Inflammatory eye diseases are a group of conditions characterized by intracranial inflammation. These are conditions that are little-known, poorly understood, and undervalued. However, they have a great impact and burden as they cause significant visual loss in people of economically productive age. They cause 10-15% of world blindness, occupy the 3rd place of preventable blindness, and 25-50% can be the first manifestation of an autoimmune disease.1,2

Because of this, non-inflammatory eye diseases require systemic treatment, including corticosteroids, immunosuppressants, biologics, and long-term follow-up due to their chronic nature and corresponding socioeconomic impact.

These impacts are multifaceted, affecting employment and productivity, financial strain, education, quality of life, and family dynamics. The aim of this study was to determine demographic data, symptoms, time to diagnosis, type of treatment, socioeconomic level, behavior, attitudes, feelings towards the disease, and unmet needs.

### Results

Disease affects mostly women (76%) of productive age. Autoimmune diseases are associated in 25%. The socioeconomic level is divided between 3 groups, being lower in males. (Table 1) Patients come from the central and southeastern parts of the country. (Figure 1) Medical and surgical treatment are varied. (Table 2)

It impacts daily life (44%), cannot lead a normal life, and have negative feelings toward disease. (Table 3)

### Conclusions

Compared to our previous study,4 females remain the most affected, but there is a trend to toward seeing higher socioeconomic levels of patients, and patients are arriving earlier. Therefore, they need more immunomodulatory treatment, somehow less biologic treatment, and having more surgeries.

It is important to note that even though patients have social security, it is not used to manage their uveitis. Consequently, patients are attending our hospital and paying for their treatment. This may be due to changes in the healthcare system and the COVID-19 pandemic, as our hospital did not stop seeing patients.

It is crucial to consider the effect on patients lives, so a change in health policies is needed to help in all spheres of the patient’s illness and life. This would facilitate early diagnosis, provide appropriate treatment, according to national guidelines, prevent progression, and thus reduce visual loss, ultimately influencing the economic burden of the country.

### Methods

One hundred interviews were conducted to adult patients with non-inflammatory eye diseases at Inflammatory Eye Disease Clinic, Asociación Para Evitar la Ceguera en México, I.A.P. in 2024.

The following data was obtained: demographic characteristics, symptoms, time to diagnosis, number of doctor visited, number of emergency consultation, type and number treatment received (immunomodulatory and surgical), socioeconomic level, social security affiliation, expenses and concepts that generating expenses; and impact on life and accompanying emotional journey (behavior, attitudes, feelings towards the disease, and unmet needs).

Patients were randomly invited and if accepted, a validated questionnaire with closed questions was used. The interviews were performed in a comfortable environment and confidentiality was maintained. Data were collected, archived and compared to a previous study performed in 2018.4

### Disclosure

The authors have nothing to disclose.

### References


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