

EyeHealth Scotland Hydroxychloroquine Advice

September 2019

For those seeking clarification on how to manage current individuals on Hydroxychloroquine in Scotland, the following suggestions could be used where local guidelines are absent:

Recommendations in Rheumatology and Dermatology Clinics

At baseline assessment and at annual review:

- Enquire about and document any visual impairment which is not corrected with spectacles
- Asymptomatic patients should not be referred to community optometrists for screening purposes, but advised to attend when they are due to be seen for their regular NHS General Ophthalmic Services (GOS) primary eye examination.

Category of patients	Maximum frequency at which primary eye examinations are to be carried out
Patients aged under 16 years	Annually
Patients aged between 16 years and 59 years	Biennially
Patients aged 60 years or over	Annually
Patients with diabetes	Annually

If visual impairment develops or patient becomes visually symptomatic then patients should be referred to a community optometrist urgently.

Recommendations for Community Optometrists:

- Patients on Hydroxychloroquine or Chloroquine who are asymptomatic can be assessed within existing GOS primary eye exam intervals appropriate to their age. This would be a routine examination and should not be considered equivalent to a screening service. If a patient on Hydroxychloroquine or Chloroquine treatment attends for a routine eye examination, you should make it clear to the patient that you are not providing a screening service.
- Symptomatic patients should be assessed as a supplementary eye exam, or a primary eye exam if this is due (both within the GOS framework) No specific tests are required outwith GOS provisions, but OCT imaging, FAF, and H10-2 Visual fields may be used if available
- Refer to HES ophthalmology if any abnormalities detected, or unexplained visual loss