Results: Of all patients on hydroxychloroquine (regardless of dose), 64% of patients had no mention of ophthalmologic monitoring on their documented clinic letter. Documentation of monitoring did not vary by dose, despite the increased risk of toxicity for those on 400 mg daily.

Table to show percentage of electronic documentation of patients screened on hydroxychloroquine

<table>
<thead>
<tr>
<th>Hydroxychloroquine</th>
<th>documented(%)</th>
<th>undocumented(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 mg daily</td>
<td>35</td>
<td>65</td>
</tr>
<tr>
<td>400 mg daily</td>
<td>44</td>
<td>54</td>
</tr>
<tr>
<td>200 mg/400 mg alternate days</td>
<td>0</td>
<td>100</td>
</tr>
</tbody>
</table>

This audit suggests that Queens Medical Centre patients are not meeting the set standard of ophthalmological review.

Conclusions: The BSR guidelines have highlighted that there are organisational barriers to monitoring, but acknowledges that ophthalmological risks are present with the use of continued hydroxychloroquine therapy. High risk patients with existing or early signs of visual involvement, should be selected for early assessment and more vigilant follow up. SD-OCT was found to be significantly more cost effective than standard ophthalmological examination. It should be acknowledged that the results of the audit reflect documentation as opposed to practice. Mention of ophthalmological monitoring does not ensure that doctors are actually asking about visual problems. Guidelines have since been updated in April 2017 that recommend annual screening only after 5 years of therapy is sufficient but with a full ophthalmological screening by an ophthalmologist.

REFERENCES:

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