

Axial spondyloarthritis and uveitis: a collaborative project to reduce diagnostic delay.

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**Axial SpA
works silently.
We don't.**

BACKGROUND

- The time from symptom onset to diagnosis of axial SpA in the UK is 8.5 years [NASS].
- Previous studies show that half of patients with anterior uveitis are HLA-B27 positive and half of those have SpA [1, 2].
- There is no current formal pathway guiding ophthalmologists on when to refer to rheumatology, but the DUET study [3] is instructive in this regard. The authors created a pathway in which patients presenting with acute anterior uveitis are asked whether they had inflammatory back pain.
- At University Hospitals of Leicester, there is a combined rheumatology-eye clinic to help reduce this diagnostic delay and help foster a collaborative approach.

OBJECTIVES

- Our aim is to collect prospective data and see how many patients presenting with uveitis are questioned on inflammatory back pain, what proportion are referred to rheumatology, and what the outcomes are.
- We also aim to assess the average time from symptom onset to diagnosis in patients seen in the combined rheumatology-ophthalmology clinic.
- This data will enable us to formalise a pathway that aims to reduce diagnostic delay.

METHODS

- We created a data collection proforma and ran a pilot retrospective study testing it on a sample of HLA-B27 positive patients presenting to ophthalmology with anterior uveitis.
- This pilot study was then used to modify the proforma.
- We also reviewed a sample of patients evaluated in the combined rheumatology-ophthalmology clinic to assess time from symptom onset to diagnosis in this group of patients.

RESULTS

- Retrospective review of twenty HLA-B27 patients presenting with anterior uveitis over last 10 years.
- Age/gender: 13 male, 7 female, mean age 47 years.
- Ethnicity: 15 Caucasian, 5 Asian.
- Referral source: 18 eye casualty, one GP, one district general hospital.
- Side: 7 bilateral, 13 unilateral.
- Previous episode: 11 previous episode, 9 first episode.
- 5 out of 20 known SpA, under rheumatology.
- of those without known SpA (15 out of 20), 3 had IBP questions documented, remaining not stated in clinic letter.
- Duration of symptoms before diagnosis: 2 years, only available in one patient.
- Proforma modification in light of pilot study:
- Addition of whether uveitis is chronic.
- Whether patient was referred to combined rheumatology-eye clinic.
- Removed question on whether psoriasis present on examination.

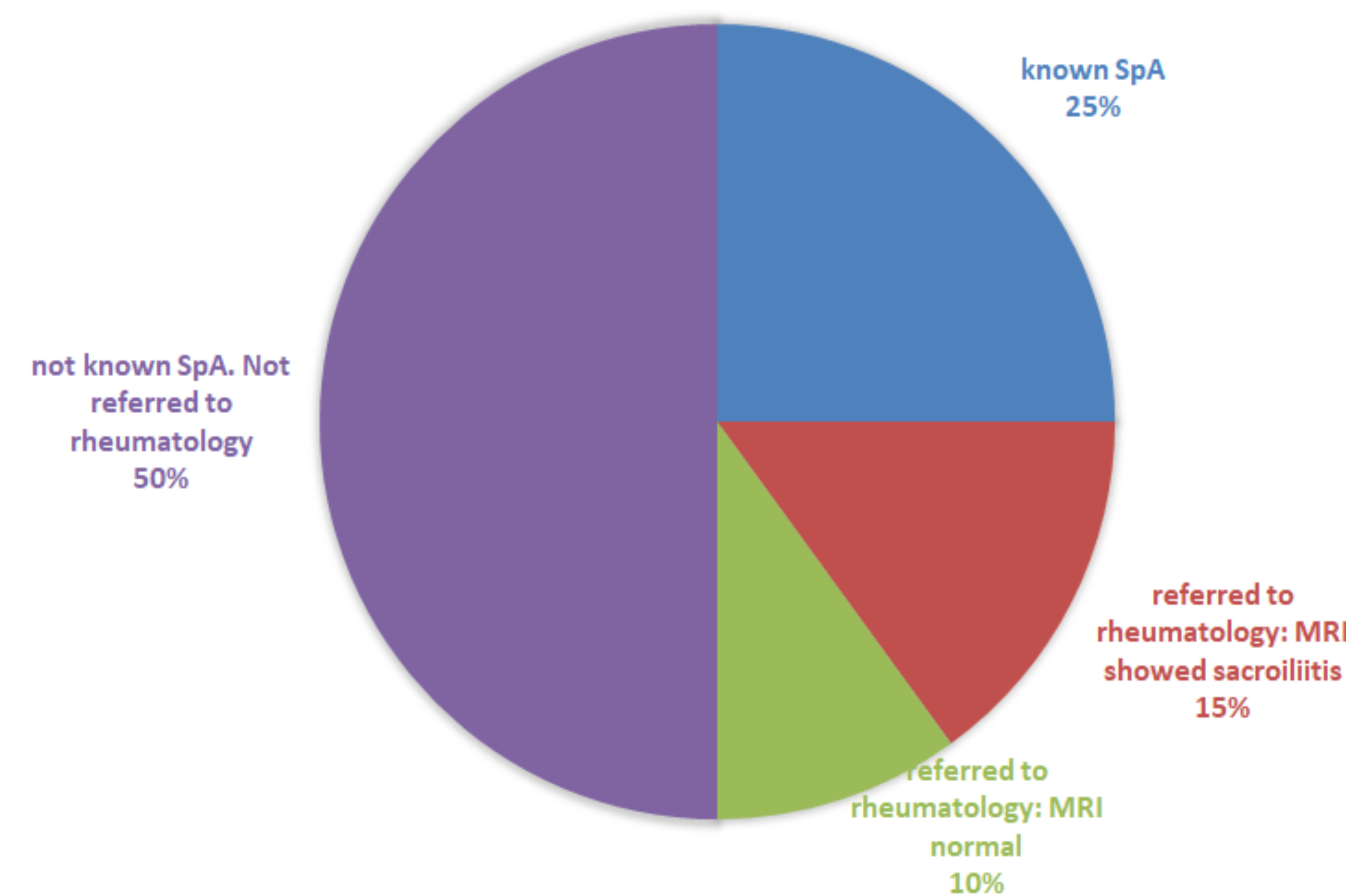
CONCLUSION

- Uveitis presents an opportunity to diagnose SpA and potentially prevent further structural damage.
- Requires a multidisciplinary approach.
- Data from the DUET study is very instructive.
- We plan to collect data locally.

References

1. Feltkamp TE, Ringrose JH. Acute anterior uveitis and spondyloarthropathies. *Curr Opin Rheumatol* 1998;10:314-18.
2. Pato E, Bañares A, Jover JA, et al. Undiagnosed spondyloarthritis in patients presenting with anterior uveitis. *J Rheumatol* 2000;27:2198-202.
3. Haroon M, O'Rourke M, Ramasamy P, Murphy CC, FitzGerald O. A novel evidence-based detection of undiagnosed spondyloarthritis in patients presenting with acute anterior uveitis: the DUET (Dublin Uveitis Evaluation Tool). *Ann Rheum Dis*. 2015 Nov;74(11):1990-5.

RETROSPECTIVE REVIEW OF 20 PATIENTS PRESENTING WITH ANTERIOR UVEITIS. ALL HLA-B27 POSITIVE



Patients reviewed in combined rheumatology and ophthalmology clinic (blue line), national average (red line)

