38. SCREENING FOR UVEITIS IN CHILDREN WITH JUVENILE IDIOPATHIC ARTHRITIS AT A DISTRICT GENERAL HOSPITAL: A RETROSPECTIVE AUDIT

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Background: The most common extra-articular manifestation of Juvenile Idiopathic Arthritis (JIA) is uveitis. The prevalence of uveitis in children with JIA is 8–30% and can be clinically asymptomatic in the initial stages. Chronic anterior uveitis can cause visually disabling complications such as cataracts and glaucoma if it remains undetected and untreated.

BSPAR guidelines provide us with a standard for screening schedule for uveitis and state that the most frequent cause of avoidable morbidity remains missed or inadequate examinations in the first year of disease.

Aims: To audit compliance with BSPAR uveitis screening schedule in order to ensure optimal clinical care being delivered and thereby reducing the risk of visual complications in children with JIA.

Method: All patients at our District General Hospital (DGH) with a diagnosis of JIA were retrospective reviewed. Data was collected in excel spread sheet on demographics, risk factors for uveitis, subtype of JIA, symptom at onset, immunosuppressant medication and screening schedule followed. Data was then analysed to assess if we met BSPAR standards.

Results: A total of 23 patients had a diagnosis of JIA. 3 of these were excluded as their diagnosis and initial eye screening was not done at our DGH. 7 patients (35%) were screened within 6 weeks of referral, 1 patient (5%) had 2 monthly screens during the first 6 months and 1 patient (5%) had 4 monthly screens from 6 months since diagnosis. Only 1 patient presented after 11 years of age and had not received 1 year of screening. There was 1 case of uveitis (5%). All patients had 2 or more risk factors for uveitis with 25% of patients having 5 or more risk factors. 40% of our patients were on immunosuppresive at some point with 90% under tertiary follow up.

Conclusions: Our results demonstrate that we need to be more proactive in screening for uveitis in children with JIA. All patients had risk factors for uveitis although only one developed uveitis.

Patient education and setting up of joint clinics with our ophthalmology colleagues can further improve standards and also patient compliance at a District General Hospital level. We are now in the process of introducing new patient information leaflet on ‘Uveitis in children with JIA’ which we think should also be made available on the BSPAR website so that other centres can also further improve education of children with JIA.

References


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