# Socioeconomic impact of non-infectious inflammatory eye diseases in Mexico Luz-Elena Concha-del-Rio, M.D., Ximena Luna, M.D.



Inflammatory Eye Disease Clinic, Asociación Para Evitar la Ceguera en México, I.A.P.

#### Context

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

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

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.

#### Methods

One hundred interviews were conducted to adult patients with noninfectious 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.<sup>4</sup>

## Results

Table 1. Demographic, socioecor	nomic ai	nd educa	tion cha	aracteris	stics		Artificial tears	74	74%	64	84%	10	42%	Public and private* sectors, but mostly public	4 4%	0 0%	ο 4 17°	<u>ار</u>
	-	- 4 - I	-	·	<b>N</b> .		Steroids	29	29%	22	29%	7	29%	Public and private sectors, but mostly private*	9 9%	9 12%	° 0 0°	%
Canadan		otal -100	F	em -70	IV		Hypotensive	25	25%	22	29%	3	13%	Exclusively private* sector (*APEC)	87 87%	67 88%	。 20 83°	%
Gender	n=	=100	n=	=/6		=24	Other: cyclosporine, cycloplejic	22	22%	17	22%	5	21%					
Age Time with any itic alia are a in ( m)	49.87	± 16.63	51.75	± 16.06	43.91	±17.32								Money spent per month on ite	ms related to tre	eatment		
Time with uveitis diagnosis (yr)	2.7 ±	± 11.08	2.66 ±	± 1.078	2.88	±1.11	AZT:azathioprine, HCQ:hidroxichrologuine, MMF:m	ofetil	mycophe	nolate	. MTX:me	thotre	xate.	Less \$110 USD	24 24%	14 18%	6 10 42°	%
# doctors visited before diagnosis	2.08	5 ± 1.87	2.26	$\pm 2.14$	2.58	$3 \pm 4.2$	SSZ:sulfazalacine $p<0.01 + p<0.006$				,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$110-220 USD	39 39%	33 43%	6 25°	%
Emergency consultation last year	1.25	5 ± .59	0.46	$\pm 0.71$	0.09	$\pm 0.30$								> \$220 USD	37 37%	29 38%	o 8 33º	'⁄c
	n	%	n	%	n	%	Patients have access to so	cia	l sec	urit;	v (63	%).	but					
Comorbilities							uvoitie is troated mostly	in	tho	nr		, e ),	ctor	Concepts that generate t	he most expens	es 61 80%	۵ ۲۲ 71 <sup>0</sup>	2/2
Systemic autoimmune disease	25	25%	19	25%	6	25%	uvenus is treated mostly	111	line	рп	Ivale	<b>5</b> e	CIOI,	Laboratory and imaging studies	31 31%		// 10 / יוי / 10 / יוי	ס גע
Rheumatoid arthritis	9	9%	8	11%	1	4%	spending more than \$110US	D n	nonth	lv (	79%)	in		Transportation	33 330/	24 32 / 0	) 10 42/ /	ס גע
ANCA associated vasculitis	8	8%	7	9%	1	4%	oponding more than \$11000			יא (	1070)			Modical concultations		20 33%	) 0 337 / 0 390	ס /נ
Ankylosing spondylitis	5	5%	2	3%	3	13%	Table 3 Impact on daily life and the accompanyi	na err		ourne				Surgical procedures			) 9 307 /	ס /נ
Sjögren Syndrome	2	2%	2	3%	0	0%	Table 5. Impact on daily me and the accompanying	ig ein		Juine	У			Accommodation/Ladging		4 J%	) 207 / 1/c	0 /נ
Systemic hypertension	23	23%	16	21%	7	29%		т	otal	Ł	- -	М	ale	Accommodation/Lodging	ン ング 1 10/		) 1 47 / 0 00	'0 אנ
