

QUESTION 2

WHAT IS THE QUALITY AND STRENGTH OF EVIDENCE IN PEER-REVIEWED MEDICAL LITERATURE ON THE SUBJECT OF EMPLOYMENT OF STEROID-SPARING IMMUNOMODULATORY THERAPY IN THE CARE OF PATIENTS WITH UVEITIS?



C. Stephen Foster, MD, FACS, FACR

The advent of corticosteroid use for the treatment of uveitis, as developed by Gordon and McLean¹ in 1950, revolutionized the care of patients with uveitis. While all drugs have potential side effects, some, including corticosteroids, are guaranteed to produce highly undesirable side effects if used for prolonged periods. Indeed, the development of cataract and glaucoma became obvious within 1 year of the introduction of corticosteroid therapy for treating uveitis. By the 1960s, thoughtful ophthalmologists were searching for nonsteroid substitutes to replace corticosteroids for their patients who had uveitis that relapsed with corticosteroid withdrawal. Wong and Hersh² introduced the idea of systemic methotrexate therapy for such patients, and many others subsequently published their experiences with other steroid-sparing immunomodulatory agents over the subsequent 40 years.³⁻¹⁰

The practice of evidence-based medicine relies upon data in peer-reviewed literature, which is judged to be high quality and strong evidence of efficacy and of substantial clinical benefit. The quality of the evidence can be judged based upon the sorts of studies and reports found in the peer-reviewed literature, with the highest quality evidence deemed to come from at least one well-designed, placebo-controlled, double-masked, randomized clinical trial. We in ophthalmology have suffered from lack of such trials because of the