledge in the physician-parent relationship in ROP treatment. There are lots of studies evaluating the reliability, quality, popularity and educational contents of YouTube videos on different ophthalmological disorders [14,17-21]. There is also a previous study investigating YouTube videos regarding the basic information, examination, diagnosis, and the treatment of ROP simply as useful or misleading [12]. Nicholl et al defined that the parents of children with rare diseases most frequently considered the relevance and accuracy (65.2%), trustworthiness (62.5%) and the topicality (60.7%) when choosing a website [9]. The DISCERN and JAMA scoring tools can be used to assess the reliability and quality of the contents to meet these parental concerns [14]. Therefore we planned our study using DISCERN scoring system and JAMA benchmark criteria to evaluate the reliability and quality of YouTube videos related to the keyword “ROP treatment”.

The mean DISCERN category indicating reliability and quality of all videos about ROP treatment were “fair”, in our study. Also, only 37% of YouTube videos were of good quality, whereas about half of the videos were of poor quality. In Şahin et al’s study, 64% of YouTube videos pertaining to ROP were reported as useful, and healthcare professionals from universities, hospitals/free clinics, and surgeons/practitioners were defined as upload sources in 70% of these useful videos [12]. They also stated that the videos posted by surgeons or practitioners contained more information about treatment procedures, while the videos from hospitals and free clinics mainly provided basic information about ROP [12]. Therefore, we categorized upload sources as physician or non-physician in this study and found that only 31.5% of YouTube videos on ROP treatment were uploaded by physicians. Contrary to our study presenting universities and non-profit professional organisations as the most frequent loading sources, Şahin et al reported that universities were a small number of upload sources, in 2018 [12]. This increase in the last 4 years may be due to online webinars and virtual meetings organised by universities and non-profit professional organisations during the COVID-19 pandemic. In our study, the median DISCERN score, JAMA score and GQS were similar in videos uploaded by physicians and non-physician upload sources. The increase in the number of good quality contents uploaded by universities and non-profit organisations and the fact that these loading sources are included in the non-physician group may have caused the similarity between physician and non-physician groups in terms of the median DISCERN score,

JAMA score and GQS. Moreover, the lower number of parents in loading sources (3%) may have also improved the overall quality and reliability of the contents on ROP treatment.

Considering that the primary keyword was “ROP treatment” in the current study, only one third of the videos contained information about all treatment options. While 27% of the videos were about both of laser photocoagulation and intravitreal injections, 40% of the videos included information about only one of ROP treatment approaches. In addition to the “fair” quality of all videos on ROP treatment, the low number of videos about all treatment options in the current study can make it difficult for parents to achieve a correct information. Nicholl et al specified recommendation by a health professional as a factor in choosing a website in 46.4% of parents [9]. The physicians may hence help parents to achieve a reliable and quality information about ROP treatment on YouTube.

The VR and LR are viewer interaction parameters indicating the video’s popularity on YouTube [4]. Nevertheless viewer interaction parameters and thus VPI can be manipulated by any user or by directed links to the YouTube videos [12]. The negative correlation between the mean JAMA score and number of views, number of likes, VR and VPI in the current study contributes that suspicion. Şahin et al reported that useful videos had more views and likes unlike our study which showed that the higher quality and reliable videos had less views, likes, VR and thus VPI [12]. In the current study, the videos including extensive theoretical or practical information about all ROP treatment options are qualified and reliable but they have lower VR, LR and thus VPI. The higher number of videos uploaded by universities and non-profit professional organisations in our study compared to Şahin et al’s may have resulted in this difference. The content of these videos may be advanced for the levels of knowledge and expertise of parents compared to physicians. Adding phrases to the titles of the videos such as “for parents” or “for health professionals” can make it easy to reach the right audiences.

There are also some limitations of the current study. Although two blinded independent ophthalmologists reviewed the videos, the evaluation was still subjective. Additionally, it is not known how much of views, likes, dislikes and comments are from parents. The higher number of videos uploaded by universities and non-profit professional organisations in our study may result in more views by physicians for educational purposes. Therefore, viewer interaction parameters cannot be limited to parents only.

Conclusion

As the use of YouTube as a health information source increases, the risk of providing misleading information throughout contents with poor quality and low reliability also increases. The current study demonstrated that the quality and reliability of YouTube videos on ROP treatment is intermediate. YouTube videos in terms of ROP treatment could not be considered as accurate and reliable sources, consequently. Carefully recorded videos with reliable and quality content should be uploaded by competent authorities and experts to educate and increase awareness of parents, especially in ROP requiring treatment.

Conflict of interests

The authors declare that there is no conflict of interest in the study.

Financial Disclosure

The authors declare that they have received no financial support for the study.

Ethical approval

Ethical approval was not required as the current study was conducted as an observational research.

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