

# Efficacy of Adalimumab in treating severe non-infectious posterior uveitis

Sheffield Teaching Hospitals NHS Foundation Trust

Sikuade MJ, Pawloska N, Sears KS, Rennie IG, Quhill FM  
Royal Hallamshire Hospital, Sheffield, United Kingdom

## Introduction

- Non-infective posterior uveitis may be treated initially with local or oral corticosteroids, followed by the introduction of steroid-sparing immunosuppressive agents. In our clinical practice, despite immunosuppression agents, a number of our patients still have inadequate disease control. Several patients also experienced intolerable adverse side effects on immunosuppressive agents.
- At the time this study was conducted, Adalimumab (Humira) was not approved by NICE and was only available on an individual basis through independent funding request via NHS England.
- This retrospective case study details our experience of Adalimumab for the treatment of non-infectious posterior uveitis

## Patient Population

- Indication for starting on Adalimumab was disease refractory to oral steroid and immunosuppressive agents, or intolerance to immunosuppressive agents
- Data collected in June 2016: 18 patients ( 6 Male & 12 Female)
- Age range: 30 to 72 years (average age = 50.5)
- We reviewed outcome indicators at 1 month, 3 months and 6 months after commencement of Adalimumab.

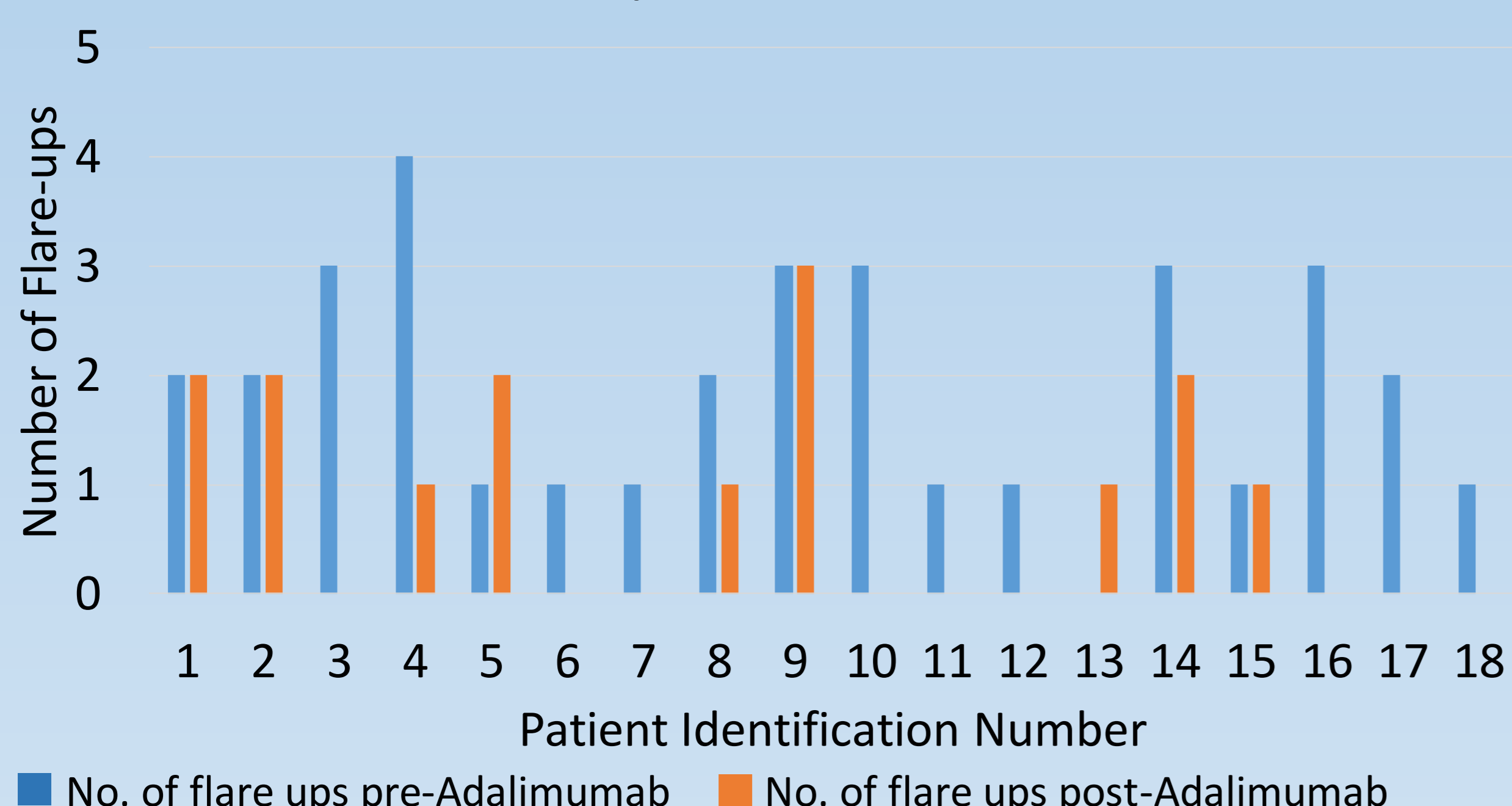
## Outcome Indicators

- Visual Acuity: significant vision loss defined as reduction of vision by 1 Snellen visual acuity chart line or more in the worse seeing eye. Improvement defined as increase of 1 or more Snellen visual acuity lines
- Inflammation Control: A flare up was defined as an increase in inflammation by 1+ of cells, or more/worsening CMO which required alteration of treatment.

## Results

- Visual acuity at the last clinic visit prior to the commencement of Adalimumab vs 6 months on Adalimumab: **55% gained one or more lines of visual acuity with an average gain of 2 lines on the Snellen visual acuity chart. 28% had no change in visual acuity. 17% had worse visual acuity losing an average of 1.6 snellen visual acuity lines**
- Number of flare ups in the 6 months leading up to starting Adalimumab vs the number of flare ups 6 months after: **Average pre- Adalimumab was 1.88 and post-Adalimumab was 0.833 ( 2-tailed t-test P value is 0.003)**

