



Complete Summary

GUIDELINE TITLE

Care of the patient with anterior uveitis.

BIBLIOGRAPHIC SOURCE(S)

American Optometric Association. Care of the patient with anterior uveitis. 2nd ed. St. Louis (MO): American Optometric Association; 1997. 42 p. (Optometric clinical practice guideline; no. 7). [31 references]

GUIDELINE STATUS

This is the current release of the guideline.

According to the guideline developer, this guideline has been reviewed on a biannual basis and is considered to be current as of 2004. This review process involves updated literature searches of electronic databases and expert panel review of new evidence that has emerged since the original publication date.

COMPLETE SUMMARY CONTENT

SCOPE
METHODOLOGY - including Rating Scheme and Cost Analysis
RECOMMENDATIONS
EVIDENCE SUPPORTING THE RECOMMENDATIONS
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS
QUALIFYING STATEMENTS
IMPLEMENTATION OF THE GUIDELINE
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES
IDENTIFYING INFORMATION AND AVAILABILITY
DISCLAIMER

SCOPE

DISEASE/CONDITION(S)

- Acute anterior uveitis:
 - Traumatic anterior uveitis
 - Idiopathic anterior uveitis
 - HLA-B27 associated uveitis
 - Behcet's disease/syndrome
 - Lens-associated anterior uveitis
- Chronic anterior uveitis associated with the following conditions:
 - Juvenile rheumatoid arthritis

- Primary posterior uveitis
 - Fuchs' heterochromic iridocyclitis
- Complications of anterior uveitis, including cataracts, glaucoma and macular edema

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management

CLINICAL SPECIALTY

Optometry

INTENDED USERS

Health Plans
Optometrists

GUIDELINE OBJECTIVE(S)

- To accurately diagnose anterior uveitis
- Improve the quality of care rendered to patients with anterior uveitis
- To minimize the adverse effects of anterior uveitis
- To develop a decision making strategy for management of patients at risk for permanent vision loss from anterior uveitis
- To inform and educate patients and other health care practitioners about the visual complications, risk factors, and treatment options associated with anterior uveitis

TARGET POPULATION

Patients with suspected or diagnosed anterior uveitis

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis

1. History and physical examination
2. Ocular examination, including visual acuity, external examination, slit lamp examination, tonometry, gonioscopy, fundus examination
3. Supplemental testing including laboratory testing, imaging studies, and fluorescein angiography

Treatment

1. Corticosteroids
2. Cycloplegics and mydriatics
3. Oral steroids and nonsteroidal anti-inflammatory drugs
4. Patient education

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The guideline developer performed literature searches using the National Library of Medicine's Medline database and the VisionNet database.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not stated

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The Reference Guide for Clinicians was reviewed by the American Optometric Association (AOA) Clinical Guidelines Coordinating Committee and approved by the AOA Board of Trustees.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Diagnosis of Anterior Uveitis

The guideline describes clinical procedures for examining and managing patients with signs and symptoms suggestive of anterior uveitis or patients with diagnosed anterior uveitis. The evaluation includes the elements of a comprehensive eye and vision examination with particular emphasis on the following areas:

Patient history

Ocular examination

- Visual acuity
- External examination
- Slit lamp examination
- Tonometry
- Gonioscopy
- Fundus examination

Supplemental testing, including laboratory testing, imaging studies, and fluorescein angiography.

Assessment and Diagnosis

Narrowing the diagnosis of anterior uveitis involves at least three stages:

- Collecting and integrating clinical data
- Identifying the type of anterior uveitis as specifically as possible
- Ordering additional laboratory tests, x-rays, or consultations to rule out systemic etiologies

Ruling out conjunctivitis, episcleritis, or keratitis is a fairly straightforward procedure. However, a dilemma may exist concerning whether to order additional tests once the diagnosis of anterior uveitis has been established. The clinician should determine whether to pursue a systemic diagnosis or treat the anterior uveitis without further testing. Communication and co-management with the patient's primary care physician may be appropriate.

Specific recommendations regarding laboratory tests, x-ray studies, consults/referrals or other test to isolate systemic causes of anterior uveitis are provided in the guideline document.

Management of Anterior Uveitis

The extent to which an optometrist can provide treatment for anterior uveitis may vary depending on the state's scope of practice laws and regulations and the individual optometrist's certification. Treatment of the patient with anterior uveitis may require consultation with or referral to the patient's primary care physician or an ophthalmologist for those services outside the optometrist's scope of practice.

Basis for treatment:

The general goals for therapy in anterior uveitis are:

- To preserve visual acuity
- To relieve ocular pain
- To eliminate the ocular inflammation or identify the source of inflammation
- To prevent formation of synechiae
- To manage intraocular pressure

The treatment of anterior uveitis is nonspecific, usually involving topical therapy with corticosteroids and cycloplegics. Occasionally oral steroids or nonsteroidal anti-inflammatory drugs (NSAIDs) may be prescribed. Available treatment options include corticosteroids, cycloplegics and mydriatics (atropine, 0.5%, 1%, 2%; homatropine 2%, 5%; scopolamine, 0.25%; cyclopentolate, 0.5%, 1%, 2%), oral steroids (prednisone) and nonsteroidal anti-inflammatory drugs (aspirin, ibuprofen); and other therapies. Therapeutic regimens are described in detail in the guideline document.