Diabetes mellitus	18	18%	15	20%	3	13%		n=	=100	r r	=76	n=	=24	visits to the emergency room	I 170	1 170	3 0 07	0
Thyroid disease**	7	7%	6	8%	1	4%		n	%	n	%	n	%	Missed work days due to attending appointmen	uts 4 + 1 92			
							Life Affected by Uveitis							Davs hospitalized in a year	1.10 + 5.8			
	20	200/	0.0	070/	4	470/	Uveitis affects my life every day	44	44%	38	50.0%	6	25%	Attends appointmets alone	25 25%	17 22%	ά 8 33°	%
	3Z 21	32% 210/	28 22	31%	4	1/%	Uveitis affects my life some days	30	30%	21	37.5%	9	20%		20 20 /0		, c cc,	Ŭ
C/C- D+/D/E "	37	37%	25	30 /0	0 10	55 % 50%	Uveitis does not affect my daily life	26	26%	17	30.4%	9	20%	APEC, Asociación Para Evitar la Ceguera, IMSS, Ins	tituto Mexicano d	el Seguro Sc	ocial	
	57	57 /0	23	5570	١Z	50 %	Lead a nearly normal life, just changed some thing:	29	29%	25	44.6%	4	9%	ISSSTE Instituto de Seguridad y Servicios Sociales I	Para los Trabajad	ores del Esta	ado	
Current employment status							Aspects of life affected by uveitis											_
Unemployed	3	3%	2	3%	1	4%	Emotional/Psychological problems	56	56%	47	83.9%	9	20%					
Formal employment	30	30%	21	28%	9	38%	Work-related problems**	39	39%	26	46.4%	13	30%					
Informal employment ^^	15	15%	8	11%	7	29%	Mobility	27	27%	20	37 5%	6	14%					
Homemaker"	31	31%	30	39%	1	4%	Limiting myself to using a computer	27	27%	22	41 1%	4	9%	Sonora				
Retired	7	7%	6	8%	1	4%	Autonomy/Disability	22	22%	14	25.0%	4	9%	Chihuahua				
Pensioner	7	7%	6	8%	1	4%	Memory loss	12	12%	10	17.9%	2	5%					
Student	5	5%	3	4%	2	8%	Social relationships	10	10%	9	16.1%	- 1	2%	Coahuila 5	Z			
Day laborer	2	2%	0	0%	2	8%	School-related	9	9%	6	10.7%	3	7%	Sinaloa	Nuevo			
							Discrimination/What others think	5	5%	4	7.1%	1	2%	Sid Gilionia Color Durango	5			
Education	2	<b>7</b> 0/_	2	20/_	$\cap$	∩%								Sin Zacatecas San Lu	Tamaulipas		δ	
Primary in/complete	ے ۸ /۹	ィノ0 1つり/-	ン ンフ	070 10%	0 2/1	0 /0 1 3 %	Feelings and emotions secondary to uveitis	20	200/	2.2		C	4 4 0 /	Riscon Aguas and Aguas	Otos;		Vucatán	
Middle school in/complete	4/0 ∕/16	יב /0 20%	2/12 2/12	ッと /0 つ10/	イ/コ 1/2	17%	Sauriess	39 27	39% 070/	33 10	58.9%	0 o	14%	Nayan Guanaj	Hidalaa		incatality intana	
Technical/commercial	8	2070	7	<u>9%</u>	1	4%	Anguisti Angor***	21 22	∠1 %0 220/	19	ここ.5% 25 70/	0 1	10% 00/	20 - 50	Cudade Tlaxcab		200 ×	
High school in/complete	5/16	21%	, 1/0	17%	' 1/7	33%	Foar	۲۲ ۵	۲۲% ۵۵/	20 5	33.1 % 2 00/	і Л	∠ 7⁄0 Ω 0/	10 - 20	Puebla Puebla	Tabasco	eche	
Reachelor deare in/complete	8/23	21%	4/3 1/10	30%	Δ/Δ	33%	Confusion	ีย 2	970 Q0/	5 7	0.9% 12 5%	4 1	970 20/	Gu G	errero			
Master	6	6%	-+, 13 6	8%	-,- 0	0070 0%	Stress	٥ ۵	0 /0 8 %	ر م	12.3 /0 10 7%	י 2	2 /0 5%	3 - 5	Uaxaca	Chiapas		
	U U	<b>U</b> /U	U U	0.70	0			()	()/A	()	111.1.70		J /A					

