

DEBATE: IS CHRONIC TOPICAL CORTICOSTEROID THERAPY EVER ACCEPTABLE TREATMENT? – AFFIRMATIVE

D.A. Jabs

USA

Juvenile idiopathic arthritis (JIA) –associated uveitis is a chronic anterior uveitis associated with high rates of ocular complications and visual loss. Studies have demonstrated that with less severe uveitis, the median time to a drug-free remission is ~10 years, and that with severe disease, only ~20% enter a remission even after 20 years of disease. As such chronic therapy typically is needed. Furthermore, studies have shown that complete suppression of the inflammation results in better long-term outcomes. A survey of pediatric rheumatologists reported that ~85% of patients with JIA and uveitis are being treated with methotrexate, suggesting that the large majority of patients of these will require immunosuppression to control the process. However, among children treated with immunosuppression for the eye disease, long-term treatment is required. Prompt relapse is nearly universal after stopping immunosuppression unless the patient is treated for 3 or more years with immunosuppression and unless the uveitis is inactive (on treatment) for 2 or more years. Even then, although remissions can be induced, there is a substantial relapse rate. Therefore, a patient whose uveitis can be suppressed on topical corticosteroids only at a dose low enough to minimize side effects can be treated with topical corticosteroids only. The primary risks of topical corticosteroids are cataract and elevated intraocular pressure. Available data suggest a minimal risk of cataract, even with long-term treatment, at prednisolone acetate 1% three times daily or less. Among patients treated with topical prednisolone acetate 1% about 5-10% will get a substantial rise in intraocular pressure, and the peak time to intraocular pressure rise is 2-3 weeks. Hence patients who do not have a pressure rise after the initial treatment period are unlikely to have one later, as long as the inflammation is controlled. Furthermore, other topical corticosteroids, such as rimexolone 1%, have similar efficacy in controlled clinical trials and are less likely to experience elevated intraocular pressure. Therefore, patients who do not have an early rise in intraocular pressure are likely to tolerate chronic topical corticosteroids.

Hence the data suggest that about 15% of patients with JIA-associated anterior uveitis can be managed successfully with chronic topical corticosteroids.