

Patient Information

Eye screening information for patients taking hydroxychloroquine medication

Introduction

For the majority of patients, hydroxychloroquine is a safe and effective medication which is used to treat a variety of conditions, including Rheumatoid Arthritis, Systemic Lupus Erythematosus, some skin conditions (especially photosensitive ones) and other inflammatory conditions. However, in a small number of cases, the long term use of hydroxychloroquine can cause damage to the retina and could result in hydroxychloroquine retinopathy; a condition which can lead to permanent loss of vision affecting both eyes. The risk of developing hydroxychloroquine retinopathy increases the longer an individual is taking the medication and/or with higher doses, therefore it is recommended that if an individual has been taking hydroxychloroquine for longer than five years, they are screened by an eye specialist.

What is the purpose of screening?

Screening for hydroxychloroquine retinopathy involves looking for early signs of change in the retina, before a patient notices any symptoms, to minimise the risk of sight loss.

If changes are detected early, alternative medication can be discussed with their prescribing doctor, whilst those unaffected can continue to benefit from the medication. Around 7.5 per cent of people taking hydroxychloroquine for more than five years may have signs of retinal damage detected on specialised screening tests, but it is important to note that the majority of these patients will not go on to develop hydroxychloroquine retinopathy if the changes are picked up early.

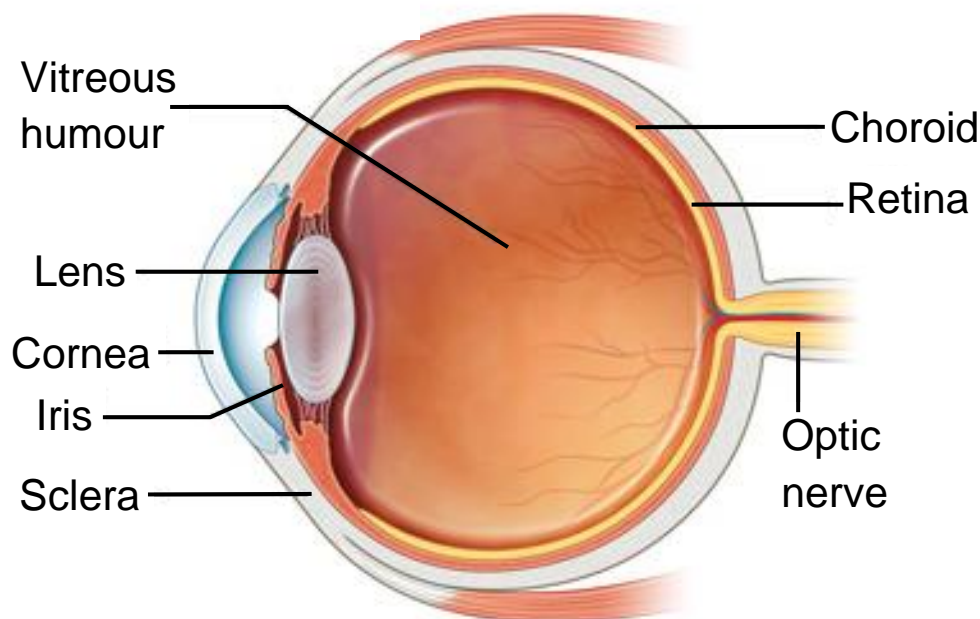


Figure 1 shows the side image of an eye (image courtesy of NHS Choices).

What will happen during my visit?

If you require screening, you will be referred to the Eye Department at Russells Hall Hospital. You will then receive an appointment to attend an ophthalmic technician clinic in the Eye Department where several tests will be carried out to screen your eyes for retinal changes. This will take approximately one hour. The tests do not cause pain or risk damaging the eye in any way, and you will not have any drops to dilate your pupils so you may drive to this appointment.

The tests which will be carried out are as follows:

For assessment of peripheral vision and central vision

Visual Acuity (VA) - if you require spectacles for distance vision, you will be asked to wear them to read out the letters seen on a chart at a specific distance away, one eye at a time.

Visual Field Test - one eye will be tested while the other eye is covered with a patch. A computer randomly flashes points of light, one at a time, of varying brightness, around a bowl shaped screen. When you see a light appear in your peripheral (side) vision, you press a button. The test is then repeated with the other eye.

Colour Vision - if you require spectacles for near vision, you will be asked to wear them. One eye is covered, and then using the uncovered eye, you will look at a series of test cards, each containing a multi-coloured dot pattern. You will then be asked to read out the number or symbol identified in each colour pattern. The test will then be repeated with the other eye.

For assessment of the cellular layers of the retina including the macula and optic nerve

Ocular Coherence Tomography (OCT) scan - a scan that provides a cross-sectional image of the various layers of the retina.

Fundus Autofluorescence (FAF) scan/photo - this scan detects abnormal levels of a substance called lipofuscin in the retina, which may indicate early signs of disease.

For both of these scans, you will be seated in front of a camera-like machine with a chin rest. Several scans of each eye may need to be taken to obtain good images of the different parts of your retina.

How do I find out the outcome of the screening?

The results of the screening tests will be assessed by a specialist clinician after you have left the clinic, and the following action will be taken:

No retinal changes seen related to hydroxychloroquine— you will be sent an appointment for a repeat screen in 12 months' time.

Or

Screening not complete - you will receive an appointment for further tests in the Eye Department, which may include a review with an eye doctor. This does not mean that any retinal changes have been detected from the initial screening.

Further information is available from:

The Royal College of Ophthalmologists: www.rcophth.ac.uk

Macular Society: www.macularsociety.org/hydroxychloroquine
Helpline 0300 3030 111

Lupus UK: www.lupusuk.org.uk

British Skin Foundation: www.britishskinfoundation.org.uk

Arthritis Care: www.arthritiscare.org.uk

British Association of Dermatologists : www.bad.org.uk/for-the-public/patient-information-leaflets

Note: the information in this booklet is provided for information only. The information found is **not** a substitute for professional medical advice or care by a qualified doctor or other health care professional. **Always** check with your doctor if you have any concerns about your condition or treatment. This is only indicative and general information for the procedure. Individual experiences may vary and all the points may not apply to all patients at all times. Please discuss your individual circumstances with your eye doctor.

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This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/ophthalmology/>

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