

Systemic corticosteroid use in uveitis practice: Results from the ocular inflammation steroid toxicity risk (OSTRICH) study

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Abstract

Objectives – To ascertain adherence to a target of systemic corticosteroid (CS) prescribing in uveitis (maintenance dose $\leq 7.5\text{mg/day}$ for <3 months) and report the frequency with which courses of high dose systemic CS are prescribed. Methods – A national multicentre audit was conducted at 11 sites within the UK. CS prescribing data for patients attending uveitis clinics for a 6-week period between November and March 2019 were collected. Excess CS was defined as (1) maintenance dose $>7.5\text{mg}$ prednisolone for >3 consecutive months, or (2) >1 course of either $\geq 40\text{mg}$ oral or $\geq 500\text{mg}$ IV methylprednisolone in the past year. Case notes of patients exceeding the threshold CS doses were reviewed by an independent uveitis specialist and judged as avoidable or not, based upon a scoring matrix.

Results – Of 667 eligible patients, 285 (42.7%) were treated with CS over the preceding 12 months, and, of these, 96 (33.7%) exceeded the threshold dose for CS prescribing. 22% of prescribing in patients on excess CS was judged to be avoidable, mostly attributable to the prescription of long-term CS without evidence of consideration of appropriate alternative strategies. More patients received IMT in the group treated with excess CS than that treated below excess dose ($p=0.015$) but there was no significant difference in the doses of IMT.

Conclusion – One-third of patients requiring systemic CS were prescribed excess CS based upon a consensus target. An assessment of clinical decision-making suggests that there may be opportunity to reduce excess CS prescribing in a proportion of cases.

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Biography:

Lorna Leandro is an Academic Foundation Year 2 trainee at the University Hospitals NHS Foundation Trust. She completed her pre-clinical medical studies at the University of Cambridge and her clinical medical studies at the University of Oxford.