Number of Flare-ups Pre and Post-Adalimumab

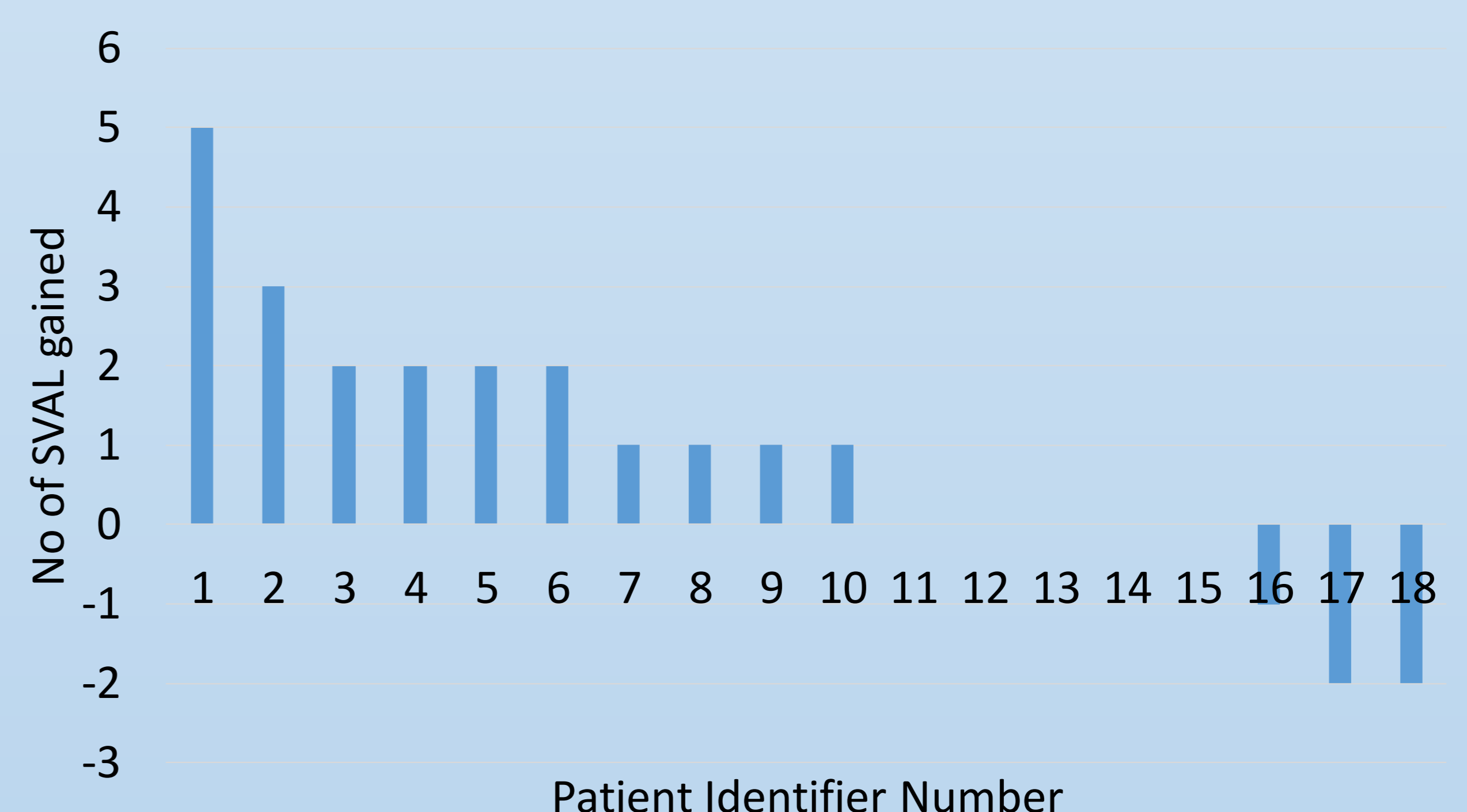


## Results

Diagnosis	Medications Pre-Adalimumab	Treatment Post- Adalimumab
Idiopathic panuveitis	IF	None
Panuveitis	My	My
HLA B-27 Anterior uveitis	None	None
Birdshots	T,My,Pred,MTX	TR,MTX
Presumed Ocular Histoplasmosis	Pred,MTX	Pred,MTX
Chronic panuveitis	MTX,My	MTX
Birdshots	My	None
Panuveitis. Necrotising scleritis	Pred	Pred
Chronic vasculitis	OZ,MTX,T,My,Pred	TR,MTX,Pred
Idiopathic retinal vasculitis	T,My,Pred	Pred
Multifocal choroiditis	AZ,Pred,MP	Az,Pred
Birdshots	MTX,My,Pred	My,Pred
Birdshots	MTX,Pred	MTX,Pred
Chronic panuveitis	M	My
Behcets	MTX,My,T,Pred	MTX,My,Pred
Sarcoidosis related uveitis	MTX,My,Pred	My,Pred
Behcets and ARN	Pred,IF	Pred
Idiopathic uveitis.	My	None

Table 1: Clinical diagnosis and treatment history before and 6 months after starting Adalimumab. Abbreviations: M: Male, Female. My: Mycophenolate Mofetil/Sodium, Pred: Prednisolone, IF: interferon, OF:Orbital floor steroid, TR:Triamcinalone, MP: Methylprednisolone, T:tacrolimus,MTX; methotrexate, C:Cyclosporin, OZ: Ozurdex, AZ: Aziathioprine, SVAL: snellen visual acuity line.

Number of Snellen Visual Acuity Lines gained after 6 months on treatment with Adalimumab



## Conclusions

- Our study contributes to a growing body of evidence that shows Adalimumab has a role to play in the management of sight threatening or uncontrolled posterior uveitis. A significant number of patients maintained or improved vision after 6 months on treatment and experienced fewer number of flare ups.
- From our clinical experience Adalimumab has significantly improved overall disease control in several patients.
- At the time of this study Adalimumab had not been approved by NICE and was only available to some patients.
- Since July 2017, NICE has recommended Adalimumab as an option for treating non-infectious posterior uveitis in adults with inadequate response to steroid and immunosuppressive agents.
- This is a promising development which will improve the tolerant to other

## Reference

Adalimumab and dexamethasone for treating non-infectious uveitis Technology appraisal guidance. NICE. July 2017  
[nice.org.uk/guidance/ta460](https://www.nice.org.uk/guidance/ta460)