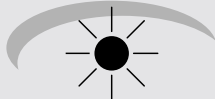
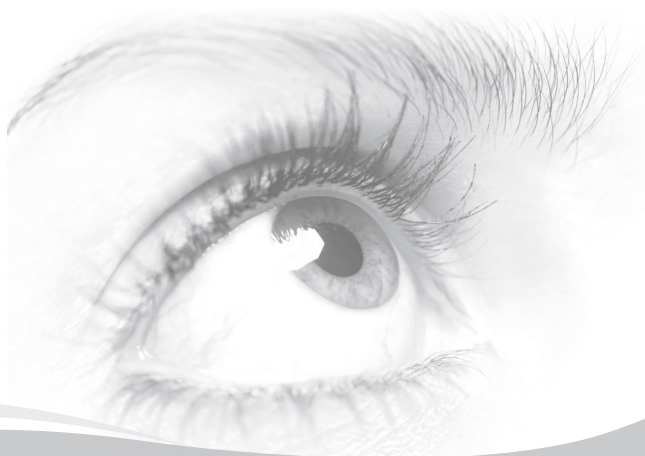


Scottish Uveitis Network



What is Uveitis? **A Guide for Patients**



Ophthalmology Service

Scottish Uveitis National Managed Clinical Network

What is Uveitis?

The term uveitis covers a range of conditions, which affect the inside of the eye. "itis" means inflammation and uveitis is inflammation of the uvea.

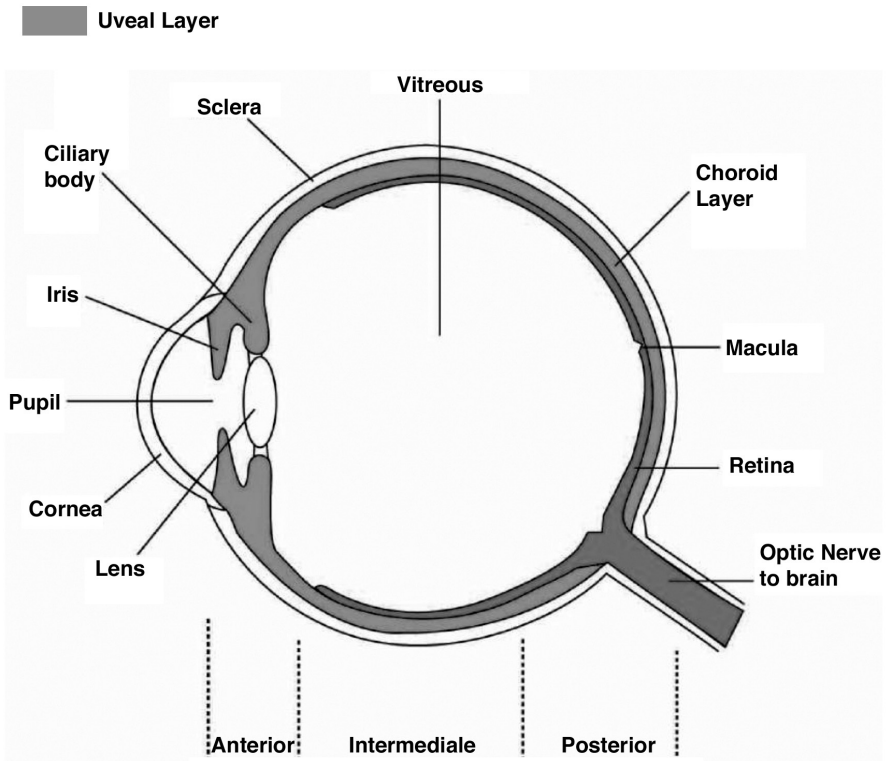
The uvea is a layer inside the eye and is made up of:

Iris and ciliary body in the front of the eye (anterior)

Choroid the back of the eye (posterior)

This can be seen by looking at the diagram below.

Other parts of the eye may be affected by the inflammation inside the eye. These include the retina, optic nerve and vitreous (the clear jelly that fills the eye behind the lens).



