

Dr. Kevin Wade Answers Your Questions

Dr. Kevin Wade presented on “Eye Manifestations of Lupus” at the Symposium on October 22. A report on his presentation will be included in the Spring 2006 issue of The Lupus Lighthouse. The following questions were asked of Dr. Wade during the Q&A Panel.

Q: When using contact lenses, what are the factors to consider and what is best type of lens?

A: If you are on immunosuppressive drugs, there is a greater chance of eye infection with contact lenses. However, there are new products which can be used, including a new silicone lens which provides more oxygen to the cornea. To be safe, never sleep in your contact lenses and limit the number of hours worn daily. One product in Canada is Panasept which has no preservatives and is a pure water product so it doesn't cause any damage. Artificial tears are pretty much all compatible with contacts – however, gels and ointments are generally too gummy for use with contacts.

Q: Can you explain photosensitivity of the eyes?

A: Photophobia is where bright light bothers your eyes. The eye can experience this for a number of reasons from the front to the back of the eye. Most commonly it is due to a dry eye, cataract, or ocular inflammation. In terms of protecting the eye, use tinted glasses, visors etc. Polarized lens or transition lens are good products which may help those bothered by bright lights. There are also some intraocular lenses used to replace the human cataractous lens at the time of cataract surgery which is a lightly tinted material in the eye – this may be of benefit to those patients who suffer photophobia and are facing cataract surgery.

Q: When should a lupus patient be referred to an Ophthalmologist, and should we be having regular eye exams?

A: Certainly if you have been on steroids for any length of time, it is worthwhile. Patients taking Plaquenil (hydroxychloroquine) should also have regular eye exams (at least yearly.) These examinations are covered by MSP if you are referred to an ophthalmologist. Otherwise, any symptoms – pain, vision problems, and changes in your eyes should prompt you to have an exam.

Q: Is a bloodshot eye for a week an issue? Is pink eye more common in lupus? What if it is not bacterial?

A: Recurrent red eye should be examined by an ophthalmologist. Conjunctivitis is not much more common with lupus, but immune suppression does makes infection more likely and possibly more severe. Episcleritis which is an inflammation of the surface layers of the eyeball can occur as can a more serious and painful scleritis – which is a deeper layer of the eye becoming inflamed. Something that blurs vision is not simple conjunctivitis and should be examined by an ophthalmologist. Some forms of scleritis can involve the cornea and the inner

components of the eye and may lead to permanent vision loss if not diagnosed and treated. Occasionally, excessive use of preservative containing artificial tears can lead to bloodshot eyes.

Q: I had scleritis twice this year – does it cause blindness?

A: Inflammation of the eye makes you more prone to further inflammations. Scleritis comes in many forms. The most common in lupus is generally treatable. Scleritis can be in the front or back of the eye. The damage can be necrotizing (leading to melting of the eye wall) and very serious, and can cause permanent damage. As long as it is not necrotizing, we can treat with topical steroids and occasionally stronger systemic medications. I have found oral nonsteroidal anti-inflammatory medications and methotrexate to be quite useful.

Q: I have CNS lupus with an odd movement of the eyes, usually in the morning. Does this relate to brain problems?

A: There are so many forms of nystagmus (involuntary rhythmic movements of the eyes.) This can be a hard thing to pin down, but some specific forms point to particular areas of the brain or brainstem. Recent onset or acquired nystagmus can affect vision because of a constantly shifting image. For some people it is a cosmetic embarrassment. Nystagmus can reflect serious disease in the brain or brainstem and should be examined by a neuro-ophthalmologist (a subspecialty of ophthalmology). In general I would be concerned about cerebritis or encephalitis when I see this. This can be treated by receiving a Botox injection into the orbit to dampen movement. There are in fact a variety of things which can be used to dampen it – glasses, prisms, fogging one eye, and even eye muscle surgery. If this is a new symptom, it may be a sign that you have active CNS (brain) lupus and should see someone.

Q: What are your suggestions regarding ocular lubricants and saline solutions?

A: Using them infrequently does not harm the eye. If you are using drops more than 4 times per day, then you have to consider the risk of preservative toxicity and should consider switching to a preservative free eye artificial tear. I have had good success with Refresh Endura, Theratears, and Bion tears among others.

