

THE DAILY CHECKUP BY KATIE CHARLES

—Eyeball to eyeball with uveitis—

The cause and the location can vary, but ocular inflammation can put your sight at risk — so if you have symptoms, see a doctor

► The specialist: Dr. Douglas Jabs on uveitis

A professor and the chairman of the Department of Ophthalmology at Mount Sinai, Jabs has specialized in treating uveitis for 25 years.

► Who's at risk

Uveitis is an inflammatory process that affects the interior of the eye and can cause blindness. "The first thing to understand is that uveitis is about 30 different diseases, all characterized by inflammation inside the eye," says Jabs. "Uveitis falls into the uncommon-disease category — it affects a fraction of 1% of the population," he adds, but it is still among the leading causes of blindness in this country.

The 30 forms of uveitis can have different origins, but most cases are due to autoimmune or autoinflammatory responses. "In those diseases, the body's infection-fighting system, the immune system, after some environmental insult, begins to attack the body, and in this case the eye," says Jabs. "We actually don't know what triggers most autoimmune diseases, but in those cases where we do know, it's often an infection, not in the eye, but elsewhere in the body." The autoimmune disease develops after the body clears the infection. Some autoimmune diseases attack the whole body, and others attack a particular region. In a minority of cases, uveitis is caused by an infection of the eye, or by systemic infections like Lyme disease.

Uveitis is most common in patients ranging in age from 20 to 50, but it can affect any age group. Children are prone to a form of uveitis linked to juvenile rheumatoid arthritis, and adults with rheumatoid arthritis are at higher risk, too. There is no set of risk factors common to all types of the disease. "You don't inherit the disease," says Jabs. "You inherit an increased risk or predisposition to the disease."

The varieties of uveitis are classified by what part of the eye is affected. By far the most common type is acute anterior uveitis, which affects the iris and front of the eye. "Typically, you have an attack and you get over it, but you are prone to another attack," says Jabs. On average, these attacks occur once a year, though there is wide variability. In most cases, the frequency declines with age, and the disease doesn't become chronic.

The other main types are intermediate and posterior uveitis, which affect the middle and back of the eye, and panuveitis, which affects the whole eye. "In some cases, patients with chronic disease have a disease that will burn out over a period of time," says Jabs. "In others, they have a lifetime disease that requires chronic management."

► What you can do

Don't ignore the symptoms.

"If you have a red, painful eye ... see an ophthalmologist," says Jabs.

Take your meds as prescribed.

"Adherence to medication is critical," says Jabs. "And sometimes the regimens aren't easy: you may have drops and two or three oral medications." But your vision depends on your taking the medication.

Get informed.

The American Academy of Uveitis runs a great Web site (uveitis.org) that has a big section tagged "Patient Information." It includes a handy search engine for specialists, a glossary and an "Ask Dr. Foster" option that lets you e-mail questions to a uveitis expert.



The disease's symptoms can come on gradually or suddenly, says Dr. Douglas Jabs. Photo by Aaron Showalter

► Signs and symptoms

The warning signs for uveitis vary by the specific type. "The onset can be either sudden or insidious," says Jabs. "And the symptoms can vary from the sudden onset of a painful red eye to mild symptoms, or in the case of children with JRA [juvenile rheumatoid arthritis], no symptoms at all."

For some of the chronic uveitis diseases, the symptoms can build gradually; people can develop blurred vision or "floaters," irregular floating black spots. Sometimes those with the problem adjust to the changes and delay discussing their symptoms with a doctor. For acute anterior uveitis, which accounts for 90% of all cases, people tend to visit a doctor right away because the symptoms are more severe: a red, painful or light-sensitive eye and blurred vision.

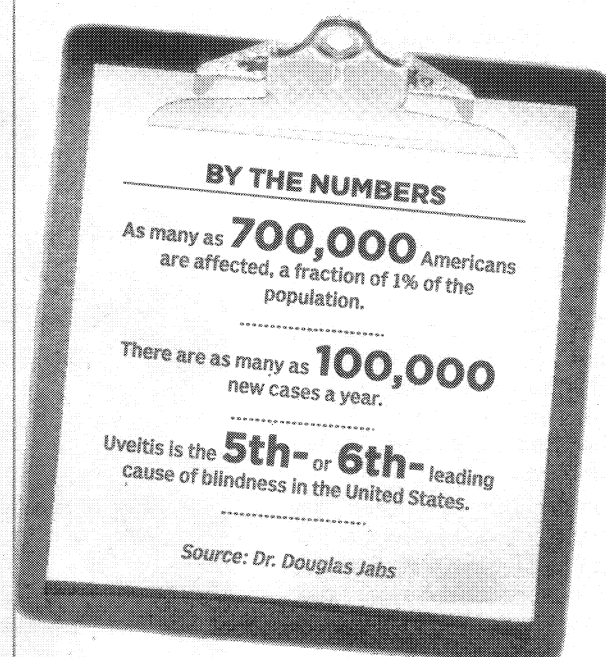
Unfortunately, the hardest-to-diagnose form of uveitis affects children. "The worst are children with JRA, because they are asymptomatic until it is too late," says Jabs. "For this reason, there are screening guidelines for children with JRA," and parents of these children should be sure to have them screened for this insidious disease.

► Traditional treatment

The first thing for patients to know is that uveitis can be contained. "Although uveitis can lead to blindness, and commonly does so, appropriate management can improve the prognosis steadily," says Jabs. Early diagnosis and aggressive treatment are vital for preserving vision.

The type of care depends on the diagnosis. Anterior uveitis can often be treated with eye drops — necessary only during the attacks, which tend to last four to six weeks. "You start off frequently— maybe once every one or two hours, until the eye is quiet," says Jabs. "Then you taper the eye drops to a chronic maintenance level of about three times a day." Between attacks, you can go off the meds.

Chronic uveitis requires chronic treatment. "More severe types typically require oral medication, which usually means immunosuppressant drugs," says Jabs. "Those are the same drugs given to patients who have undergone transplants and patients with severe rheumatic diseases." Studies have



shown that these drugs can reduce the likelihood of bad outcomes by about 80%. They are prescribed mostly by uveitis experts, who tend to be at academic institutions. If you've been diagnosed with a chronic uveitis disease and you're still seeing your ophthalmologist, you should ask for a reference to a uveitis expert to see if you are a candidate for immunosuppressant drugs.

In some cases, uveitis causes structural complications in the eye. "Just about all of us, if we live long enough, will get a cataract, but young adults with uveitis can get cataracts, as can children," Jabs notes. Surgery can be indicated for cataracts or glaucoma caused by uveitis.

► Research breakthroughs

There are aspects of uveitis that doctors still don't fully understand. "One area of ongoing research has to do with disease mechanisms," says Jabs. "The reason is that a better understanding of the disease mechanism can lead to targets for new drugs."

Doctors are also looking for implants that could be placed in the eye, thus removing the need for intensive medication regimens. "Another important area is comparative effectiveness research," says Jabs. "For instance, there is a surgical implant that has been FDA-approved, and we're comparing it to the use of immunosuppressant drugs."

► Questions for your doctor

If your doctor diagnoses you with uveitis, the first question to ask is: "What is the type of uveitis?" followed by "What is the likely duration of the disease?" Your treatment will depend on the answers. In most cases, there isn't a short-term cure, so managing the disease will depend on chronic medication.

Another good question: "Is there a clinical trial I can participate in?" Even if there aren't any at the moment, there are always trials coming down the pike.

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