Thyroid Eye Disease: Who to refer to ophthalmology

Prior to referral, please ensure that the patient has up to date Thyroid Function Tests (within last 6 weeks at least) and that they have had a check of TRAb antibodies within the last 6 months. Referral can be made while the results are pending. Please also ensure that patients are advised about smoking cessation and given advice to commence selenium (200 micrograms daily) while they await review. A patient information sheet on selenium is available on the patient information leaflet section. Patients should also be prescribed topical lubricants, such as viscotears to both eyes qds prn and lacrilube at night.

An assessment of the patient's disease activity and severity will help determine how urgently they should be seen.

CLINICAL ACTIVITY SCORE (Mourits Score)

1. Spontaneous retrobulbar pain
2. Pain on attempted up or down gaze
3. Lid swelling
4. Lid redness
5. Conjunctival chemosis
6. Conjunctival swelling
7. Caruncular swelling

One point for each feature present.

A score of >3/7 indicates active GO or more indicates active disease.

A separate picture guide is also available on Refhelp to assist in assessing clinical activity

Three other features may indicate active disease:

In the last 3 months:

1. Increase in proptosis of ≥ 2mm
2. Decrease in VA (≥ 1 snellen line)
3. Increase in diplopia (decrease in uni-ocular excursion in any one direction of ≥ 8°)

ASSESSMENT OF SEVERITY

Severity classification

1. **Sight threatening GO**: patients with dysthroid optic neuropathy (DON) and/or corneal breakdown. This category warrants immediate intervention.

2. **Moderate to severe GO**: patients without sight threatening GO whose eye disease has sufficient impact on daily life to justify the risks of immunosuppression (if active) or surgical intervention (if inactive). Patients with moderate to severe GO usually have any one or more of the following: lid retraction >2mm, moderate or severe soft tissue involvement, exophthalmos >3mm above normal for race and gender, inconstant or constant diplopia.

3**. Mild GO**: patients whose features of GO have only a minor impact on daily life insufficient to justify immunosuppressive or surgical treatment. They usually only have one or more of the following: minor lid retraction (>2mm), mild soft tissue involvement, exophthalmos >3mm above normal for race and gender, transient or no diplopia, corneal exposure responsive to lubricants

HOW SOON SHOULD PATIENTS BE SEEN?

1. **URGENT – 1-2 weeks**

   Symptoms:

   - Unexplained drop in vision
   - Awareness of change in intensity or quality of colour vision in one or both eyes
   - History of one or both eyes popping out (globe subluxation)

   Signs:

   - Obvious corneal opacity
   - Cornea still visible when the eyelids are closed
   - Optic disc swelling

2. **NON – URGENT 1–2 months**

   Unusual presentations of Graves' eye disease to confirm diagnosis eg. unilateral symptoms and signs, euthyroid eye disease

   Symptoms:

   - Eyes abnormally sensitive to light: troublesome or deteriorating over the past 1–2 months
   - Eyes excessively gritty and not improving after 1 week of topical lubricants
   - Pain in or behind the eyes: troublesome or deteriorating over the past 1–2 months
   - Progressive change in appearance of the eyes or eyelids over the past 1–2 months
   - Appearance of the eyes has changed causing concern to the patient
   - Seeing two separate images when there should only be one

   Signs:

   Troublesome eyelid retraction
   Abnormal swelling and/or redness of the eyelids or conjunctiva
   Restriction of eye movements or manifest strabismus
   Tilting head to avoid double vision

3. **No referral is needed for Graves' Disease with minimal eye symptoms or signs**.