

Tusker

Uveitis is inflammation of the uveal tract, which lines the inside of the eye behind the cornea. It can produce swelling, destroy eye tissue and damage the structures in the eye, causing reduced vision or blindness.

In many cases the cause is unknown but known causes include autoimmune disease such as arthritis, sarcoidosis and ankylosing spondylitis, and infection such as herpes, syphilis and TB.

Types include infectious and the more common type in Australia, non-infectious (autoimmune).

Uveitis affects people of all ages but is more common in young and middle-aged people.

New treatment prevents vision loss

Tusker Patterson was just a boy when diagnosed with the sight-threatening condition uveitis, but 20 years of coming to the Eye and Ear for treatment have prevented him from going blind.

Medical management has meant that Tusker, from Maldon, near Bendigo has been able to continue working as a production planner with a smallgoods company. He is currently in a trial where he regularly self-injects a promising medication, Humira.

“The main symptom is blurry vision when I have flare-ups but medication generally controls flare-ups and blurriness. I also have black spots or ‘floaters’ in front of my eyes pretty consistently.” Tusker explains.

Tusker describes uveitis as his immune system attacking his eyes. As swelling in the back of the eye increases, vision goes blurry. With each flare-up is the risk of permanent damage and vision loss.

“I’ve tried different medications but Prednisolone was the most effective and the only one that consistently worked. Because it is a steroid it reduces the inflammation, but there can be nasty side effects such as osteoporosis if you are on it long term.”

His doctor recommended he apply for the trial through the Centre for Eye Research Australia (CERA) which is based at, and works collaboratively with, the Eye and Ear.

“It has been fantastic. Fairly quickly after going on Humira I noticed a big improvement in my vision and I have been able to completely come off the steroids.

“It’s the best treatment for me and controls the disease better than anything else.”

Head of the Eye and Ear’s Ocular Immunology Clinic, consultant ophthalmologist specialising in uveitis, Associate Professor Lyndell Lim, is head

of the clinical trials unit at CERA and a principal research fellow at the University of Melbourne.

“Industry knows we run the clinical trials unit at CERA to a very high standard and therefore asks us to run their trials,” she said.

“CERA’s collaboration with the Eye and Ear means we can offer these trials to Eye and Ear patients.”

Drug company, Abbvie asked CERA to take part in the global Visual Trial in 2008 for people with sight-threatening non-infectious non-anterior uveitis.

“All patients in our trial had active diseases and were taking high dose steroids but since the trial, many have been able to reduce or in many cases stop steroids and not relapse. For these patients, it’s been a better treatment,” Professor Lim says.

Humira is injected under the skin, initially by a physician, then patients self-inject fortnightly at home. It has been on the market for 10 years for rheumatoid arthritis, irritable bowel syndrome and juvenile idiopathic arthritis (which can cause uveitis) but is being trialled for the new indication, uveitis.

Associate Professor Lim and Tusker are hoping the results will enable TGA approval and PBS listing so Humira is available for uveitis patients.

Tusker says: “Without the Eye and Ear and all the doctors over 20 years taking care of me and the fantastic researchers at CERA, I would be blind. They’ve saved my vision.”