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Cost of Care of Patients with Uveitis

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Increasingly restrictive “gate keeping” policies of health maintenance organizations, insurance companies, and other medical insurance plans have created increasing pressure on ophthalmologists to be parsimonious in their use of medical services in both the diagnostic and therapeutic care of patients with a variety of medical disorders, including those with uveitis. These pressures are particularly prominent in the physician’s care of patients with chronic diseases, and ophthalmologists caring for patients with uveitis are increasingly experiencing this restrictive pressure.

We wondered what the cost of diagnostic and therapeutic care of a patient with uveitis might be, given what we, as a uveitis referral center, see as appropriate yet fiscally prudent care. The cost of care obviously varies greatly, depending on the underlying cause and on the severity of uveitis and associated complications.

As a first step in estimating the total annual direct cost in the care of patients with uveitis, we restricted our analysis to patients with HLA-B27 associated uveitis. We also restricted our analysis to the direct medical cost of caring for such patients, recognizing that direct non-medical costs, indirect morbidity costs, and other intangible economic loss costs, disability payments, absences from work, etc. are real but difficult to measure costs of the total cost of the patient’s illness. Direct medical costs are transactions and expenditures for medical products and services, including diagnostic studies, physician fees, hospitalization costs, surgical costs, rehabilitation and subsequent long-term care costs.

A cohort of 105 patients with HLA-B27–associated uveitis was studied in 2002. The diagnosis in each case had been established in a uveitis clinic, and a minimum follow-up of two years was available for each patient. The patients’ records were reviewed for diagnostic studies and their associated costs, physician and hospital fees related to visits and/or surgery, and the costs of medical therapy. The average direct annual cost per patient per year was calculated.

As an introduction, a stepladder approach to therapy is employed in an effort to eliminate recurrences of uveitis. The first step is the use of short-term corticosteroids by any route necessary to achieve quiescence of inflammation in an acute phase. Oral nonsteroidal anti-inflammatory agents are added if recurrences persist despite corticosteroid therapy. Immunomodulatory therapy (IMT) is employed if

patients continue to experience recurrent inflammation despite treatment with oral nonsteroidal agents.

In this study, ten patients eventually required the use long-term oral immunosuppressive agents, and 30 patients were on chronic oral non-steroidal anti-inflammatory drugs. The average annual cost of care of these patients was \$4,108.60 (range \$433 – \$9,683.18). These results reflect an average cost of caring for a cohort of patients with recurrent HLA-B27 associated uveitis of varying severity. The results may serve as an indicator, to health maintenance organizations and other pooled-risk insurers, of the cost of prudent care of patients with this form of uveitis. We would emphasize that we were very cautious and parsimonious in our use of laboratory tests and frequency of return visits, striving for the greatest degree of economy, while at the same time striving for the best possible outcomes.

In another study conducted in France in 2008, Kobelt and colleagues reported that the total annual cost per patient was estimated at a minimum of \$6,271. However, it is not clear whether medication costs were included in their analysis.

Finally, in 2025, Sriranganathan and colleagues evaluated the economic burden and cost-effectiveness of management and interventions for non-infectious uveitis. They concluded that NIU poses a significant economic impact, particularly in patients with blindness and those on advanced therapies.

Clearly, patients with recurrent or chronic uveitis require substantial healthcare expenditure. However, this is money well spent, as the preservation of vision through modern management of these patients significantly reduces the prevalence of blindness secondary to uveitis and, consequently, the overall economic burden on society.

The references below provide more detailed information.

References

- 1) Kobelt G, Richard B, Plesnilla C, Buchholz P, Brézin A, Héron E, Labetoulle M, Sahel J, Bodaghi B. Evaluation of the cost of uveitis treatment: one-year analysis from a retrospective chart review in France. ARVO Annual Meeting Abstract; May 2008.
- 2) Sriranganathan A, Mihalache A, Grad J, Miranda RN, Felfeli T. Economic Burden and Cost-Effectiveness of Management of Non-Infectious Uveitis: A Systematic Review. *Ocul Immunol Inflamm*. 2025;33(7):1206-1226.