Disease affects r	nostlv	W/O	men	(7)	6%)	of	Table 2. Medical and surgical treatment		-	-				modication	ima	aina	1	and
productivo ago A	utoinm	mun	inon a di			oro		Tot	tal	Fer	m VC	Male		the second attention of the second se		iyiny l	اله م ال	
productive age. A			e ui	3Ea:	262			n=r n	%	n=7	ю %	n=24	%	transportation, missing day	/S to W	OLK	DOIN	itne
associated in 25%.	The sc		)COUC	Smic		ei is	Antiinflammatory	treatm	ent					patient and a family member	r. (Table	4)		
divided between 3	3 grou	ıps,	bein	ig lo	ower	' in	Oral steroids (prednisone, deflazacort)	38 58	38% 58%	30 44	39% 58%	8 1 14 1	1% 8%	Table 1. Social accurity, expenses and concents	whore enondi			
males. (Table 1)	Patie	nts	com	e fr	om	the	Biologic therapy (adalimumab, rituximab)	2	2%	1	1%	1	1%	Table 4. Social security, expenses and concepts	Miere spendi	ig occur	5	
central and souther	astern	narte	s of	the	COLIR	ntrv	Oral non steroideal antiinflammatory	9	9%	7	9%	2	3%		Total	Fem	Με	ıle
(Eigure 1) Medical		raio	ol tr	ootr	vont	oro	Surgerie	es							n=100	n=76 n=76	n=;	24
	and st	ligic		eatm	ient	are	Surgery	57	57%	45	59%	12 5	50%	Social securi	11 70 IY	1-70	/0 11	70
varied. (Table 2)							Number surgeries since diagnosis *	2.23 ±	2.40	1.92 ±	1.62	$3.36 \pm 4$	.10	Total	63 63%	48 6	3%	15 63%
It impacts daily life	(44%),	pati	ents	cani	not l	ead	Cataract	26	26%	22	29%	4 1	70  7%	INSS	36 36%	27 3	6% 94%	9 38% 3 13%
a normal life, an	d hav	e n	egati	ive	feeli	nas	Vitrectomy	4	4%	4	5%	0	0%	IMSS-Bienestar	3 3%	2	3%	2 8%
toward discaso (Ta	hlo 3	•	ogaa		1001	nge	Ahmed valve implant	8	8%	6	8%	2	8%	National Institutes	3 3%	2	3%	1 4%
Table 1 Demonstration					4		Topical treat	tment						Institution were uveitis is managed				
Table 1. Demographic, socioeco	onomic and	educat	lon char	racteris	STICS		Artificial tears	74	74%	64	84%	10 4	12%	Public and private* sectors, but mostly public	4 4%	0	0%	4 17%
	Tota	al	Fe	эm	Ma	ale	Steroids Hypotensive	29 25	29% 25%	22	29% 29%	7 2 3 1	29%	Public and private sectors, but mostly private*	9 9%	9 1 67 9	2%	0 0%
Gender	n=1(	00	n= 51 75	76	n=	24	Other: cyclosporine, cycloplejic	22	22%	17	22%	5 2	21%	Exclusively private sector (APEC)	01 01 70	07 0	0 70 4	20 03%
Age Time with uveitis diagnosis (yr)	49.87 ± 2.7 ± 1	1.08	$2.66 \pm$	: 1.078	2.88 :	1.11 ± 1.11								Money spent per month on items	related to tre	atment		
# doctors visited before diagnosis	, 2.08 ±	1.87	2.26 ±	±2.14	2.58	±4.2	AZT:azathioprine, HCQ:hidroxichroloquine, MMF:m	ofetil m	nycophe	nolate, l	MTX:met	hotrexat	te,	Less \$110 USD \$110-220 USD	24 24% 39 39%	14 1 33 ⊿	8% <sup>·</sup> 3%	10 42%
Emergency consultation last year	1.25 ±	:.59	0.46 ±	£0.71	0.09 =	0.30				_				> \$220 USD	37 37%	29 3	8%	8 33%
	n	%	n	%	n	%	Patients have access to so	ocial	sec	urity	(63%	%), k	out					
Comorbilities	25	250/	10	250/	6	250/	uveitis is treated mostly	in	the	priv	vate	sect	or	Medication	78 78%	es 61 8	30%	17 71%
