

Rheumatology Rules for Uveitis

Christian J. Thompson, OD
Valerie Sharpe, OD FAAO
Chinle Hospital, IHS, DHHS
Chinle, AZ
christian.thompson@ihs.gov
valerie.sharpe@ihs.gov

James O. Posever, MD
Phoenix Indian Medical Center
PIMC, IHS, DHHS
Phoenix, AZ
james.posever@ihs.gov

ABSTRACT

This lecture will highlight the importance of collaboration between optometry and rheumatology in the management of uveitis. Emphasis will be placed upon current classification schemes, diagnostic testing and treatment modalities. The provider will also gain further understanding of the autoimmune conditions associated with uveitis.

LEARNING OBJECTIVES

1. To provide tools for optometrists to collaborate appropriately with rheumatology
2. To enhance awareness of the autoimmune diseases associated with uveitis
3. To review the laboratory testing needed to confirm ocular & systemic diagnoses
4. To become familiar with the systemic treatments prescribed by rheumatologists

OUTLINE

I. Introduction

- A. Co-management with rheumatology
 1. Why do optometrists need a working relationship with a rheumatologist?
 - a) Uveitis requires uncompromised control
 - b) Paradigm shift in management
 - c) Uveitis may be the result of underlying systemic disease
 2. Why do rheumatologists need a working relationship with optometrists?
 - a) Autoinflammatory & autoimmune diseases have ocular manifestations
 - b) Ocular clues can contribute to systemic diagnosis
 - c) Ocular status informs systemic management
- B. Case#1: JIA patient
 1. Optometric exam: the uveitis that wouldn't quit
 - a) History
 - 1) 9 year old female with chronic uveitis
 - 2) Poor adherence to management
 - b) Entrance exam
 - c) Slit lamp exam
 - d) Diagnosis
 - e) Management
 2. Rheumatologic exam: the professional relationship that facilitated remission
 - a) Clinical exam
 - b) Management

II. Rheumatology Basics

- A. A necessary foundation for relating to the rheumatologist
 1. Basic immunology (immunology nuts & bolts)

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- a) Innate immunity
- b) Adaptive immunity
- c) Immunological tolerance
- d) Autoimmunity
- 2. Common rheumatologic diseases
 - a) Rheumatoid arthritis
 - b) Juvenile idiopathic arthritis (JIA)
 - c) Sarcoid
 - d) Systemic lupus erythematosus (SLE)
 - e) Sjogren's disease
 - f) Seronegative spondyloarthropathy (see also Section III)
- 3. Common rheumatologic medications
 - a) NSAIDs
 - 1) Salicylates
 - 2) Indoles
 - 3) Phenylalkanoic acids
 - 4) Cox-2 inhibitors
 - b) Corticosteroids
 - c) DMARDs / Immunosuppressants
 - 1) Alkylating agents
 - 2) Antimetabolites
 - 3) Antibiotics
 - 4) Biologic agents
- B. Case#2: Rheumatoid arthritis & Dry Eye
 - 1. Optometric exam
 - a) Entrance exam
 - b) Slit lamp exam
 - c) Diagnosis
 - d) Management
 - 2. Rheumatologic exam
 - a) Clinical exam
 - b) Management
 - 3. Infusion clinic
 - a) Patient education
 - b) Common adverse reactions & toxicity
 - c) Practical considerations: time, cost and comfort

III. Anterior Uveitis and the Spondyloarthropathies

- A. Uveitis basics
 - 1. Uveitis: a comprehensive term
 - a) Definitions
 - b) Epidemiology
 - c) Ocular Complications
 - d) Basic anatomy
 - e) Standardized Uveitis Nomenclature (SUN)
 - 1) SUN Working Group criteria