Follow-up

After the initial workup, the number and frequency of follow-up visits vary, depending on the severity of disease. At a minimum, a patient may expect two to five follow-up visits after the initial diagnosis. The frequency and composition of evaluation and management visits for anterior uveitis are summarized in the following table:

Frequency and Composition of Evaluation and Management Visits for Anterior Uveitis

Severity of Anterior Uveitis	Frequency of Follow-Up Visits	Visual Acuity	Slit Lamp For Cells and Flare	Tonometry	Ophthalmoscopy	Management Plan
-------------------------------------	--------------------------------------	----------------------	--------------------------------------	------------------	-----------------------	------------------------

Mild	Every 4 to 7 days	Yes	Yes	Yes	If not done on initial visit	Refer to guideline document for specific regimens
Moderate	Every 2 to 4 days	Yes	Yes	Yes	If not done on initial visit	Refer to guideline document for specific regimens
Severe	Every 1 to 2 days	Yes	Yes	Yes	If not done on initial visit	Refer to guideline document for specific regimens

CLINICAL ALGORITHM(S)

An algorithm is provided for Optometric Management of the Patient with Anterior Uveitis.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

The optometrist plays an important role in the diagnosis and ongoing care of the patient with anterior uveitis, particularly when anterior uveitis is associated with a chronic systemic disease in which recurrences are common. In such cases, regular optometric examinations are essential to preserving eye health and good vision.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

Clinicians should not rely on this Clinical Guideline alone for patient care and management. Please refer to the references and other sources listed in the original guideline for a more detailed analysis and discussion of research and patient care information.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Clinical Algorithm
Patient Resources

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

American Optometric Association. Care of the patient with anterior uveitis. 2nd ed. St. Louis (MO): American Optometric Association; 1997. 42 p. (Optometric clinical practice guideline; no. 7). [31 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1997 (revised 1999; reviewed 2004)

GUIDELINE DEVELOPER(S)

American Optometric Association - Professional Association

SOURCE(S) OF FUNDING

Funding was provided by the Vision Service Plan (Rancho Cordova, California) and its subsidiary Altair Eyewear (Rancho Cordova, California)

GUIDELINE COMMITTEE

American Optometric Association Consensus Panel on Care of the Patient with Anterior Uveitis

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Members: Kevin L. Alexander, O.D., Ph.D. (Principal Author); Mitchell W. Dul, O.D., M.S.; Peter A. Lalle, O.D.; David E. Magnus, O.D.; Bruce Onofrey, O.D.

AOA Clinical Guidelines Coordinating Committee Members: John F. Amos, O.D., M.S. (Chair); Kerry L. Beebe, O.D.; Jerry Cavallerano, O.D., Ph.D.; John Lahr, O.D.; Richard Wallingford, Jr., O.D.

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

According to the guideline developer, this guideline has been reviewed on a biannual basis and is considered to be current as of 2004. This review process involves updated literature searches of electronic databases and expert panel review of new evidence that has emerged since the original publication date.

GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Optometric Association Web site](#).

Print copies: Available from the American Optometric Association, 243 N. Lindbergh, Blvd., St. Louis, MO 63141-7881

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

The following is available:

- Answers to your questions about anterior uveitis. St. Louis, MO: American Optometric Association. (Patient information pamphlet).

Print copies: Available from the American Optometric Association, 243 N. Lindbergh Blvd., St. Louis, MO 63141-7881; Web site, www.aoanet.org.

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

This summary was completed by ECRI on December 2, 1999. The information was verified by the guideline developer as of January 27, 2000.

COPYRIGHT STATEMENT

This NGC summary is based on the original guideline, which is subject to the guideline developer's copyright restrictions as follows:

Copyright to the original guideline is owned by the American Optometric Association (AOA). NGC users are free to download a single copy for personal use. Reproduction without permission of the AOA is prohibited. Permissions requests should be directed to Jeffrey L. Weaver, O.D., Director, Clinical Care Group, American Optometric Association, 243 N. Lindbergh Blvd., St. Louis, MO 63141; (314) 991-4100, ext. 244; fax (314) 991-4101; e-mail, JLWeaver@AOA.org.

DISCLAIMER

NGC DISCLAIMER

The National Guideline Clearinghouse™ (NGC) does not develop, produce, approve, or endorse the guidelines represented on this site.

All guidelines summarized by NGC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public or private organizations, other government agencies, health care organizations or plans, and similar entities.

Guidelines represented on the NGC Web site are submitted by guideline developers, and are screened solely to determine that they meet the NGC Inclusion Criteria which may be found at <http://www.guideline.gov/about/inclusion.aspx>.

NGC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or clinical efficacy or effectiveness of the clinical practice guidelines and

related materials represented on this site. Moreover, the views and opinions of developers or authors of guidelines represented on this site do not necessarily state or reflect those of NGC, AHRQ, or its contractor ECRI Institute, and inclusion or hosting of guidelines in NGC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding guideline content are directed to contact the guideline developer.

© 1998-2008 National Guideline Clearinghouse

Date Modified: 11/3/2008

