

THYROID EYE DISEASE

Understanding Thyroid Eye Disease, Eye Changes & The Importance of Early Assessment

Thyroid eye disease is an autoimmune inflammatory condition that affects the tissues around the eyes. It is commonly associated with thyroid dysfunction, especially Graves' disease, and may cause redness, dryness, lid retraction, prominence of the eyes and, in more severe cases, double vision or optic nerve compromise.



EDGBASTON EYE CLINIC

Safe, Efficient & Patient Centred Care



5 ★ RATED ON GOOGLE

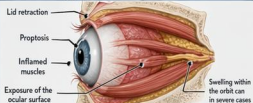
EXPERT CARE | **ADVANCED TECHNOLOGY** | **SAFE, EFFECTIVE TREATMENTS** | **PERSONALISED APPROACH** | **SHORT WAITING TIMES & FLEXIBLE APPOINTMENTS**

1 CAUSES & RISK FACTORS

- Autoimmune thyroid disease, especially Graves' disease
- Smoking increases risk and severity
- Thyroid dysfunction: hyperthyroidism, hypothyroidism or fluctuating thyroid status
- May occur even when thyroid blood tests are normal
- More common in middle age and in women
- Family history / autoimmune tendency may contribute

i Smoking cessation is one of the most important modifiable factors in thyroid eye disease.

2 WHAT HAPPENS?



- Inflammation affects the tissues and muscles behind the eye
- This can push the eye forwards and affect lid position
- The eye surface may become exposed and dry
- Eye muscle involvement may cause diplopia
- In severe disease, the optic nerve may be compressed

i Not all thyroid eye disease is severe, but early recognition is important.

3 COMMON SYMPTOMS

- Gritty, dry or watery eyes
- Redness and irritation
- Puffy eyelids / swelling around the eyes
- Prominent or bulging eyes
- Eyelid retraction or staring appearance
- Light sensitivity
- Double vision
- Blurred vision
- Pain or discomfort, especially on eye movements

! Reduced vision, colour desaturation or new double vision should be assessed promptly.

4 CLINICAL SIGNS

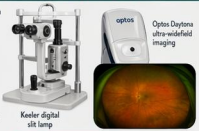


- Lid retraction and stare
- Proptosis (prominent eyes)
- Conjunctival injection / chemosis
- Exposure keratopathy and dry eye signs
- Restricted ocular motility causing diplopia
- Rarely, compressive optic neuropathy

i Severity varies from mild ocular surface symptoms to sight-threatening disease.

5 ASSESSMENT AT EDGBASTON EYE CLINIC

- ✓ Full symptom history and ocular examination
- ✓ Keeler digital slit lamp assessment
- ✓ Visual acuity and colour vision assessment
- ✓ Ocular surface evaluation
- ✓ Assessment of eye movements and diplopia symptoms
- ✓ Optos Daytona ultra-widefield retinal imaging where indicated
- ✓ OCT imaging if indicated, especially if optic nerve or retinal assessment is needed
- ✓ Referral pathway for co-management or onward ophthalmology review when required



i Clinical assessment helps determine severity, identify ocular surface disease and recognise red-flag features.

6 MANAGEMENT / TREATMENT

A Ocular Surface Care <ul style="list-style-type: none">Lubricants and sagular surface supportNight-time ointment if requiredManage exposure symptoms	B General Measures <ul style="list-style-type: none">Smoking cessationOptimise thyroid status with GP / endocrinology teamSunglasses may help comfortMonitor symptoms over time	C Medical / Specialist Care <ul style="list-style-type: none">Some patients require hospital eye service reviewPrisms may help selected patients with diplopiaSpecialist treatment may be needed in active moderate-to-severe disease	D Later / Rehabilitative Management <ul style="list-style-type: none">Stable disease may later require prisms or surgery in selected casesOngoing monitoring is important
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i Management depends on severity and activity. The priorities are protecting the ocular surface and identifying sight-threatening disease promptly.

7 WHEN TO SEEK URGENT HELP

- Sudden reduction in vision
- Loss of colour vision or colours appearing washed out
- New or worsening double vision
- Significant pain or pain on eye movement
- Severe redness with exposure symptoms
- Concern that the eye is becoming more prominent rapidly
- Any concern about optic nerve involvement

! Seek prompt specialist eye assessment if your vision changes, double vision develops, or you are concerned about thyroid eye disease.

KEY POINTS

Thyroid eye disease is linked to autoimmune thyroid dysfunction	Smoking increases risk and severity	Dry eye and lid changes are common	Double vision or reduced vision need prompt assessment	Early recognition helps protect sight and comfort
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