Types of Uveitis

There are different types of uveitis and there can be many different causes. It is very important to know which type you have.

Uveitis may be divided into 4 main groups:

| | |
|-----------------------------|---|
| Anterior Uveitis | Affects the front of the eye, including the iris and ciliary body. This is still frequently called "Iritis" |
| Intermediate Uveitis | Affects the middle of the eye. Mainly the vitreous |
| Posterior Uveitis | Affects the choroid layer at the back of the eye, and often involves the retina |
| Panuveitis | Affects both the front and back of the eye |

Why is it so important to know what type of uveitis I have?

The symptoms, causes and treatment may be completely different depending on what type you have.

Uveitis may also be:

| | |
|------------------|---|
| acute | The inflammation comes in short episodes of up to 6 weeks |
| chronic | The inflammation is more persistent lasting for more than 3 months and may have to be controlled by taking medication for much longer periods |
| recurrent | The inflammation can recur (or flare up) from time to time |

Causes of Uveitis

There are many possible causes of uveitis, which more simply can be divided into 4 groups

| | |
|--------------------------------------|---|
| Idiopathic | This means no specific cause or association with other medical conditions can be found. Up to 50% of cases can be idiopathic (are still likely to be autoimmune in nature) |
| Autoimmune | Our immune system's purpose is to protect us from 'foreign' bodies such as bacteria and viruses. To do this it needs to be able to tell 'foreign' and 'self' apart. In autoimmune disease this process goes wrong. Instead of 'attacking' the foreign bodies, the immune system attacks 'self' instead. This results in inflammation. This maybe limited to the eye or may affect other parts of the body as well |
| Associated medical conditions | Uveitis may be associated with other medical conditions (often also autoimmune). Examples are sarcoidosis, Crohn's Disease, ulcerative colitis, juvenile idiopathic arthritis and ankylosing spondylitis |
| Infection | A variety of infections may cause uveitis but this is not very common. The doctors need to know as soon as possible whether an infection is the cause to make sure you get the right treatment |
| Trauma | This includes some forms of eye injury and also eye surgery |

It is natural to worry about what caused your uveitis.

Steps will always be taken to find out what caused your uveitis but in many cases the cause is never found and the patient is otherwise healthy.

Symptoms of Uveitis

The symptoms will depend on the type of uveitis and may include:

| Type | Symptom |
|---|--|
| Anterior uveitis | <ul style="list-style-type: none">• Pain• Redness• Sensitivity to light• Blurring of vision |
| Intermediate and posterior uveitis | <ul style="list-style-type: none">• Painless• Floaters (black dots or wispy lines)• Blurring of vision |

Please note that these are typical symptoms and there are important exceptions. For example anterior uveitis in children is often painless.

How long will I have it?

Some people will only ever have one episode of uveitis, but for many uveitis will recur or be chronic and require treatment over a long period of time.

The eye contains delicate structures and is easily damaged.

Inflammation MUST NOT be allowed to remain for any length of time as prolonged inflammation may permanently damage your vision.

If you experience any of the above symptoms or if your symptoms return you should seek medical advice promptly (see back page for details).

Make sure you attend any follow up appointments following an episode of uveitis to confirm there is no inflammation or any complications,

Tests and Diagnosis

To diagnose the exact type of uveitis, and to find its possible cause, different methods will be used:

Medical History

Some questions about any past medical problems may suggest some possible causes or some associations with other medical conditions at an early stage.

Thorough Eye Examination

Your vision will be measured (wearing any glasses you normally wear) using the usual eye chart. Your near, or reading, vision will also be checked. Ask for these to be written down, as they can be useful when seeking more information and support.

You will have eye drops placed into your eyes to dilate (widen) your pupil. This is very important so the back of the eye can be examined for signs of inflammation or complications.

Your eyes will be examined with a 'slit lamp', a type of microscope found in eye clinics and optometrists.

Medical Tests

A variety of medical tests may be carried out to follow up on any 'leads' resulting from questions asked and / or eye examination. These tests may include blood tests and X-rays.

