Retrospective Observational Study of Weight Loss Pattern among Patients at Manchester Royal Eye Hospital Neuro Ophthalmology Clinic for Idiopathic Intracranial Hypertension (IIH)

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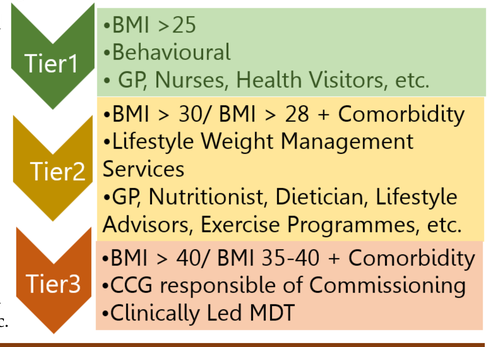
MANCHESTER ROYAL EYE HOSPITAL

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Background and Objectives

- This study was undertaken with the key objective of auditing adherence to **IIH consensus guidelines** that recommends weight reduction as the cornerstone for management of IIH patients.
- It states that achieving up to 15% weight loss in IIH patients can potentially result in disease remission.
- IIH remission was suggested by sustained Resolution of Retinal Nerve Fibre Layer swelling after weaning/ cessation of medication, and patient is discharged or on yearly follow-up.
- NICE Guideline for Obesity: identification, assessment and management further stratify Obese patients into Categories with recommended level of intervention.
- The main aim being improved patient outcomes by reducing the number of clinical visits, achieving least duration of medical therapy and minimizing referral for surgical management.

(Fig. 1). Comorbidities; e.g., HTN, DM, Musculoskeletal, Asthma, etc.



Method

Retrospective collection of data from 45 patients' notes attending MREH neuro-ophthalmology clinic for management of idiopathic intracranial hypertension with one year or longer follow up.

Exclusion criteria

1. Patients managed surgically.
2. Secondary High ICP.
3. Initial BMI < 25.

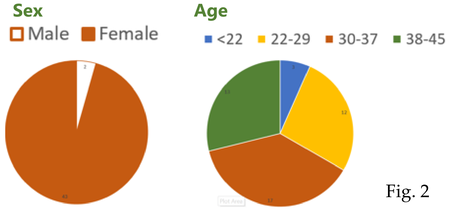


Fig. 2

Weight loss : Remission Relationship

In our study remission was directly proportional to weight loss (WL) %. All patients (n 16) who lost >5% of their weigh have achieved remission. This result correlates with the consensus guidelines.

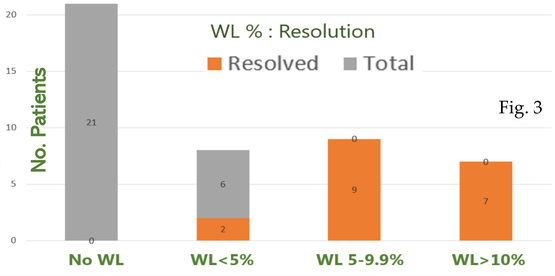


Fig. 3

Patients' Groups Analysis

- Higher BMI AND Existence of relevant Co-morbidities were found to be directly proportional to the Follow Up periods (Fig. 4)
- This is explainable by the difficulty in achieving target weights, and hence disease remission in these patients' groups (Fig. 5). Out of the 21 patients of the BMI >40 group (Fig. 5), only 3 were found to be following the Tier 3 weight loss management plan as per NICE Guideline, all have achieved remission.

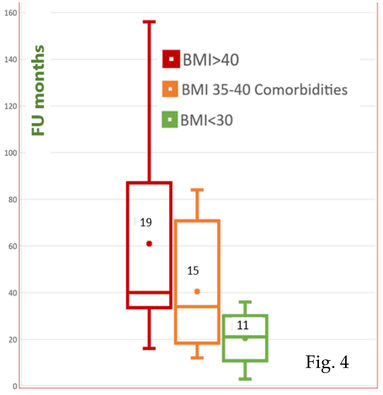


Fig. 4

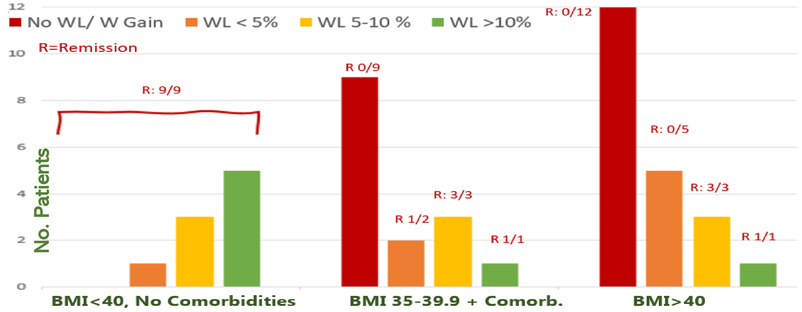


Fig. 5

Results

- 40 percent of patients (n 18) have achieved disease remission.
- Of whom; 35.5 percent lost >5% of weight, while 4.5 percent had <5%.weight loss.
- None of the patients who haven't lost any weight (n 21) have achieved remission.
- Higher Body Mass Index and existence of relevant co-morbidities are inversely related to the successful achievement of target weight and hence need longer follow-up for IIH.

Conclusion

1. IIH remission relates to weight loss. This is in line with current evidence. Moreover, remission is directly proportional to percentage of weight loss.
2. Patients with BMI > 40, and BMI >35 + Co-morbidities should be noted as these are predictors of longer time to remission.
3. NICE guidelines for Obesity Identification, Assessment, and Management should be followed. Active Awareness of the Local Weight Loss Management Pathways Relevant to the Patients with BMI >40, and BMI >35 + Co-morbidities is essential in order to mitigate the burden on Patients and on Service.

References

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2. NHS England's report on joined up clinical pathways for obesity. March 2014.
3. NICE's Obesity: identification, assessment and management Clinical guideline [CG189], November 2014.