Rheumatoid arthritis	9	25 <i>%</i> 9%	8	25 <i>%</i> 11%	1	25 <i>%</i> 4%	coording more than \$110119		onth	$b_{\rm V}(7)$	$\Omega^{0}(\lambda)$	n	,	Laboratory and imaging studies	34 34%	24 3	,2%	10 42%
ANCA associated vasculitis	8	8%	7	9%	1	4%	spending more than \$11003		IOHUI	iy ( <i>1</i>	970)1	11		Transportation Medical consultations	33 33% 19 19%	25 3 10 1	3%	8 33% 9 38%
Ankylosing spondylitis Siögren Syndrome	5	5% 2%	2	3% 3%	3	13% 0%	Table 3. Impact on daily life and the accompanyi	ng em	otional j	ourney				Surgical procedures	6 6%	4	5%	2 8%
Systemic hypertension	23	23%	16	21%	7	29%		T/	stal	Fa	~	Mala		Accommodation/Lodging	3 3%	2	3%	1 4%
Diabetes mellitus	18	18%	15	20%	3	13%		n=	100	n=7	76	n=24		Visits to the emergency room	1 1%	1	1%	0 0%
Inyroid disease**	1	1%	6	8%	1	4%		n	%	n	%	n	%	Missed work days due to attending appointments	4 ± 1.92			
Socioeconomic level							Life Affected by Uveitis Uveitis affects my life every day	44	44%	38	50.0%	6 2	25%	Days hospitalized in a year	1.10 ± 5.8	47 C	20/	0 220/
AB/C+* ^	32 31	32% 31%	28 23	37% 30%	4 8	17% 33%	Uveitis affects my life some days	30	30%	21	37.5%	9 2	20%	Attends appointmets alone	25 25%	17 2	Ζ%	8 33%
D+/D/E "	37	37%	25	33%	12	50%	Uveitis does not affect my daily life	26 20	26% 20%	17	30.4%	9 2	20%	APEC. Asociación Para Evitar la Ceguera. IMSS. Instit	uto Mexicano d	el Seguro	Social	
							Lead a hearly normal life, just changed some thing.	23	2370	20	44.0 /8	4	370	ISSSTE Instituto de Seguridad y Servicios Sociales Par	a los Trabajado	res del E	stado	
Unemployed	3	3%	2	3%	1	4%	Aspects of life affected by uveitis	56	56%	47	92 00/	0 1	20%					
Formal employment	30	30%	21	28%	9	38%	Work-related problems**	39	30%	26	46.4%	9 Z 13 3	20% 30%					
Informal employment ^^	15 31	15% 31%	8	11% 30%	7 1	29% 4%	Mobility	27	27%	21	37.5%	6	14%					
Retired	7	7%	6	39 <i>%</i>	1	4%	Limiting myself to using a computer	27 22	27% 22%	23 14	41.1% 25.0%	4 4	9% 9%	Sonora Chibuabua				
Pensioner	7	7%	6	8%	1	4%	Memory loss	12	12%	10	17.9%	2	5%	Coabuila	ξ			
Student Day laborer	5	5% 2%	3	4% 0%	2	8% 8%	Social relationships	10	10%	9	16.1%	1	2%		2 August and a second			
	L	2 /0	0	0 /0	L	0 /0	Discrimination/What others think	9 5	9% 5%	6 4	7.1%	3 1	7% 2%	Baja Guilla Callina Durango	svo t			
Education	2	20/		2.0/	0	0.0/								Zacatecas San Luis	amaulipas		2	
Primary in/complete	∠ 4/8	∠% 12%	∠ 2/7	3% 12%	0 2/1	0% 13%	Feelings and emotions secondary to uveitis Sadness	39	39%	33	58.9%	6	4%	Nayarin Sugarajitates Sugarajuato	257		Yucatán	
Middle school in/complete	4/16	20%	3/13	21%	1/3	17%	Anguish	27	27%	19	33.9%	8	18%	Jalisco	Hidalgo		Q	tana 00
Technical/commercial	8	8% 21%	7	9% 17%	1 1/7	4%	Anger***	22	22%	20	35.7%	1	2%	10 - 20	Morelos Puebla	Tabasco	Campeche	
Beachelor degre in/complete	8/23	∠1% 31%	4/9 4/19	30%	4/4	33%	Confusion	9 8	9% 8%	ว 7	o.9% 12.5%	4 1	ษ% 2%		o Oaxaca	Chipper		
Master	6	6%	6	8%	0	0%	Stress	8	8%	6	10.7%	2	5%	3 - 5		Chiapas		