Treatment of Uveitis

The treatment of uveitis will vary a great deal depending on the type of uveitis you have, how severe it is and what complications are present. It is always best to have a written record of your treatment plan, so you can follow it and discuss any changes to it.

The following treatments are typical treatments only and it is important that treatment be tailored for every patient.

Treatment of Anterior Uveitis

This is usually treated with eye drops only. Treatment should be commenced promptly.

If more severe, treatment may have to include injections around the eye, steroid tablets or other forms of treatment for inflammation.

Treatment with eye drops

| Type of eye drop | Effect |
|----------------------------------|---|
| Dilating drop (mydriatic) | These will dilate (widen) the pupil, relieve pain and help prevent the iris sticking to the lens (see complications) |
| Steroid eye drops | These are used to control the inflammation They are given frequently at first and are tapered off over a longer period of time (to be confirmed by your doctor) Usually this is over many weeks |

You must take all the drops and continue to take them for the WHOLE course (usually 6 weeks). NEVER stop taking them just because your eyes feel better and NEVER stop taking any form of steroids suddenly unless advised to do so by your doctor as this can be dangerous.

Make sure you attend any follow up appointments after an episode of uveitis.

You will be given information about the treatment you are on, including the name of the drug, exactly how it should be taken and stored, how often it should be taken and for how long. It is always best if this is written down (see back page)

Treatment of Intermediate Uveitis

Cases of this type may vary widely and can be:

| | |
|--------------------|--|
| Mild | Requiring monitoring rather than treatment if there are no complications |
| More severe | If more severe and if complications such as macula oedema are present (see complications p.12), then treatments may include injections around or even inside the eye or tablets (steroids and /or immunosuppressants) If the front of the eye is inflamed too, then eye drops may be required |

Treatment of Posterior Uveitis

There are several different types of posterior uveitis, each having their own features requiring different approaches. This is why it is always important to know exactly what type of uveitis you have. The Uveitis Information Group has further information on all the individual types of posterior uveitis. See page 14. Treatment depends on both the type of posterior uveitis, the severity and the presence of complications.

| | |
|----------------------------------|--|
| <p>Steroids</p> | <p>Eye drops can not reach the back of the eye, so tablets and sometimes injections must be used</p> <p>The main drug which is used is prednisolone, a steroid (a corticosteroid not related to those misused by athletes) Taking tablets is referred to as a systemic treatment</p> <p>Steroid treatment usually starts with high doses of prednisolone which are then tapered down once the inflammation is controlled</p> |
| <p>Immunosuppressives</p> | <p>In some cases a 'second line' drug called an immunosuppressant may be introduced. This may be when:</p> <ul style="list-style-type: none"> • Steroids alone cannot control the inflammation. If the steroid dose cannot be reduced below the recommended daily dose of 7.5mg within a reasonable time without causing a flare up • If there are significant problems tolerating steroids |

Side effects of treatment and complications

All forms of treatment may have some side effects.

Remember to ask your doctor about any likely side effects and make sure you tell your doctor if you have any concerns about your treatment.

Always report all side effects to your doctors.

The Uveitis Information Group may be contacted for information on the various treatments and drugs used in uveitis and to pass on other people's experiences.

NEVER stop taking them just because your eyes feel better and NEVER stop taking any form of steroids suddenly unless advised to do so by your doctor as this can be dangerous.

Complications of Uveitis

Some people with uveitis may suffer from other eye problems. The effects of the inflammation inside the eye may cause these, but may also result from the steroid or immunosuppressant treatment used to control the inflammation. It must be remembered that using sufficient steroids to control the uveitis will generally give a better outcome than using too little and not controlling the inflammation.

Complications of uveitis may include:

| Complication | Definition |
|----------------------------|--|
| Cataract | A cataract is a clouding of the lens. Vision becomes blurred because the lens is like frosted glass interfering with sight |
| Secondary glaucoma | Raised pressure inside the eye may lead to damage of the optic nerve |
| Macular oedema | Fluid which builds up at the back of the eye. This can be sight threatening |
| Posterior synechiae | The iris sticks to the lens. This may be avoided or remedied with dilating drops Hot compresses may also be useful |

These are the main types of complications. Some types of uveitis have specific complications (see more information at back).