Q: What are the long term effects on Sjogrens with Salagen?

A: Salagen can be a very useful drug. Salagen is the oral form of pilocarpine which was used for decades as a common glaucoma drop. When taken orally, it stimulates lacrimal and salivary glands to produce water. Unfortunately the cholinergic side effects can also cause sweating, stomach cramps, and diarrhea in sensitive individuals. I generally recommend starting with a very low dose and titrating upwards as you get used to the side effects. I usually recommend ½ tablet at night to start.

Q: I have a veil over my vision from time to time which last for 5 minutes max – any comments?

A: Brief visual loss for such a short period of time sounds vascular. This can happen with vasculitis of the main retinal artery, or an embolism. It may be unrelated to lupus. For example, it could be cholesterol build up in neck from old age. You should see an ophthalmologist for a

retinal examination. This is a dangerous situation because one of those episodes can become more serious – if a similar process occurs in the brain with a clot or particle in the blood vessel it can lead to stroke. Thankfully, this symptom is most common with migraine visual equivalent. This can occur without any headache. An ophthalmologist should help you to decide if this is serious and whether further investigations should be done.

Q: Are lupus sufferers at a higher risk for cataracts even if not on prednisone or Plaquenil?

A: Any ocular inflammation does accelerate cataract. Plaquenil has no effect on cataracts. Oral steroids, myopia (nearsightedness), aging, ultraviolet light, smoking, diabetes, and family history are all risk factors for cataract formation. Everyone develops cataracts if they live long enough. There are many misconceptions about cataracts. Generally, they occur gradually throughout life but their symptoms only become prominent as one gets older. Early symptoms include glare when driving, needing more light to read, and feeling like your glasses are not working as well.

Q: I have wrinkled retinas and am wondering if it can be related to lupus.

A: Epiretinal membrane is like a Saran wrap puckering on the surface of the retina. This can be treated with surgery if the vision falls to a low level but is not done for mild disease because of the risks of retinal surgery. Epiretinal membranes can occur after a separation of the vitreous jelly in the eye and can also occur after eye inflammation. Early symptoms include straight lines appearing wavy which we call metamorphopsia. This can also occur with macular degeneration so an eye exam periodically with this finding is a good precaution.

Q: What causes vasculitis in the eye?

A: Retinal tissue is an extension of brain – anything that effects the brain can affect the eye. The first major branch of the carotid artery is the ophthalmic artery. Vasculitis is an immune attack on the blood vessel wall and can occur in the brain, eye, or anywhere supplied by blood vessels.

Q: Can lupus patients get laser correction surgery?

A: Yes, I suppose, but I am cautious of that surgery. I am not a big advocate of that procedure to start with. 1 in 20 patients has problems with the laser refractive surgery (LASIK and PRK). It does work for some people, but I don't recommend it for an unhealthy eye. If you have lupus, you have a greater chance of infection and dry eye complications. This has not specifically been studied, but I would be very cautious.

Q: What do we need to know about getting the best care for our eyes?

A: I would suggest you bring up any eye concerns with your family doctor. You may be asked to see an optometrist initially. These professionals are not medical doctors but have been trained to examine the eyes and detect disease. Optometrists also commonly measure patients for eye glasses and contact lenses. Optometrists are capable of treating some eye diseases but government restrictions limit what they can currently do. Beware of "Sight Testing." This

contentious issue involves being measured for glasses by an optician. These professionals are not trained to examine the eye for any disease and there is a real danger that disease can be missed with "Sight Testing." An ophthalmologist is a medical doctor who has specialized in the eye and can provide both medical and surgical treatment. This usually requires a minimum of 9 years of medical training. The system works best if all members communicate and provide you with refraction, eye examination, and treatment. Most ophthalmologists require a referral from an optometrist or another physician such as your rheumatologist.

Dr. Wade completed his MD at McGill University and his Internal Medicine Residency and subsequent Ophthalmology Residency at UBC. He obtained 3 years of further fellowship training in Uveitis and Neuro-ophthalmology in Montreal, San Francisco, and Vancouver. He has been practicing ophthalmology for the past 7 years and is on staff at Vancouver General Hospital. His current practice focus is cataract and general ophthalmology.

This report has been reviewed and is printed with permission from Dr. Kevin Wade.