Low dose and dose escalating therapy of interferon alfa-2a in the treatment of refractory and sight-threatening Behçet’s uveitis

Sirs,

Despite aggressive treatment with conventional immunosuppressive agents a group of patients with uveitis due to Behçet’s disease (BD) still experience relapses of uveitis. This particular group of BD patients with refractory and sight threatening uveitis represents a challenge to the ophthalmologist. For the last 5 years we have been utilizing interferon alfa-2a (IFN-α-2a) in such cases. The use of IFN-α-2a in Behçet’s uveitis has been reported. (1-6) However, there is no consensus about the ideal dosing and duration of the treatment for Behçet uveitis. In addition, side-effects some of which are frequent and dose dependent may limit the use of this agent. The use of a low dose regimen may be expected to have fewer side-effects. We utilize a regimen that involves starting IFN-α-2a in a low dose and increasing the dose in a dose escalating manner in case uveitis relapses occur. A treatment protocol that aimed to utilize a minimum dose of IFN-α-2a (Roferon®-A, Roche Pharmaceuticals, USA) was adjusted prior to the initiation of the study. Schematic illustration of the treatment protocol is shown in Figure 1. For the induction of IFN-α-2a therapy IFN-α-2a was given 3 million international units (IU) subcutaneously (sc) daily for 14 days. Maintenance of IFN-α-2a was achieved with 3 million IU 3x/week sc. Any relapse required increase of the dose of IFN-α-2a, in a sequence of 4.5, 6 and 9 million IU 3x/week sc. To take rapid control over the intraocular inflammation during a relapse periocular or systemic corticosteroids were also utilized along with increase of the dose of IFN-α-2a. After control of intraocular inflammation was achieved the dose of systemic corticosteroids were rapidly tapered to a maximum of 10 mg per day prednisone equivalent or discontinued.

From December 2005 to December 2007 a total of 16 patients (12 male/4 female) with a median age at presentation of 27 years (range: 21-38 years) were recruited to the study. Patients had severe, refractory and sight threatening uveitis due to BD. A low dose of IFN-α-2a therapy in the treatment of uveitis associated with BD has been described (5, 6). We have previously reported the differences between the two regimens elsewhere (8).

IFN-α-2a therapy was either discontinued or tapered-off to ≤10mg/day prednisone equivalent in all patients during maintenance. Improvement of visual acuity occurred in 56.6% of eyes. No side effect required manipulation of the dose or discontinuation of IFN-α-2a therapy. A low dose of IFN-α-2a therapy in the treatment of uveitis associated with BD has been described (5, 6). We have previously reported the differences between the two regimens elsewhere (8).

We conclude that lower doses of IFN-α-2a may be expected to have fewer side-effects. However, a partial response or unresponsiveness can be managed with increasing the dose of interferon with a dose-escalation regimen as described here.

References


7. JABS DA, NUSSENBLATT RB, ROSENBAUM JT.


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**Letters to the editor**