Complications of uveitis may be sight threatening and so it is very important they are picked up early on. They may only be discovered by thorough eye examination, which should always include the back of the eye.

If you are having problems with your medicines always tell your doctor straight away.

Useful Contacts

The following are some helpful organisations you may find useful.

Uveitis Information Group (UIG)

Patient led support and information for anyone affected by uveitis.

Helpline: 0845 660 5660

Website: www.uveitis.net

Email: info@uveitis.net

RNIB (Royal National Institute for the Blind)

Helpline: 0303 123 9999

Website: www.rnib.org.uk

Email: helpline@rnib.org.uk

Access to Work (Job Centre Plus)

For help adapting to the workplace

Telephone: 0141 950 5327 (Scotland)

Website: www.jobcentreplus.gsi.gov.uk

Email: scotland.atw@jobcentreplus.gsi.gov.uk

DVLA Swansea (Drivers Medical Group)

Telephone: 0300 790 6806

Website: www.directgov.uk/en/Motoring/DriverLicensing

Email: eftd@dvla.gsi.gov.uk

For specific types of posterior uveitis

Birdshot retinochoroidopathy www.birdshot.org.uk

Punctate Inner Choroidopathy www.pic-world.net

Glossary

The following is an explanation of some of the terms you will come across in information you read and at the clinic. It is helpful to understand the meaning of these terms to make it easier talking to your doctor about your condition and understanding any patient information.

| | |
|---------------------------|--|
| Choroid | The part of the uvea, which runs from, the ciliary body right around the back of the eye. It is made up mainly of small blood vessels |
| Ciliary body | Is a circular, pigmented part of the uvea. It produces the clear fluid, the aqueous which fills the part of the eye in front of the lens. |
| Flare up | A term often used to describe a recurrence of symptoms |
| Glaucoma | Is a disease caused by an increase in pressure within the eye. |
| Immunosuppressants | A drug that reduces the effectiveness of the bodies immune system |
| Iris | Is the most anterior (front) part of the uvea. It is the coloured ring, which changes the size of the pupil to regulate the amount of light entering the eye. |
| Macula | Is a small area of the retina, packed tightly with photoreceptors, which allows us to see fine detail. This tiny area is what we use to read and recognise faces |

| | |
|----------------------------|---|
| Macular oedema | The macula is affected by a build up of fluid (oedema) If left untreated it can be a significant cause of vision loss. |
| Posterior synechiae | The iris sticks to the lens and can cause a misshaped pupil. |
| Pupil | Is the dark hole in the middle of the iris, which lets light into the eye. Muscles in the iris change the size of the pupil. It is dilated or widened to let more light into the eye. |
| Retina | The thin layer which lines, consisting of nervous tissue, which is sensitive to light, creating impulses which are sent along the optic nerve to the brain. |
| Sclera | The tough, outer coat of the eye. |
| Vitreous | A clear jelly like substance, which fills the middle of the eye between the lens and the retina. Vitritis is an inflammation of the vitreous and may cause haziness and floaters (visible black wispy lines or black dots). |

Further Information:

The Scottish Uveitis National Managed Clinical Network is a nationally supported network to improve and ensure an equality of care for patients with uveitis throughout Scotland.

www.sun.scot.nhs.uk

About Me

You may find this useful to fill this out with the help of your doctor or nurse to keep a reminder of your treatment

Name: _____

Hospital no.: _____

About my uveitis: _____

What type of uveitis do I have?: _____

Which eye is affected?

| | |
|------|-------|
| Left | Right |
|------|-------|

| What medication am I taking? | What dose? | How often? | Which eye (if drops)? |
|------------------------------|------------|------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

If I need urgent advice about my uveitis:

Contact person: _____

phone number: _____

Name of my Consultant: _____

| What medication am I taking? | What dose? | How often? | Which eye (if drops)? |
|------------------------------|------------|------------|-----------------------|
| | | | |
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Notes and questions:
