

Guidelines for hydroxychloroquine retinopathy call attention to systemic meds with ocular effects

Ophthalmologists should be aware of recently published and revised guidelines from AAO regarding screening for hydroxychloroquine retinopathy, said **Sarah Wellik, MD**, Miami, during [Sunday morning's](#) session "Spotlight on Ophthalmic Manifestations of Systemic Diseases: What You Need to Know." The AAO update published earlier this year recommends annual screening once a patient has used hydroxychloroquine for 5 years and notes that spectral domain optical coherence tomography can identify signs of toxicity more quickly than a visual field test, Dr. Wellik said. Hydroxychloroquine is used in some patients with rheumatological disease.

Dr. Wellik discussed other drugs that can have ocular toxicity in certain patients, such as erectile dysfunction (ED) medication. This drug type can cause anterior ischemic optic neuropathy in certain patients, especially older men—which is also the population most likely to use ED drugs. Dr. Wellik's take-home message was: If a patient presents with new ocular manifestations, ask about any new medications.

During another presentation at the same session, **Raquel Goldhardt, MD**, Miami, addressed systemic infections with ocular effects. Have a high suspicion of ocular syphilis in patients experiencing eye pain, redness, and interstitial keratitis. This is because there were 20,000 new cases of primary or secondary syphilis diagnosed in the U.S. in 2014, a 40% increase compared with 2010. Other infections to consider in certain patients include infective endocarditis—more common in patients with dental extractions or a resection of the prostate—and endogenous endophthalmitis. Risk factors for the latter include patients with a recent hospitalization, urinary tract infection, intravenous drug abuse, or immunosuppression.