

## PATIENT INFORMATION

# Eye Screening

## An information leaflet for parents of children with JIA (Juvenile Idiopathic Arthritis)

All children diagnosed with childhood **arthritis** will need to have an eye examination. This leaflet explains why. We hope it answers some of your questions, but remember, the doctors and orthoptists who see your child are very happy to answer any questions that you have.

Any medical words used in this leaflet are in bold and are explained at the end of the leaflet.

### Why does my child need eye screening?

Children with **juvenile arthritis** (JIA) can get inflammation in their eyes as well as their joints. This inflammation is called **uveitis**. It doesn't happen in every child, but we need to check regularly to make sure that eye inflammation hasn't developed, as usually it doesn't have any symptoms. Young children find it difficult to notice changes in their vision, and it is unusual for the eye to go red or sore. We therefore offer regular eye checks to all children with JIA.

Only about 1 in 10 children with **arthritis** will develop **uveitis**. It is more common in those who have only a few joints affected by **arthritis** and in those who have a positive ANA blood test. Half of these children have **uveitis** at their first check. If **uveitis** is picked up promptly by eye checks, it is likely to respond well to treatment.

### How often should eye screening happen?

Your child should have their first eye check within 6 weeks of being referred to the eye clinic, or sooner if an eye problem is suspected. They then should have screening every 2 months for 6 months, and then every 3 months until they are 12. If they are referred after the age of 12, they will have a year of screening. If they have **uveitis**, they will be seen at different intervals depending on how severe the inflammation is and what the treatment is.

### What happens when my child is seen for screening?

The screening test is very quick but important. Your child will have their vision checked by an **orthoptist** or a nurse, and then the eye doctor (**ophthalmologist**), or specialist **orthoptist** will look at the eyes to see if there is any inflammation inside. We use a special microscope called a slit-lamp. This lets us see if there are any inflammatory cells floating in the eye, and check for complications of inflammation or of treatment. Usually children over the age of about 2 can sit to use the slit lamp really well. Under this age, a hand-held microscope is used, but as this is more difficult, we encourage children to use the slit lamp as soon as possible. We normally also check the pressure in the eye with a painless machine called the i-Care.



Slit lamp microscope



iCare



Hand held microscope

### When does screening stop?

When children are 12 years old, we think they are old enough to notice any important changes in their vision and to tell you about it, and so the screening program stops. If your child has learning difficulties or other problems that make it difficult for them to let you know that their vision has changed, then they may need eye screening until they are older.

### Can I ever tell myself if my child has inflammation in their eye?

Most children do not complain of a problem, and there is nothing to see when looking at them, but a few children might notice a problem. If your child has any eye problems or difficulty seeing you should contact your eye team or your rheumatology team. The things to look out for are: redness or irritation of the eyes, headaches, reduced vision, new sensitivity to light, or if they complain about 'floaters' in their vision.

### Can my child develop uveitis after the screening stops?

Yes, developing **uveitis** will become less likely with time, but it will always be more likely for someone who has had JIA compared to someone who hasn't, even when they are an adult. Your child should seek help straight away if their vision changes.

### What about treatment if there is uveitis?

The first thing to try is almost always steroid eye drops which will be prescribed by your **ophthalmologist**. If this is not enough to control the inflammation, then your eye doctor will talk with the rest of your team of **paediatricians** and **rheumatologists** about starting other types of medicine, for example oral steroids, methotrexate or **biologic** therapies. These treatments may also be needed for the joints. **Systemic** treatments (those that are taken by mouth or injected) take several weeks to start working fully, so they are not enough by themselves if there is active inflammation in the eyes, and eye drops will also be needed to start with. Most children who have arthritis and uveitis will be looked after jointly by the **rheumatology** and **ophthalmology** teams at Torbay and at Bristol.

### **What happens without treatment?**

Complications are unlikely to develop if inflammation is spotted and treated early. The complications of untreated inflammation in the eye can include **glaucoma**, **cataract** and problems with the **retina**.

### **My child's medicines have changed, does this affect screening?**

Changes in **arthritis** medications can increase the risk of developing **uveitis**, so you may need to be seen more frequently when this happens.

**Please remember that only 1 in 10 children with JIA get uveitis. If it is picked up early it is likely to respond well to treatment. Screening helps us to catch this problem as early as possible.**

### **Medical terms**

**Arthritis** means inflamed joints

**Uveitis** means inflammation of one of the layers inside the eye called the uvea

**Idiopathic** means that the cause is unknown

**Juvenile** means young/child

**Ophthalmologist** means eye doctor

**Orthoptist** means an eye professional who specialises in looking after children's vision, and who works with the ophthalmologist

**Paediatrician** means a children's doctor

**Rheumatologist** means a doctor who looks after your joints

**Systemic** means affecting the whole body

**Biologics** these are a group of treatments used by specialists to treat problems caused by the body's immune system

**Glaucoma** is an eye problem usually involving raised pressure in the eyeball

**Cataract** is clouding of the eye's natural internal lens

### **Contact details:**

Eye appointments: 01803 656350

Orthoptics Mon-Thur: 01803 655337

Orthoptics Friday: 01803 655122

Ophthalmologist's Sec: 01803 655141

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For further assistance or to receive this information in a different format, please contact the department which created this leaflet.