



Don't wait until patients with TED are beyond restoration

# THE THYROID EYE DISEASE (TED) IDENTIFICATION TOOL

Identify symptoms that may  
lead to long-term damage

# TED has a limited window of active disease<sup>1</sup>

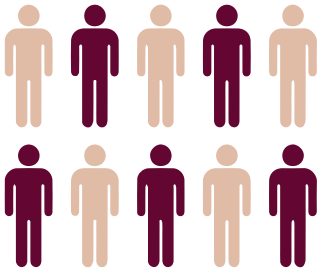
Thyroid Eye Disease (TED), also known as Graves' orbitopathy, is a debilitating, progressive, and vision-threatening autoimmune disease.<sup>2,3</sup>

**Prompt identification of Active TED and proactive monitoring are critical for mitigating potentially irreversible damage<sup>1,4-6</sup>**

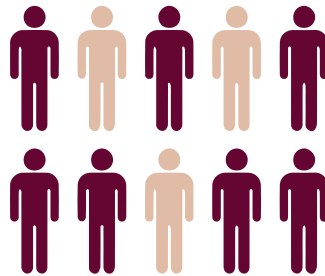


Did you know?

**Up to 50% of patients with Graves' disease (GD) may report symptoms of TED<sup>2,5</sup>**



**70% of untreated GD patients without clinical eye signs or symptoms demonstrated extraocular muscle enlargement on MRI<sup>7,8</sup>**



**A baseline eye exam should be conducted by an ophthalmologist for all patients with Graves' disease<sup>5,9</sup>**

The American Thyroid Association recommends that all patients with known or suspected hyperthyroidism should undergo an ophthalmic examination.<sup>9</sup>

# Remember “ACTIVE” to help identify TED early

**A**

## Appearance



Do you see changes to the tissues around the eye? Eyelid retraction or edema? Proptosis?<sup>6</sup>

**C**

## Changes



Have signs or symptoms worsened recently? Do they vary over the course of the day?<sup>6</sup>

**T**

## Tenderness



Does the patient report grittiness? Tearing? Pain or pressure around or behind the eyes?<sup>6</sup>

**I**

## Inflammation



Do you see erythema or redness of the eye? Oozing and swelling around the conjunctiva (chemosis)?<sup>6</sup>

**V**

## Vision Changes



Is the patient experiencing photophobia, diplopia, or changes in visual acuity, visual fields, or color vision?<sup>6</sup>

**E**

## Engage



The presence of these signs or symptoms could indicate Active TED. Engage your ophthalmology or endocrinology specialty partners to develop a management plan and ensure prompt intervention.<sup>6,10</sup>

# Up to 50% of patients with Graves' disease may report symptoms of TED<sup>2,5</sup>



## IDENTIFY ACTIVE TED

A baseline eye exam should be conducted by an ophthalmologist who specializes in TED for all patients with Graves' disease.<sup>5,9</sup>

Signs and symptoms of Active TED include pain, redness, swelling, diplopia, eyelid retraction, and changes in visual acuity and visual fields.<sup>6</sup>

The 2 most common signs of TED are eyelid retraction and proptosis.<sup>6</sup>



## MONITOR

Patients with signs or symptoms of Active TED should be monitored frequently (eg, 1-3 months) to identify progression and need for medical intervention.<sup>6</sup>



## THE IMPORTANCE OF CO-MANAGEMENT

Partnership between an endocrinologist and ophthalmologist may facilitate an early baseline evaluation and appropriate monitoring with a focus on patient vision and quality of life.<sup>6,9,11</sup>

[Learn more at TEDImpact.com](https://www.tedimpact.com)

**References:** 1. Bhatti MT, Dutton JJ. Thyroid eye disease: therapy in the active phase. *J Neuroophthalmol.* 2014;34(2):186-197. 2. Bahn RS. Graves' ophthalmopathy. *N Engl J Med.* 2010;362(8):726-738. 3. Shan SJ, Douglas RS. The pathophysiology of thyroid eye disease. *J Neuroophthalmol.* 2014;34(2):177-185. 4. Naik MN, Nair AG, Gupta A, Kamal S. Minimally invasive surgery for thyroid eye disease. *Indian J Ophthalmol.* 2015;63(11):847-853. 5. Weiler DL. Thyroid eye disease: a review. *Clin Exp Optom.* 2017;100(1):20-25. 6. Barrio-Barrio J, Sabater AL, Bonet-Farriol E, Velázquez-Villoria Á, Galofré JC. Graves' ophthalmopathy: VISA versus EUGOGO classification, assessment, and management. *J Ophthalmol.* 2015. doi:10.1155/2015/249125. 7. Smith TJ, Hegedüs L. Graves' disease. *N Engl J Med.* 2016;375(16):1552-1565. 8. Villalodid MC, Yokoyama N, Izumi M, et al. Untreated Graves' disease patients without clinical ophthalmopathy demonstrate a high frequency of extraocular muscle (EOM) enlargement by magnetic resonance. *J Clin Endocrinol Metab.* 1995;80(9):2830-2833. 9. Ross DS, Burch HB, Cooper DS, et al. 2016 American Thyroid Association guidelines for diagnosis and management of hyperthyroidism and other causes of thyrotoxicosis. *Thyroid.* 2016;26(10):1343-1421. 10. Bartalena L, Baldeschi L, Boboridis K, et al; European Group on Graves' Orbitopathy (EUGOGO). The 2016 European Thyroid Association/European Group on Graves' Orbitopathy guidelines for the management of Graves' orbitopathy. *Eur Thyroid J.* 2016;5(1):9-26. 11. Stan MN, Garrity JA, Bahn RS. The evaluation and treatment of Graves ophthalmopathy. *Med Clin North Am.* 2012;96(2):311-328.