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- 2) Classification
- 3) Descriptors
- 4) Grading scheme
- 5) Activity
2. Acute Anterior Uveitis (AAU)
 - a) Signs & symptoms
 - b) Ocular examination
 - c) Diagnosis
 - d) Management
 - e) Clinical pearls
3. Case#3: Acute Anterior Uveitis (AAU)
 - a) Entrance exam
 - b) Slit lamp exam
 - c) Posterior segment
 - d) Diagnosis
 - e) Management
- B. The spondyloarthropathies
 1. Classification (a basic overview)
 - a) Ankylosing spondylitis
 - b) Reactive arthritis (ReA)
 - c) Inflammatory bowel disease (IBD)
 - d) Psoriatic arthritis
 - e) Juvenile spondyloarthropathy
 - f) Undifferentiated
 2. Simple work-up for the optometrist
 - a) Medical history
 - b) Current symptoms
 - c) Laboratory testing & imaging (see below)
 3. Basic systemic management

IV. Laboratory Testing & Imaging

- A. Basic principles
 1. Based upon medical history, review of systems & clinical examination
 - a) No work-up for first occurrence of isolated anterior uveitis
 - b) Focused work-up reflecting diagnostic indicators for recurrent uveitis
 2. Rule out infectious disease & masquerade syndromes
 - a) Syphilis, herpes virus, Lyme's Disease & toxoplasmosis
 - b) Malignancies, retinal detachments & ocular ischemic syndrome
 3. Don't give up...take a longitudinal approach (autoimmune disease=evolving course)
- B. The tests that you may need to order & interpret
 1. Complete blood count (CBC) with differential
 2. Metabolic panel
 3. Erythrocyte sedimentation rate(ESR) & C-reactive protein (CRP)
 4. HLA-B27, lumbosacral spine films, cervical spine films
 5. RPR, FTA-ABS

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6. Mantoux/PPD, IGRA (QFT-GIT, T-spot), Chest X-ray
7. ACE, serum lysozyme
8. RF, ANA, dsDNA, ssA(Ro), ssB(La), anti-CCP
9. P-ANCA, C-ANCA
10. Antiphospholipid antibodies
11. Titers: lyme, toxoplasmosis, toxocara, cat-scratch
12. CT scan, MRI
- C. Developing a strategy with your rheumatologist
 1. Become familiar with the most common diseases present in your demographic
 2. Determine the who, what, when and how often for referral and follow-up
- D. Case#4: Ankylosing spondylitis
 1. Optometric exam
 - a) Entrance exam
 - b) Slit lamp exam
 - c) Posterior segment
 - d) Diagnosis & Management
 2. Rheumatologic exam
 - a) Clinical exam
 - b) Management

V. Systemic Management of Anterior Uveitis

- A. Co-management with rheumatology
 1. Corticosteroids
 - a) Basic pharmacology
 - b) Oral prednisone
 2. Nonsteroidal anti-inflammatory drugs (NSAIDs)
 - a) Basic pharmacology
 - b) Mini-formulary
 - 1) Ibuprofen (Advil®, Motrin®)
 - 2) Naproxen (Naprosyn®)
 - 3) Indomethacin (Indocin®)
 3. DMARDs / Immunosuppressants
 - a) Antimetabolites
 - 1) Methotrexate (Rheumatrex®; Trexall®)
 - 2) Azathioprine (Imuran®)
 - b) Biologic agents
 - 1) Infliximab (Remicade®)
 - 2) Adalimumab (Humira®)
- B. Case#5: Recurrent Anterior Uveitis & Spondyloarthopathy
 1. Optometric exam
 - a) History
 - b) Entrance exam
 - c) Slit lamp exam
 - d) Posterior segment
 - e) Diagnosis

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- f) Management
- g) Outcomes
- h) Patient advisement
- 2. Rheumatologic Exam
 - a) Clinical Exam
 - b) Management
- D. Case #6: Is this JIA or SpA?
 - 1. Optometric exam
 - a) Entrance exam
 - b) Slit lamp exam
 - c) Posterior segment
 - d) Diagnosis
 - e) Management
 - f) Complications
 - g) Outcomes

VI. Conclusions

- A. Co-management with rheumatology
 - 1. The rules have changed
 - a) Optimal care of the uveitis patient may require co-management
 - b) Working with a rheumatologist
 - 2. When an optometrist & rheumatologist are not enough
 - a) Diagnostic surgery
 - b) Therapeutic surgery

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