

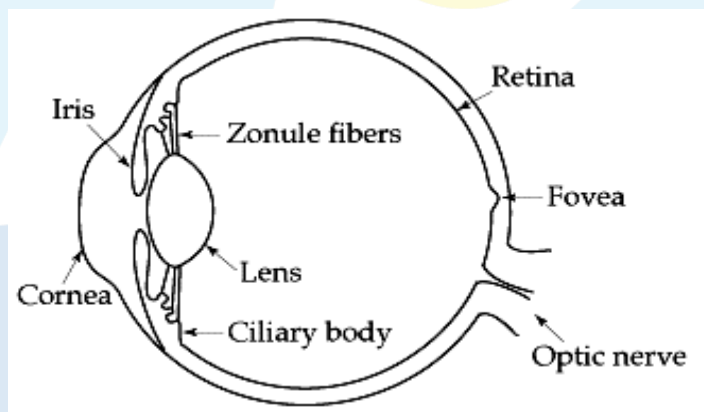
Information for Patients

Optic Neuritis

Your doctor suspects that you have had an episode of optic neuritis.

What is Optic Neuritis?

Optic neuritis is an inflammation of the optic nerve. Each eye has an optic nerve that connects to our brain and its function is to carry visual information from the retina (a light sensitive area at the back of the eye that helps to capture the image) to the occipital cortex area of our brain which interprets that image into what we recognise as sight.



Optic neuritis can occur in both children and adults and may affect one or both eyes; however, it typically affects women more than men between the ages of 18-45 with an average age of 30-35 years.

What causes Optic Neuritis?

The exact cause of optic neuritis is unknown. The optic nerve fibres are coated with myelin which acts as an electrical insulation to help the optic nerve conduct the electrical signals back to the brain. In the most common form of optic neuritis the myelin coating of the optic nerve is attacked by the body's immune system.

What are the symptoms?

The most common symptom of optic neuritis is a sudden decrease in vision. In mild cases it may look like 'the contrast is turned down' or that colour appears 'washed out.' You may experience slight pain in or around your eye which may be worse on eye movement. Optic neuritis usually only affects one eye but can affect both. It is more likely to affect both eyes in children.

How is it diagnosed?

Optic neuritis may be difficult to diagnose as your eye looks perfectly normal. Often the inside of your eye also looks normal. A few patients with optic neuritis have swelling of the optic disc (the beginning of the optic nerve) at the back of the eye. Both of your eyes will be examined and tests for colour vision, visual acuity and pupil assessment will be made. Blood tests may also be required. Based on these findings a diagnosis will be made.

What is the treatment?

Treatment with steroid medications may speed up vision recovery although a study – The Optic Neuritis Trial (ONTT) – suggested that recovery was likely to be equal after six months whether patients were treated with steroid drugs or placebo drugs (dummy pills). Patients who were treated with a specific steroid called Methyl-Prednisolone did have a slightly quicker recovery of their vision although the final visual outcome was no better than those who were not treated.

Steroid treatment is sometimes recommended for patients who have severe visual impairment, optic neuritis in both eyes, or if they have poor vision in the unaffected eye. Treatment options will be discussed with you by the ophthalmologist.

Will my symptoms improve?

In the vast majority of patients vision does improve; however, it may not return to normal. It is likely that there will be a significant improvement whether you are treated or not. It is rare to cause complete visual loss in one eye. Visual recovery usually takes place after two – three weeks with best visual recovery in about six months. This will vary from person to person and may be quicker or slower. The associated pain will normally resolve within a few days of onset but the vision may vary becoming more blurred during exercise or taking a hot bath or shower.

Do I have Multiple Sclerosis?

Multiple Sclerosis (MS) is a disease in which the body's immune system attacks the myelin in the brain and/or spinal cord. An episode of optic neuritis may be the first sign of MS.

Your ophthalmologist may suggest consultation with a Neuro-ophthalmologist to discuss the risk of MS and the need for any further investigations for example brain scan. The chances of good visual recovery are not affected by the development of MS.

The information in this leaflet is a general guide only. Should you require any further information please speak to your ophthalmologist or GP.

