



## Consensus statement

Document of treatment recommendations for non-infectious anterior uveitis<sup>☆</sup>

Gerard Espinosa<sup>a</sup>, Santiago Muñoz-Fernández<sup>b,c</sup>, José M. García Ruiz de Morales<sup>d,e</sup>,  
José M. Herreras<sup>f,g</sup>, Miguel Cordero-Coma<sup>e,h,\*</sup>

<sup>a</sup> Servicio de Enfermedades Autoinmunes, Institut Clínic de Medicina i Dermatologia, Hospital Clínic, Barcelona, Spain

<sup>b</sup> Servicio de Reumatología, Hospital Universitario Infanta Sofía, San Sebastián de los Reyes, Madrid, Spain

<sup>c</sup> Universidad Europea, San Sebastián de los Reyes, Madrid, Spain

<sup>d</sup> Unidad de Uveítis, Servicio de Inmunología, Complejo Asistencial Universitario de León, León, Spain

<sup>e</sup> Instituto de Biomedicina, Universidad de León (IBIOMED), León, Spain

<sup>f</sup> IOBA (Instituto Universitario de Oftalmobiología), Universidad de Valladolid, Valladolid, Spain

<sup>g</sup> Servicio de Oftalmología, Hospital Clínico Universitario de Valladolid, Valladolid, Spain

<sup>h</sup> Unidad de uveítis, Servicio de Oftalmología, Complejo Asistencial Universitario de León, León, Spain

## ARTICLE INFO

## Article history:

Received 5 March 2017

Accepted 29 June 2017

Available online 26 November 2017

## Keywords:

Anterior uveitis

Uveitis treatment

Uveitis treatment algorithm

Immunosuppressors

Recommendations

## ABSTRACT

**Background and objective:** To develop recommendations on the use of immunodepressors in patients with non-infectious, non-neoplastic anterior uveitis (AU) based on best evidence and experience.

**Material and methods:** A multidisciplinary panel of five experts was established, who, in the first nominal group meeting defined the scope, users, and chapters of the document. A systematic literature review was performed to assess the efficacy and safety of immunosuppressors in patients with non-infectious, non-neoplastic AU. All the above was discussed in a second nominal group meeting and 33 recommendations were generated. Through the Delphi methodology, the degree of agreement with the recommendations was tested also by 25 more experts. Recommendations were voted on from one (total disagreement) to 10 (total agreement). We defined agreement if at least 70% voted  $\geq 7$ . The level of evidence and degree of recommendation was assessed using the Oxford Centre for Evidence-based Medicine's Levels of Evidence.

**Results:** The 33 recommendations were accepted. They include specific recommendations on patients with non-infectious, non-neoplastic AU, as well as different treatment lines.

**Conclusions:** In patients with non-infectious, non-neoplastic AU, these recommendations on the use of immunosuppressors might be a guide in order to help in the treatment decision making, due to the lack of robust evidence or other globally accepted algorithms.

© 2017 Elsevier España, S.L.U. All rights reserved.

## Documento de recomendaciones de tratamiento de las uveítis anterior no infecciosa

## RESUMEN

**Fundamento y objetivo:** Desarrollar recomendaciones basadas en la mejor evidencia disponible y experiencia sobre el uso de inmunodepresores en pacientes con uveítis anterior (UA) no infecciosa no neoplásica.

**Material y métodos:** Se seleccionó un grupo multidisciplinar de 5 expertos, que en la primera reunión de grupo nominal, acordó el alcance, usuarios y apartados del documento. Posteriormente, se realizó una revisión sistemática de la literatura sobre la eficacia y seguridad de los inmunodepresores en pacientes con UA no infecciosa no neoplásica. En la segunda reunión de grupo nominal, se generaron 33 recomendaciones en base a la evidencia encontrada en la revisión sistemática y a la experiencia de los expertos. Mediante la metodología Delphi, el grado de acuerdo con las recomendaciones se extendió a 25

## Palabras clave:

Uveítis anterior

Tratamiento uveítis

Algoritmo tratamiento uveítis

Inmunodepresor

Recomendaciones

<sup>☆</sup> Please cite this article as: Espinosa G, Muñoz-Fernández S, García Ruiz de Morales JM, Herreras JM, Cordero-Coma M. Documento de recomendaciones de tratamiento de las uveítis anterior no infecciosa. Med Clin (Barc). 2017;149:552.e1–552.e12.

\* Corresponding author.

E-mail address: miguelcorderocoma@gmail.com (M. Cordero-Coma).

expertos más que votaron según una escala de uno (total desacuerdo) a 10 (total acuerdo). El acuerdo se definió como una puntuación  $\geq 7$  en al menos el 70% de los participantes. El nivel de evidencia y grado de recomendación se clasificaron según el modelo del *Center for Evidence Based Medicine* de Oxford.

**Resultados:** Se aceptaron las 33 recomendaciones generadas. Se incluyen recomendaciones específicas para pacientes con UA no infecciosa no neoplásica, así como para distintas líneas de tratamiento.

