ELECTIVE (SSC5a) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

What is the prevalence of different types of uveitis in the population of East Jerusalem and how does it compare with the global prevalence of uveitis?

Uveitis is a relatively rare eye condition. However, it is the 5th leading cause of blindness in the developed world. It can affect both genders and occurs across different age groups, including children and young adults. There are different ways of classifying uveitis (e.g. according to the anatomical location of the inflammatory process and aetiology).

Globally, idiopathic anterior uveitis is the most common form of uveitis. Non-infectious types constitute a vast majority of cases in the developed countries (67-90%); whereas infectious types occur more frequently in the developing areas (30-60%).

After attending uveitis clinics and searching through the patient records during data collection, I noticed that, anatomically, the most common diagnosis is anterior uveitis. There is a high prevalence of Behcet disease in the Palestinian population. Behcet disease is most common along the ancient "Silk Road" route in the Far East and Mediterranean areas, which explains the increased prevalence of this eye condition among Palestinians. Interestingly, there is no data published on the uveitis epidemiology in Palestinian patients. Thus, my reflection is limited to my observations of patients attending St John hospital in Jerusalem.

What are the medications used to manage uveitis in East Jerusalem? How is it different from the UK?

The treatment of uveitis is similar in both places. Treatment is personalised to each patient depending on the extent of inflammation and patients' response to medication. During flare-ups, uveitis is managed with increased doses of oral Prednisolone. Sometimes, topical steroids are also given. Experiencing flare-ups prompts review of long-term immunosuppressants, such as DMARDs. Depending on the case, their dose might be increased or another medication can be added. If flare-ups are recurrent, a decision can be made to add/change to a much more expensive treatment, which is a biologic medication (such as Humira).

In East Jerusalem, I noticed that DMARDs of choice include Azathioprine and Ciclosporine for adults. For children, Methotrexate is typically given. Some patients are also managed with Infliximab and Rituximab. Roughly 30 patients are treated with Humira, which is a type of biologic (Adalimumab) given mostly to patients that did not respond to other immunosuppressants.

It is important to note that many uveitis patients have systemic involvement, and hence a multidisciplinary approach is often required to achieve the best treatment outcomes. The MDT approach is the same in both East Jerusalem and the UK. It mostly involves collaboration with rheumatologists, as many patients suffer from spondyloarthropathies and other types of arthritis. Some of them require review from internists if they develop any derangements in their blood tests, or symptoms of, e.g. heart or liver problems. The threshold for referral to other healthcare professionals is lower as many patients receive immunosuppresants.

What are the challenges faced by uveitic patients in East Jerusalem when seeking diagnosis and treatment?

There are many challenges faced by patients in East Jerusalem. Even though St John offers the best treatment and ocular assessment, some patients struggle with access to the hospital due to difficult geopolitical situation in this region. Most patients live in West Bank and have to go through checkpoints when entering Jerusalem. This might result in delayed presentation and missing follow-up visits.

When I was collecting data on patients on Humira, I noticed that some of them struggled to obtain Humira on time. As a result, some patients did not receive a few doses of Humira in a row, which caused their uveitis to flare-up. I was explained that this happens due to supply issues from the Ministry of Health.

Gain more exposure to using slit-lamp in order to enhance my examination skills. Develop a better understanding of the geopolitical situation in East Jerusalem.

During my stay at St John, I could observe how to correctly set up a slit lamp. I gained a better understanding of the different types of lenses used to look at the back of the eye. I also learned what parameters to assess when examining eyes under the slit lamp. These include, but are not limited to, assessment of eyelids, conjunctiva, cornea, anterior chamber, lens, vitreous and retina. I was also shown OCT images, from which I learnt how to spot drusen in someone with dry age related macular degeneration.

One of the highlights of my stay was the opportunity to learn about the complicated geopolitical situation in Jerusalem. I was quickly made aware of the fact that East Jerusalem is not part of Israel but rather an Occupied Palestinian Territory. I was explained that Palestinians struggle to make their voices heard and are continuously subjected to rigorous checks when entering the city.

Moreover, Jerusalem is a focal point where three main religions converge and coexist. It is a theologically important place for Christians, Muslims and Jewish. Christians believe that this is a location where Jesus was crucified and buried. In Judaism, Jerusalem is considered the holiest city where God resided. For Muslims, it was where the Prophet Muhammad visited before he ascended to the heavens. Jerusalem is a special place for many but it is also a source of dispute and political tension that introduces unrest in this region.

As a tourist, I felt very safe in the city. Everyone was very friendly and welcoming. I have not seen or experienced any acts of aggression or danger. Overall, I feel much more educated about the situation in Middle East and I will continue reading books and articles in order to keep my knowledge up to date.