Quality of Referrals for HCQ Retinopathy Screening at MREH

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Abstract:

Purpose:

- Hydroxychloroquine (HCQ) is widely used in the treatment of various inflammatory conditions.
- Although largely safe, prolonged use can cause retinopathy; hence continuous screening for retinal toxicity is required.
- The prevalence appears to be around 7.5% and can increase to 20-50% depending on dose and duration of therapy.
- RCOphth 2018 guidelines recommend that all patients planning to take HCQ have a baseline examination and imaging at a hospital eye department within 12 months of starting therapy.
- The college also recommends that information on HCQ dose, duration, indication of treatment, body weight, and risk factors such as renal impairment or tamoxifen intake is provided by the referring clinician.
- It is the responsibility of the prescribing physician to refer patients eligible for monitoring to the eye service specifying all key clinical details and highlighting increased risks for retinal toxicity.
- The aim of the audit was to determine the level of compliance in communications and referral records sent to MREH for HCQ screening with the RCOphth screening recommendations.

Methods:

- Retrospective review of records of patients referred for baseline visits between 24/08/2019 and19/12/2019.
- Availability of clinical information relevant to HCQ intake to the screening ophthalmologist was noted.

Fig 1: Referrals

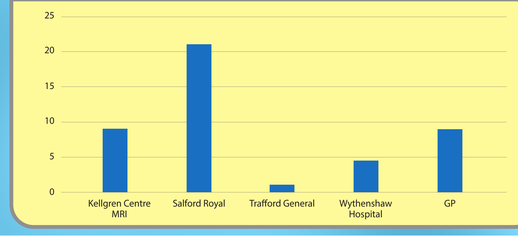
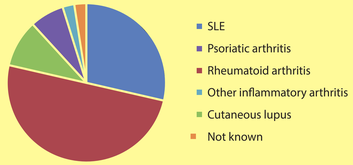


Fig 2: Indications of HCQ use



Results:

- Total number of cases reviewed was 50 cases.
- Indications of treatment and sources of referrals are shown in figures 1 and 2.
- It is expected that 100% of referrals should include relevant data on HCQ dose, duration, indication, body weight, and risk factors such as renal impairment or tamoxifen intake.
- Our audit report showed that information on body weight was mostly missing (Available in 32% of referrals).
- Higher rate of compliance was noted for indication, renal impairment, and duration of drug intake (98%, 92%, and 86% respectively).

Conclusion:

- The results highlight the incidence of missing information in referral letters for ophthalmic review for HCQ screening.
- This could have an impact on determining appropriate screening schedule in individual cases.

References:

1. Melles RB, Marmor MF. The Risk of Toxic Retinopathy in Patients on Long-term Hydroxychloroquine Therapy. JAMA Ophthalmology 2014;132:1453.
2. Marmor MF, Kellner U, Lai TYY, et al. Recommendations on Screening for Chloroquine and Hydroxychloroquine Retinopathy (2016 Revision). Ophthalmology 2016;123:1386–94.
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Key: Compliance ≥ 95% | Compliance 75% - 94% | Compliance ≤ 74%

Standard	Compliance (%)
1. Standard one Indication of treatment provided in referral letter	98% (49/50)
2. Standard two Dose of medication commenced / intended for treatment stated on referral letter	86% (43/50)
3. Standard three Duration of treatment stated on referral letter	92% (46/50)
4. Standard four Patient's current body weight mentioned on referral letter	32% (16/50)
5. Standard five Presence/absence of renal impairment highlighted on referral letter	92% (46/50)
6. Standard six Intake of tamoxifen mentioned on referral letter	92% (46/50)