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The Burden of TED

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

Dr. Smith:

Thyroid eye disease, or TED, is among the most common orbital diseases occurring in North America and in Europe. The condition can lead to vision loss without proper diagnosis and timely management. How are patients with TED affected by this disease?

This is CME on ReachMD, and I'm Dr. Terry Smith.

Dr. McGee:

I'm Dr. Selina McGee.

TED can be a painful and disfiguring disease to live with. The good news is there are management strategies and an approved treatment with even more therapies in the pipeline. However, living with TED is not easy.

Diagnostic delay and misdiagnoses are common. Symptoms can become more severe over time. In our patient populations as an optometrist, I often see patients with chronic dry eye issues, allergic conjunctivitis. Those can be easily misdiagnosed if this isn't moved up in our differential as we look at patients and care for patients, and it's really important because their quality of life is greatly reduced depending on the severity of their symptoms. They can have pain, double vision and diplopia, proptosis and even vision loss in some cases. This, of course, if you have double vision, is quite disabling. Patients aren't able to work, they lose their independence, and this can lead to their mental health greatly being affected. And because they look in the mirror and they don't recognize who they see, because of the changes to their structures can lead to disfigurement, that greatly weighs on their minds, and patients are at risk for depression, risk of suicide.

I have a patient that I've cared for for the last 20 years, and she has TED and she went through 2 orbital decompression surgeries because she was having vision changes that were sight-threatening. And to this day, she still is uncomfortable with the way that she looks because of those surgeries, and yes, we saved her vision, but we can never forget how this affects people's mental health and what this does to the person as a whole.

Dr. Smith:

Early diagnosis is important to minimize the negative impact of TED over time. Optimal management has its own challenges. Ocular surface disease and optic nerve compression must be detected and treated as soon as possible. Side effects of steroids can be serious and should be followed closely, ideally by an endocrinologist. Side effects with approved therapy need to be recognized and mitigated if possible. Patients need to be informed of the potential for these developing, prior to therapy initiation. Infusions are time consuming and can be cumbersome. Surgery may help, but these are often reserved until the disease is inactive, which can take 1-3 years.

Dr. McGee:

Thank you, Dr. Smith. That's exactly right, and I would say my one take-home message for our audience is moving this up in your differential diagnosis, because as you mentioned, early diagnosis is key because these patients need a team of TED specialists, whether that is their endocrinologist alongside their neuro-ophthalmologist or oculoplastic surgeon and their optometrist, because their journey through this disease can take many years. And so the earlier the diagnosis is, the earlier these patients can be therapeutically managed.

Dr. Smith:

Absolutely, Selina, and I would add that TED is a lifelong disease which can complicate everyday life, thus imposing a substantial burden on its quality. We should all remember that just because the disease has stopped progressing or changing, and just because patients have overcome the initial hurdles imposed by the disease, they need lifelong support from the entire medical care team.

Thank you, Dr. McGee. Thanks for joining us.

Dr. McGee:

Thank you, Dr. Smith.

Dr. Smith:

This has been CME on ReachMD. Thank you to our audience for tuning in.

Announcer:

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