malee (Table 1)	Pati	ionte	com	ng in Ng fr	om	tha	Immunosuppresor (AZT, MTX, MMF, HCQ, SSZ) Biologic therapy (adalimumab_rituximab)	58 2	58% 2%	44 1	58% 1%	14 1	18% 1%	Table 4. Social security, expenses and concept	ts where spend	ling occurs	
nales. (Table T)	1 au						Oral non steroideal antiinflammatory	9	9%	7	9%	2	3%		Total	Fem	Male
central and southea	sten	n pan		lne	COU	nury.		rico							n=100	n=76	n=24
(Figure 1) Medical a	and	surgio	cal tr	eatm	nent	are	Surgery	nes 57	57%	45	59%	12	50%		n %	n=76 %	n %
varied (Table 2)							Number surgeries since diagnosis *	2.23	3 ± 2.40	1.92 :	± 1.62	3.36±	4.10	Total	unty 63 63%	48 63%	<u>6 15 63%</u>
	4 4 0 /						Number surgeries last year **	1.22	$2 \pm 0.42$	1.18 :	±0.40	1.5 ±	0.70	IMSS	36 36%	27 36%	6 10 00 % 6 9 38%
It impacts daily life (	44%	), pat	ients	can	not	ead	Cataract	26	26%	22	29%	4	17%	ISSSTE	21 21%	b 18 24%	6 3 13%
a normal life, and	l ha	ave n	negat	ive	feel	ings	Vitrectomy	4	4%	4	5% 8%	0	0%	IMSS-Bienestar	3 3%	» 2 3%	% 2 8%
toward disease (Tab			0			0	Anmed valve implant	0	8%	0	8%	Ζ	8%	National Institutes	3 3%	, 2 3%	% 1 4%
Table 1 Demographic sectored		/	tion ch	aractoria	stice		Topical tre	atmen	nt					Institution were uveitis is managed			
Table T. Demographic, Socioecol	ionne a	inu euuca			51105		Artificial tears	74	74%	64	84%	10	42%	Public and private* sectors, but mostly public	4 4%	» 0 0%	% 4 17%
	Т	Fotal	F	em	Μ	ale	Steroids	29	29% 25%	22	29%	/ 3	29% 13%	Public and private sectors, but mostly private*	9 9%	) 9 12% / 07 00%	6 0 0%
Gender	n	=100	n	=76	n=	=24	Other: cyclosporine, cyclopleiic	23	23%	17	29%	5	21%	Exclusively private <sup>^</sup> sector ( <sup>^</sup> APEC)	87 87%	, 67 88%	% 20 83%
Age	49.87	7 ± 16.63	51.75	± 16.06	43.91	± 17.32			/0		/0	C	, •	Money spent per month on ite	ms related to t	reatment	
Time with uvertis diagnosis (yr)	2.7	$\pm 11.08$ 8 + 1.87	2.66:	$\pm 1.078$	2.88	$\pm 1.11$	AZT:azathioprine, HCQ:hidroxichroloquine, MMF	:mofeti	il mycophe	enolate,	MTX:me	ethotrex	ate,	Less \$110 USD	24 24%	»	6 10 42%
Emergency consultation last year	1.2	$5 \pm 1.07$	0.46	$\pm 0.71$	0.09	$\pm 0.30$	SSZ:sulfazalacine *p<0.01 **p<0.006							\$110-220 USD	39 39%	33 43%	6 25%
								-	-	• 4	(	• • • •		> \$220 USD	37 37%	, 29 38%	% 8 33%
	n	%	n	%	n	%	Patients have access to s	SIOO	al sec	curity	/ (63	<b>5%</b> ),	but	Concepts that generate	the most exper	ises	
Comorbilities	25	25%	10	25%	6	25%	uveitis is treated mostly	in	the	priv	vate	sec	ctor	Medication	78 78%	<u>الالالام</u> 61 80%	6 17 71%
Rheumatoid arthritis	23	23 %	8	23 <i>%</i> 11%	1	23 % 4%	aronding mars than \$11011		en o o th	, , , , , , , , , , , , , , , , , , ,	700/\	:	,,	Laboratory and imaging studies	34 34%	» 24 32%	% 10 42%
ANCA associated vasculitis	8	8%	7	9%	1	4%	spending more than \$1100	201	monu	пу (1	9%)	IN		Transportation	33 33%	) 25 33%	% 8 33%
Ankylosing spondylitis	5	5%	2	3%	3	13%	Table 3 Impact on daily life and the accompan	vina e	motional	iournev				Medical consultations	19 19%	, 10 13% - 10 5°	6 9 38% 6 2 8%
Sjögren Syndrome	2	2%	2	3%	0	0%	Table 0. Impact on dany me and the accompany	ying ci	motional	journey				Accommodation/Lodging	3 3%	$\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$	6 2 0 % 6 1 4%
Systemic hypertension	23 18	23% 18%	16	21% 20%	/ 3	29% 13%			Total	F	em	Ma	le	Visits to the emergency room	1 1%	s 1 1%	6 0 0%
