

Table 18-1
Frequency of Ophthalmologic Examination in Patients
With Juvenile Idiopathic Arthritis

Type	ANA	Age at Onset, y	Duration of Disease, y	Risk Category	Eye Examination Frequency, months
Oligoarthritis or polyarthritis	+	≤6	≤4	High	3
	+	≤6	>4	Moderate	6
	+	≤6	>7	Low	12
	+	>6	≤4	Moderate	6
	+	>6	>4	Low	12
	–	≤6	≤4	Moderate	6
	–	≤6	>4	Low	12
	–	>6	NA	Low	12
Systemic disease (fever, rash)	NA	NA	NA	Low	12

ANA indicates antinuclear antibodies; NA, not applicable.

Recommendations for follow-up continue through childhood and adolescence.

Adapted from Cassidy J, Kivlin J, Lindsley C, Nocton J. Ophthalmologic examinations in children with juvenile rheumatoid arthritis. *Pediatrics*. 2006;117:1843-1845.

When patients are discharged from the regular screening program, it is vital to stress to them that they, and the family, are now deemed able to detect any changes in their vision that may signify a new onset or flare of uveitis. It does NOT mean that their risk of uveitis has gone away completely. A tip for family self-monitoring is to remind the young patient to self-check the vision (ie, by reading small print with each eye once a week). Monitoring may need to continue indefinitely if there are other reasons why the young person may be unable to detect a change in vision or may be unwilling to seek re-referral (eg, learning difficulties or treatment noncompliance).

References

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4. Cassidy J, Kivlin J, Lindsley C, Nocton J. Ophthalmologic examinations in children with juvenile rheumatoid arthritis. *Pediatrics*. 2006;117:1843-1845.
5. Royal College of Ophthalmologists; British Society for Pediatric and Adolescent Rheumatology. *Guidelines for Screening for Uveitis in Juvenile Idiopathic Arthritis (JIA)*. London, UK: Royal College of Ophthalmologists; 2006.