

# BSPAR ECS Event of Special Interest (ESI) Report UVEITIS

BSPAR ECS ID:

HRN:

## Event Details (please annotate with any additional information including relevant clinical signs and symptoms)

Biologic at time of event:

Date of Event:

Is this a new-onset uveitis? ☐ No ☐ Yes – please provide date of diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_Or a relapse/worsening of uveitis? ☐ No ☐ Yes – please provide date of diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Uveitis

#### localisation:

- ☐ Right eye  
☐ Left Eye  
☐ Both sides

#### Uveitis type:

- ☐ anterior  
☐ intermediate  
☐ posterior  
☐ panuveitis

### Uveitis course

- ☐ Acute (episode characterised by sudden onset and limited duration)  
☐ Recurrent (repeated episodes separated by periods of inactivity without treatment  $\geq 3$  months in duration)  
☐ chronic (persistent uveitis with relapses in  $\geq 3$  months after discontinuing treatment)  
☐ Not known

Is uveitis currently active? ☐ YES ☐ NO ☐ DON'T KNOW

• Has this patient had any Uveitis complications? (Please indicate below)?

Complication	No	Yes (please provide date)
Band keratopathy		
Cataract		
Synechiae		
Glaucoma or raised intraocular pressure		
Visual loss $<0.4$		
Visual loss $<0.1$		
Other (please specify)		

• Was additional medication necessary? No ☐ Yes ☐ details: \_\_\_\_\_• Was MTX or biologic stopped due to uveitis? No ☐ Yes ☐ details: \_\_\_\_\_

Form completed

By: \_\_\_\_\_

On: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Thank you for your help!**

**Please return to:** BSPAR ECS, Arthritis Research UK Epidemiology Unit, Unit 4 Rutherford House, 40 Pencroft Way, Manchester Science Park, M15 6SZ, or fax to 0161 2751640.