Thyroid disease**	7	7%	6	8%	1	4%		r	n=100	n=	=76	n=2	24				
							Life Affected by Uveitis	n	%	Π	%	n	%	Missed work days due to attending appointme	its 4 ± 1.92		
Socioeconomic level		2.2.2/		0.70/		4 = 0 (	Uveitis affects my life every day	44	44%	38	50.0%	6	25%	Days nospitalized in a year Attends appointmets alone	1.10 ± 5.8 25 25%	17 220	/ 8 33%
AB/C+* ^	32 31	32% 31%	28 23	37% 30%	4 8	17% 33%	Uveitis affects my life some days	30	30%	21	37.5%	9	20%		20 20 /0		0 0 00 /0
D+/D/E "	37	37%	25	33%	12	50%	Uveitis does not affect my daily life	26	6 26%	17	30.4%	9	20%	APEC. Asociación Para Evitar la Ceguera. IMSS. In	stituto Mexicano	del Seguro Sc	ocial
							Lead a nearly normal life, just changed some thin	g: 29	29%	25	44.6%	4	9%	ISSSTE Instituto de Seguridad y Servicios Sociales	Para los Trabaja	dores del Esta	ado
Current employment status		0.01	-	0.0/	4	4.07	Aspects of life affected by uveitis										
Unemployed Formal employment	3	3%	2	3%	1 0	4% 38%	Emotional/Psychological problems	56	56%	47	83.9%	9	20%				
Informal employment ^^	30 15	30 % 15%	8	20 % 11%	9 7	30 % 29%	Work-related problems**	39	) 39%	26	46.4%	13	30%				
Homemaker"	31	31%	30	39%	1	4%	Limiting myself to using a computer	27	27% 27%	23	37.5% 41.1%	4	9%	Ratio Sonora			
Retired	7	7%	6	8%	1	4%	Autonomy/Disability	22	2 22%	14	25.0%	4	9%	Chihuahua	Δ.		
Pensioner	7	7%	6	8%	1	4%	Memory loss	12	2 12%	10	17.9%	2	5%	Coahuila	A.		
Day Jaborer	5 2	5% 2%	3 0	4 % 0%	2	0% 8%	Social relationships	10	) 10%	9	16.1%	1	2%		Num		
	2	2 /0	0	0 /0	2	0 /0	Discrimination/What others think	9 5	9% 5%	6 4	10.7% 7.1%	3 1	7% 2%	Baia Gillia Durango			
Education								Ū	0 /0	•	/ / /0	•	270	Zacatecas San	Tamaulipas		>
No studies	2	2%	2	3%	0	0%	Feelings and emotions secondary to uveitis							Aguascalientes	'is Potosi		
Primary in/complete	4/8 1/16	12% 20%	2/7 2/12	12% 21%	2/1 1/2	13% 17%	Sadness	39	39%	33	58.9%	6	14%	Nayarit			Yucatán
Technical/commercial	4/10 8	20% 8%	3/13 7	∠ i % 9%	1/3	4%	Anguisn Anger***	27	21%	19 20	33.9% 35.7%	ბ 1	18% 2%	20 - 50	Hidalgo Cudante Métro		400 400
High school in/complete	5/16	21%	4/9	17%	1/7	33%	Fear	9	9%	5	8.9%	4	270 9%	10 - 20 10 - 20   7 - 10	uerrero	Tabasco	
Beachelor degre in/complete	8/23	31%	4/19	30%	4/4	33%	Confusion	8	8%	7	12.5%	1	2%	5-7	Оахаса	Chiapas	
Master	6	6%	6	8%	0	0%	Stress	8	8%	6	10 7%	2	5%	3-5			

Significances between groups \*p<.03 \*\*p<.0005 p<.02



## Conclusions

Compared to our previous study,<sup>4</sup> 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 are receiving 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 change in goverment administration 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.

# Disclosure

The authors have nothing to disclossure.

# References

Krishna U, Ajanaku D, Denniston AK, et al. Uveitis: a sight-threatening disease which can impact all systems. Postgrad Med J. 2017;93(1106):766-73.

Durrani OM, Meads CA, Murraya PI. Uveitis: a potentially blinding disease. Ophthalmologica. 2004;218(4):223-36.

Miserocchi E, Modorati G, Mosconi P, Colucci A, Bandello F. Quality of life in patients with uveitis on chronic systemic immunosuppressive treatment. Ocul Immunol Inflamm. 2010;18(4):297-304.

Concha-del Río LE, Cheja-Kalb R. Impacto psicosocial y económico de la uveítis en México. Gac. Méd. Méx 2021; 157(2).

Correspondence: luzelena.concha@apec.com.mx