**Conclusiones:** En los pacientes con UA no infecciosa no neoplásica, estas recomendaciones sobre el uso de inmunodepresores pueden servir como guía que ayude en la toma de decisiones terapéuticas, dada la ausencia de estudios con potencia estadística suficiente, u otros algoritmos universalmente aceptados sobre los que apoyar dichas decisiones.

© 2017 Elsevier España, S.L.U. Todos los derechos reservados.

## Introduction

Uveitis is the inflammation of the middle layer of the eye (uvea), which includes the iris, ciliary body, pars plana and/or choroid. Sometimes, by extension, the retina may be equally affected.

Uveitis is common in the general population. Its incidence is estimated between 45 and 52 cases per 100,000 inhabitants/year and the prevalence is estimated at about 70 cases per 100,000 inhabitants, with anterior uveitis (AU) being the most frequent type of uveitis.<sup>1</sup> On the other hand, uveitis is a potentially serious entity since it represents the third cause of blindness in developed countries in patients of working age and 10% of total vision loss.<sup>2</sup> In addition, different studies have shown the high consumption of social and healthcare resources associated with uveitis patients.<sup>3</sup>

Recently, in a study conducted in our country, the total annual costs for non-infectious uveitis were estimated at €77,834,282.10. Pharmacological treatments accounted for 62% of them, followed by the treatment of complications, reaching almost 11% of the total cost. In the case of AU, its annual cost was estimated at €14,336,755.38, representing 18.5% of the total cost of uveitis in Spain, with a cost of €2811.17 per patient-year.<sup>4</sup>

On the other hand, the most commonly used classification of uveitis, based on the primary anatomic location of inflammation, was established by the *International Uveitis Study Group* and divides them into anterior, intermediate, posterior and panuveitis.<sup>5</sup> AU is the most common form of intraocular inflammation, representing between 50 and 92% of the total cases of uveitis described in Western populations.<sup>6,7</sup>

AU therapy includes topical treatment and immunosuppressive drugs,<sup>8</sup> including classic drugs such as methotrexate (MTX) or salazopyrine (SSZ), as well as biological therapies including anti-tumour necrosis factor alpha (TNF $\alpha$ ). However, there are hardly any recommendations, guidelines or clinical algorithms that specify how to proceed in each case, especially with immunosuppressants.<sup>9</sup> A consequence of this is the great treatment variability of these patients in daily practice.<sup>10</sup> This point is especially significant considering the prevalence of the disease and the great socioeconomic impact that uveitis has.

The aim of the present document is to establish recommendations for the immunosuppressive treatment of non-infectious, non-neoplastic AU patients based on both currently available evidence and expert experience in those clinical aspects for which scientific evidence is scarce or when the evidence needs to be put into context given the possible biases of the studies found or due to organizational healthcare reasons, in order to help the professionals involved in the treatment of these patients in their daily clinical practice.

## Methods

This is a project promoted and endorsed by the Spanish Society of Ocular Inflammation (SEIO). The Autoimmune Diseases Group of the Spanish Society of Internal Medicine, Spanish Society of

Immunology and Spanish Society of Rheumatology also endorse this project.

The nominal group technique, systematic reviews and the Delphi method were used for the preparation of the recommendation document.<sup>11</sup> The document was prepared through the assigning of tasks and comments to the different parties. The AGREE tool steps were followed in the preparation of the document. This document describes recommendations for non-infectious, non-neoplastic AU. Future documents will address intermediate and posterior uveitis, panuveitis and paediatric uveitis.

### Phase 1. First nominal group meeting

We selected a multidisciplinary group of 2 ophthalmologists, an immunologist, a rheumatologist and an internist with recognized experience in the treatment of AU patients.

In a first nominal group meeting, the objective, scope, users, definitions (Table 1) and sections of the document were agreed. A series of variables were also defined, making recommendations more homogeneous. Following this, considering that the efficacy and safety of immunosuppressants are key variables, efficacy was defined as the improvement/prevention in the number of AU flares and/or improvement in some parameters of ocular inflammation such as visual acuity or number of cells in anterior chamber and/or glucocorticoid saving. In terms of safety, the number of serious adverse events (those fatal or life-threatening, causing a persistent or significant disability, constituting a birth defect/congenital anomaly, requiring hospitalization or prolonging hospitalization) associated with the drug were considered. Subsequently, templates were designed with all this data that was distributed among the panel members.

A systematic review of the literature on the efficacy and safety of immunosuppressants in non-infectious, non-neoplastic AU was also carried out.

### Phase 2. Anterior uveitis treatment templates

Simultaneously with the systematic review of the literature, panel members completed the treatment templates in each type of AU defined (Table 2) based on their experience. These templates included, among others, the indication, the treatment of choice and the approach in case of therapeutic failure.

### Phase 3. Systematic literature review

After the establishment of a search protocol, the criteria for inclusion and exclusion of articles were defined, as well as population, intervention, comparator, outcome. The objective of this study was to evaluate the efficacy and safety of different immunosuppressants in AU patients.

Those studies that included adult patients with non-infectious, non-neoplastic AU under treatment with immunosuppressants were selected, regardless of dose, type, monotherapy or

Download English Version:

<https://daneshyari.com/en/article/8763025>

Download Persian Version:

<https://daneshyari.com/article/8763025>

[Daneshyari.com](https://daneshyari.com)