

Hydroxychloroquine and Retinopathy Screening Position Statement

At the July Area Prescribing Committee Meeting, Oxfordshire (APCO) the 'Hydroxychloroquine and Chloroquine Retinopathy: Recommendations on Screening' guidelines produced by the Royal College of Ophthalmologists were discussed, including what implications these have for primary care prescribers of hydroxychloroquine.

The guidelines highlight that recent data suggests hydroxychloroquine retinopathy may be more common than previously reported and that, overall, 7.5% of individuals taking hydroxychloroquine for more than five years may have some signs of retinal damage detected on specialised tests. It notes that the risk is increased for patients taking more than 5mg/kg/day, those also taking tamoxifen, and those with renal impairment.

Clinicians at the OUH were fully aware of the above guidance and OCCG has been in discussion with them to develop a long term solution for ensuring safe monitoring. After the guidance was introduced, rheumatology adjusted the annual review proforma to include hydroxychloroquine assessment. The patients are already counselled on hydroxychloroquine risks, the need for annual optometrist monitoring and the shared care card has a section to record this.

The next steps are to agree jointly future recommendations for the safe monitoring of patients receiving hydroxychloroquine, including revising the shared care protocol (SCP) and giving guidance on which patients require retinal screening. We are also working closely with colleagues across Buckinghamshire and Berkshire to ensure consistency in our approach.

At this point, we recommend that:

- **Secondary care will retain responsibility for all new patients until the new SCP is in place.**
- **GPs continue to prescribe for patients *currently* receiving hydroxychloroquine, as specified in the current SCP.** As part of the annual review, GPs should ask patients about visual symptoms, including blurred vision and take the following actions (see [updated communication](#)):
 - **Asymptomatic** Patients taking hydroxychloroquine:
 1. *Whose sight test is up to date:*
The GP should advise the patient to contact their original optometrist to obtain their **visual acuity** and the patient should take this to their GP as a baseline measurement.
 2. *Whose sight test is due or who have never had a sight test:*
The patient will be advised to book an appointment for a **normal sight test** with an Optometrist either under GOS or privately, and the patient will request their **visual acuity** is sent to their GP.
 - **Symptomatic** Patients taking hydroxychloroquine:
Patients with symptoms which might suggest hydroxychloroquine retinopathy (slow reduction in central vision or reduced colour vision) should:-
 1. Have the hydroxychloroquine stopped immediately
 2. **Be referred urgently to OUH /RBH Ophthalmology for review**

NB: A routine sight test does not include 10-2 threshold visual fields, OCT scan of the macula and Fundus Autofluorescence imaging required for screening of **high risk** pts on this medication.

Therefore an optometry eye test is not a substitute for the medical retina screening in accordance with the Royal College of Ophthalmologist's guideline. However, at present patients can be seen privately for these tests at specific Optometrist practices who have the relevant equipment. The CCG are working on setting up a system for the regular accredited screening of 'high risk' patients on this drug and more information will follow shortly.

After recent discussions the following has taken place in rheumatology:

* Identification of high risk patients who are already being prescribed hydroxychloroquine and who may not be under follow up. We are arranging to contact this group of patients and put in place a management plan.

- Patients who are currently within the rheumatology follow up/annual review system will be assessed and stratified for risk as they attend appointments.
- New starters will be risk stratified at onset and identified as to whether baseline screening is required. If there are no additional risk factors and the duration of treatment is expected to be below 5 years (as will be case for all new patients) then screening is not required. We still advise patients to have annual optometrist review and record this in the shared care card. We will inform their GP that the risk stratification has taken place and that screening is:-
 1. Not needed or
 2. Has been requested by OUHFT
- Patients with symptoms which might suggest hydroxychloroquine retinopathy (slow reduction in central vision or reduced colour vision) should:-
 1. Have the hydroxychloroquine stopped
 2. Be referred urgently to Ophthalmology for review (or to their optometrist for an initial assessment in the first instance)
- You will be informed shortly about an interim solution for ophthalmic input for high risk patients.

* Any GP who identifies a patient lost to 'follow up' can contact the rheumatology or dermatology e-mail (rheumatology.noc@nhs.net or oxon.dermatologyadvice@nhs.net)

* Any GP who has queries can contact the rheumatology team or dermatology team via their respective email: rheumatology.noc@nhs.net or oxon.dermatologyadvice@nhs.net

* Any patient who has new eye symptoms or wishes to get advice on their HCQ can use the helpline e mail address (orh-tr.clinical.rheumatology@nhs.net)

In the longer term, retinopathy screening services will be reviewed in order to implement the updated national guidelines and subsequent updated local SCP but, in the meantime, this is an interim measure to ensure the safe prescribing and monitoring of hydroxychloroquine locally using the current SCP.

5th August 2019 (updated 23rd August 2019)