

453FM.1 HYDROXYCHLOROQUINE (HCQ) RETINAL SCREENING DURING THE COVID-19 PANDEMIC

A joint statement by Ophthalmology and Rheumatology

Retinal screening of HCQ patients is not available during the COVID-19 pandemic.

Royal College of Ophthalmologists (RCOphth) guidance¹ recommends that all routine ophthalmic services are postponed unless there is high risk of rapid, significant harm if they are delayed.

Ophthalmology A&E services (Eye Casualty) are to stay open with consultant level support for both triage and seeing patients.

Action for GPs

- Be aware of HCQ patient groups that may require screening and the steps being taken by specialists to minimise risks - see [appendix](#) below and full details in the Bucks HCQ shared care protocol².
- Ensure that all patients taking HCQ **are reviewed at least annually by the specialist rheumatologist/dermatologist.**
- Provide patient advice to those in the 'screening' groups:
 - If there are subtle changes in night vision, less colour vision, reduced peripheral vision, a spot near the centre of the visual field (a paracentral scotoma) or significant loss of vision, contact your GP.
 - Signpost patients to national patient information leaflets/guidance (see below).
- Refer patients in the 'screening' groups to Eye Casualty if they report any of the above symptoms.

National Patient Advice

- RCOphth Hydroxychloroquine and chloroquine retinopathy: recommendations on monitoring Lay Summary Jan 2020 <https://www.rcophth.ac.uk/wp-content/uploads/2020/02/HCR-Recommendations-on-Monitoring-Lay-Summary.pdf>
- Macular Society Eye screening for patients taking hydroxychloroquine Plaquenil® Nov 2019 <https://www.macularsociety.org/sites/default/files/resource/eye-screening-for-patients-taking-hydroxychloroquine-plaquenil-accessible-ms040-nov-19.pdf>

Back-up Information and Advice

Service	Wycombe and Amersham	Stoke Mandeville
Ophthalmology	Eye casualty on 01296 315939 or the registrar on call via switchboard for any urgent sight related issues	Eye casualty on 01296 315939 or the registrar on-call via switchboard for any urgent sight related issues
Rheumatology	01296 315960 (specialist nurse helpline – may take 48 hours for response). In an emergency contact consultant rheumatologist of the week 01296 316664. Rheumatology Reg: Bleep 905/907 via switchboard Email: bht.rheumatology@nhs.net	01296 315960 (specialist nurse helpline – may take 48 hours for response) In an emergency contact consultant rheumatologist of the week 01296 316664 Rheumatology Reg: Bleep 905/907 via switchboard Email: bht.rheumatology@nhs.net
Dermatology	09:00 – 17:00 contact on-call registrar or consultant via switchboard 01494 526161	09:00 – 17:00 contact on-call registrar or consultant via switchboard 01296 315000
Medicines Resource Centre	Bucks.medicinesresourcecentre@nhs.net 09:00 – 17:00: 01494 425355	

REFERENCES

1. Royal College of Ophthalmologists guidance: Management of Ophthalmology Services during the COVID pandemic 28th March 2020. <https://www.rcophth.ac.uk/wp-content/uploads/2020/03/RCOphth-Management-of-Ophthalmology-Services-during-the-Covid-pandemic-280320.pdf>
2. Buckinghamshire Hydroxychloroquine use in Rheumatology and Dermatology shared care protocol version 2. http://www.bucksformulary.nhs.uk/docs/Guideline_795FM.pdf?uid=944154217&uid2=202069219011
3. RCOphth Hydroxychloroquine and chloroquine recommendations on screening Feb 2018 <https://www.rcophth.ac.uk/wp-content/uploads/2018/07/Hydroxychloroquine-and-Chloroquine-Retinopathy-Screening-Guideline-Recommendations.pdf>
4. RCOphth Hydroxychloroquine and chloroquine retinopathy: recommendations on monitoring January 2020 <https://www.rcophth.ac.uk/wp-content/uploads/2020/02/HCR-Recommendations-on-Monitoring.pdf>
5. Versus Arthritis Hydroxychloroquine PIL <https://www.versusarthritis.org/about-arthritis/treatments/drugs/hydroxychloroquine/>
6. British Association of Dermatologists HCQ PIL <https://www.bad.org.uk/shared/get-file.ashx?id=92&itemtype=document>

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SDU(s)/Department(s) responsible	Ophthalmology, Rheumatology
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Appendix

HCQ 'screening' group²

- Planning to take HCQ for more than five years*.
- Have been taking HCQ for more than five years*.
- Are taking HCQ and have additional risk factors for retinal toxicity i.e. HCQ dose >5 mg/kg/day, estimated glomerular filtration rate (eGFR) <60 ml/min/1.73 m²), concomitant tamoxifen use**.

*Annual screening required after 5 years' treatment.

** Annual screening required (date of initiation on the recommendation of Ophthalmologist).

The above are RCOphth recommendations^{3,4}. There is currently no formal national screening program or mandate.

Steps being taken by specialists to minimise the number of patients who need monitoring²

- When starting HCQ in rheumatoid arthritis (RA) patients (the largest group of HCQ patients), a shorter course (<5 years) of combination therapy is planned.
- HCQ withdrawal is started once low disease activity/remission is achieved.
- Attention is paid to the body weight and eGFR at the start of the treatment and at follow up /annual review clinics. This ensures that doses and risks are kept to a minimum.
- It is aimed to reduce the number of patients with RA who remain on HCQ at 5 years.