

Graves' Orbitopathy Assessment Guide

Graves' orbitopathy is an autoimmune condition affecting the eye tissues in patients with Graves' disease. It can occur in hyperthyroid, euthyroid, or hypothyroid states and affects about 40% of patients. In moderate to severe cases, it can significantly impact vision, appearance, and quality of life. Therefore, **timely and complete referrals to Oculoplastics is necessary** to reduce morbidity, such as rapid worsening of orbital symptoms and vision loss.

Endocrinologists should screen for Graves' Orbitopathy regularly in patients with Graves' Disease

Does your patient have clinically active eye disease based on the CAS? (see photos)

No

Continue usual endocrinology follow-up.

Yes

Review Triage Criteria

EMERGENT (SIGHT THREATENING)

- Optic neuropathy: relative afferent pupillary defect (RAPD), decreased visual acuity, decreased colour vision
- Exposure keratopathy

Please page Ophthalmology on-call at Mount Sinai, Sunnybrook or St. Michael's (closest to where your patient is) and send the patient to ED.

Sight-threatening Graves orbitopathy is a medical emergency. Patients may require intravenous glucocorticoids, and they may also need urgent orbital decompression surgery.

URGENT (1-2 weeks)

- CAS ≥ 3 on initial assessment
- Subjective worsening of vision
- New onset double vision <3 months

ROUTINE (2-3 months)

- CAS score 0-2 on initial assessment
- No pain
- No subjective vision worsening

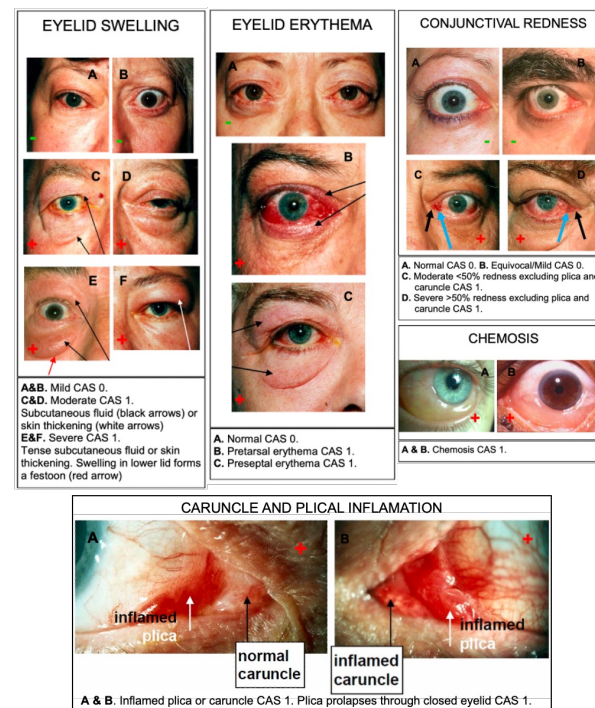
Referral to Oculoplastics using Referral Form (linked here)

Management of clinically active Graves' Orbitopathy could include oral/IV steroids, radiation, and/or surgical decompression. If steroids are deemed necessary, the eye specialist will prescribe them and monitor the clinical outcome. Endocrinology may be asked to monitor for complications of high dose corticosteroids, such as diabetes, bone health, and hypertension.

Clinical Activity Score

Active disease can be quantified using the clinical activity score (CAS). A score of ≥ 3 out of 7 is considered indicative of active Graves' Orbitopathy. Each of the following findings contributes **one point** to the total score:

1. **Spontaneous orbital pain** (retrobulbar pain or pain on eye movement)
2. **Gaze-evoked orbital pain** (pain with upward, downward, or lateral eye movement)
3. **Eyelid swelling that is considered to be due to active GO**
4. **Eyelid erythema**
5. **Conjunctival redness that is considered to be due to active GO** (redness in the lining of the eye)
6. **Chemosis** (swelling of the conjunctiva)
7. **Inflammation of the caruncle OR plica** (the small fleshy part at the corner of the eye)



Adapted from www.eugogo.eu