

Original article

# A questionnaire survey on the management of Graves' orbitopathy in China: A comparison with Europe and Latin-America

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## Abstract

**Objective:** Management of Graves' orbitopathy (GO) continues to be a challenge to clinical endocrinologists. In the last few years, surveys on GO management have succeeded in elucidating trends in Europe and Latin America. To determine how endocrinologists in China assess and treat patients with GO and gain insight into how to make the management of this disease more uniform and standardized.

**Methods:** Based on the questionnaire used in the European survey on GO, a questionnaire in China was drafted and circulated to the members of Chinese Society of Endocrinology (CSE) during the annual meeting.

**Results:** A total of 124 valid responses were analysed. Almost all respondents (94.4%) claimed that a multidisciplinary approach for GO management was valuable. Over 80% of the participants advocated the assessment of exophthalmometry, vision, visual fields by perimetry, eye movements, and fundoscopy. Glucocorticoids were preferred as the first-line therapy by 92.7% of respondents, among them, 59.7% choose the intravenous route. The treatment strategy for GO with intravenous glucocorticoids therapy still remains debatable. Anti-thyroid drugs (ATDs) were the most common choice (72.6%) for first-line therapy of coexisting hyperthyroidism. Treatment options for GO were very similar among Chinese, Latin-American and European respondents, whereas radioactive iodine and surgical treatment were more often indicated for co-existing hyperthyroidism in China.

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**Conclusion:** The appropriate treatment for patients with GO is controversial even among thyroid specialists. Further training of thyroid specialists, easier access of patients to multidisciplinary centres and establishment of practice guidelines are required for the management of this condition in China.

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*Keywords:* Graves' orbitopathy; Thyrotoxicosis; Questionnaire survey

## Introduction

Graves' orbitopathy (GO), a comorbidity of Graves' disease, remains a challenge for clinical endocrinologists. The prognosis is usually unfavorable and it requires multidisciplinary collaborations of radiologists, ophthalmologists and surgeons. The prevalence of GO is approximately 0.25% in the general population, and about 30–50% of Graves' patients have clinically apparent ophthalmopathy.<sup>1</sup> GO patients are also at high risks of sick leaves, permanent work disability and early retirement. It was reported that direct costs per year were higher in sight-threatening GO than in moderate-to-severe or mild GO.<sup>2</sup> Therefore, early diagnosis and intervention of GO is essential not only from the public health perspective, but also from an economic one.

The most appropriate approach to treat GO is not been identified yet and using glucocorticoids for treating the severe forms of GO remains controversial. The European Group on Graves' Orbitopathy (EUGOGO) and the Latin American Thyroid Society (LATS) conducted questionnaire surveys targeting their members. They found big differences among thyroid experts in treating GO.<sup>3,4</sup> Glucocorticoids were recommended by most respondents, but the ways of using glucocorticoids (orally or intravenously, alone or in combination with other treatments) differ from each other substantially. Moreover, potential problems in the diagnosis and management of GO and coexisting hyperthyroidism were identified in these studies.

The present study aims to investigate the current status of GO evaluation and treatment among Chinese endocrinologists and compare with Latin American and European.

## Materials and methods

Based on the questionnaire used in the European survey on GO, a questionnaire in Chinese was drafted

and circulated among members of Chinese Society of Endocrinology (CSE) during the 11th Annual Meeting of CSE in Guangzhou, China, 2012.

There are two parts and 18 questions in the questionnaire. In the first part, all participants were asked to give their general impressions on GO in their daily practice. The second part is about a description of an index case (Table 1). Questions related to the index case were asked, with the focus on GO diagnosis and treatment; specifically steroids usage and management of co-existing hyperthyroidism (Table 2).

Data were typed into a computer operated database (Microsoft Excel 2010; Microsoft, Atlanta, USA) and analysed using Graphpad Prism5 software (GraphPad Software Inc., San Diego, USA). Results were predominantly given as frequencies, and  $\chi^2$  tests were used to compare among China, Europe and Latin America. A *P* value <0.05 was considered statistically significant.

Table 1

Index case: patient with moderate to severe GO and hyperthyroidism.

### Index case

A 65-year-old female patient presents with typical symptoms of hyperthyroidism. She also gives a 6-week history of uncomfortable watery eyes; lid swelling in the mornings and double vision on upward and lateral gaze. She smokes 15–20 cigarettes per day. On examination, she is found to be moderately thyrotoxic. She has an easily palpable but small symmetrical goitre. There is marked periorbital edema, redness of the conjunctivae, bilateral chemosis and obvious restriction of eye movements on upward gaze, and attempts to look up provoke retro-orbital pain. Proptosis is 19 mm bilaterally. Her visual acuity is normal (6/6–1.0, bilaterally on the Snellen chart). On direct questioning, she admits to being aware that colors appear less bright than they did two weeks earlier. Fundoscopy shows normal optic disks. Biochemistry confirms thyrotoxicosis (free thyroxine 52 pmol/L, normal range 11–23; total tri-iodothyronine 9.3 nmol/L, normal range 1–2.9; thyroid-stimulating hormone (0.05 mU/L).

GO: Graves' orbitopathy.

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