Evaluating Ophthalmology Referral Practices in Candidemia Patients

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INTRODUCTION

Current guidelines from the Infectious Diseases Society of America (IDSA) recommend ophthalmic examinations for candidemia patients, but challenges have arisen due to declining rates of ocular candida involvement. Guidelines from RCOphth suggest a case-by-case approach based on the presence of specific risk factors. However, the decision to refer may be at the discretion of the ward doctor with little experience of the condition.

METHODS

We examined the records of 12 inpatients with positive candida blood cultures, spanning ages 2 to 80 (median age 65). We noted choice of empirical antifungal agent, decision to refer to ophthalmology, and subsequent timing of eye examination and follow up. Additionally, we identified the key risk factors for developing candidemia in our patient group.

RESULTS

7/12 patients were referred to ophthalmology, with 6/7 receiving eye examination. The majority of patients (75.0%, n=9) were commenced on empirical caspofungin, with 16.7% (n=2) commenced on other agents (e.g. fluconazole, amphotericin B). No change in antifungal therapy occurred post-eye examination. Two patients reported visual symptoms (16.7%), of which one had confirmed candida endophthalmitis. Only one patient who had initial unremarkable eye examination was followed up to assess for interval change (16.7%). Challenges included inconsistent advice regarding referral to ophthalmology and arrangements for follow up, oversight of the patient's visual symptoms, and insufficient referrals from patients in the Intensive Care Unit (ITU).

CONCLUSION

Our findings underscore the need for standardized guidance for ophthalmology referrals for patients with candidaemia, considering the needs of non-verbal/ITU patients and highlighting the most prominent risk factors before making a referral. Importantly when ophthalmology referral is deemed appropriate, considering the necessary follow-up, particularly when empirical therapy may lack ocular penetrance, is key.