

Information for Patients

Hydroxychloroquine Screening

You have been invited to attend a clinic at Manchester Royal Eye Hospital to screen for signs of damage to your eyes because you have been prescribed hydroxychloroquine or chloroquine.

What is hydroxychloroquine?

Hydroxychloroquine is a disease-modifying anti-rheumatic drug (DMARD). It is used to treat several conditions including rheumatoid arthritis, systemic lupus erythematosus (SLE) and several skin conditions. It is safe and effective; however, it has a low risk of retinal toxicity.

Hydroxychloroquine retinopathy

It is known that some people who take hydroxychloroquine for more than five years and/or in high doses are at increased risk of damage to their retina, the light sensitive layer of cells at the back of the eye. This is known as retinal toxicity or retinopathy.

Hydroxychloroquine retinopathy is rarely seen in the first five years. The risk is much higher in patients with a longer duration of use. Between 20 and 50% of people taking the drug for 20 years or more will develop retinopathy. Overall, around 7 patients out of every 100 taking the drug for more than 5 years may develop retinopathy that can be detected with specialised tests. These risks of toxicity are higher if you are taking chloroquine.

Severe retinopathy, especially in the central area called the macula, causes significant, irreversible sight loss. For this reason, the NHS now offers patients taking hydroxychloroquine regular eye health checks to screen them for signs of retinopathy.

Screening for hydroxychloroquine retinopathy

The aim of screening is not to prevent retinopathy but to detect the earliest definitive signs of it causing any problems with your vision. This appointment is aimed at patients that have been taking hydroxychloroquine for more than 5 years (or chloroquine for a year or more).

Some patients may be referred for screening earlier than 5 years if they have one of the risk factors. These risk factors include:

- Taking a high dose of hydroxychloroquine or taking chloroquine
- Taking tamoxifen for breast cancer
- Having poor kidney function

What will happen at my appointment?

Non-invasive ophthalmic procedures and photographs will be undertaken. You will have a vision test, dilating drops will be put in your eyes to enlarge the pupils and a scan (OCT) and fundus autofluorescence (FAF) will be taken after your eyes are fully dilated.

Please note: The drops that you have received during your appointment will temporarily dilate your pupils and your vision will be blurred and more sensitive to light for a few hours, so you will not be able to drive for a few hours after the appointment.

What happens next?

After the appointment the results will be assessed and we will write to you, your GP and the doctor who referred you for screening.

What happens if I have underlying retinal diseases?

Patients with underlying retinal disease may be at higher risk for toxicity, although there are no specific data to confirm this. It seems reasonable not to add a potentially toxic agent to the retina on top of existing retinal disease. The existing abnormalities may also interfere with the test results; therefore, if we detect any existing retinal diseases, we will write to you, your GP and the doctor who referred you for screening to discuss the results.

More information on hydroxychloroquine:

<http://www.bad.org.uk/for-the-public/patient-information-leaflets/hydroxychloroquine/>
<https://www.versusarthritis.org/about-arthritis/treatments/drugs/hydroxychloroquine/>
<https://www.macularsociety.org/resource/eye-screening-patients-taking-hydroxychloroquine-plaquenil>

