Birdshot Survival Guide

US edition, compiled by
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Patricia Clarke and
Leanne Oswald

Birdshot Uveitis Society
a support group for people with the rare, hard to treat autoimmune posterior uveitis called Birdshot Chorioretinopathy

….you are not alone………..

Introduction

When you are first diagnosed with any medical condition, it comes as a shock, it is worrying, and it provokes the inevitable anxiety caused by anything that rocks your life. When the medical condition is a rare one like birdshot, which is sometimes hard to diagnose and can be even harder to treat, then you need all the help you can get.

This guide has been compiled by a birdshot patient using input from many fellow birdshotters (as we call ourselves) and reviewed by medical professionals.

The purpose of the guide is to share handy tips that other patients have discovered on their birdshot journey. The hope is that this booklet will help others to survive the many challenges of being a birdshotter.

Sources of further support and advice are listed in the ‘Useful sources of information’ section (see page37-39).

Contents

Diagnosis

1. What is it?

Birdshot is a rare form of noninfectious posterior uveitis – an inflammation of the uvea, the part of the eye that provides the retina with most of its blood supply. The retina is the light-sensitive layer of cells at the back of the eye necessary for vision.

It is not known exactly how many people have birdshot, but it is more common in Caucasian people and in those who are aged 45 to 50 years old. However, it can also affect people who are much younger or older.

Birdshot often starts with floaters and/or blurred vision. These are symptoms of many other eye conditions, so this can make birdshot difficult to diagnose early on.

People with birdshot may go on to experience other symptoms including

- ‘Night blindness’ or difficulty seeing in low light levels
- Delayed light to dark adaptation
- Problems with color vision
- Sensitivity to bright lights
- Seeing flashing lights
- Distortions in vision
- Loss of depth perception and/or peripheral (side) vision

A photographic impression to show what it is like seeing with birdshot eyes.

After some time, an ophthalmologist may be able to see cream or orange oval-shaped spots in the retina in the distinctive scattered pattern which gives this condition its name.

The severity of birdshot symptoms varies from person to person, but most people will experience flare-ups of inflammation in the eye. If uncontrolled, flare-ups can lead to macular edema, a swelling in the region of the eye responsible for central vision, causing potential reduction of sight.

2. How did I get it?

The exact cause of birdshot is unknown, but it is thought to be an autoimmune disease. An autoimmune disease is one where the body's immune system gets confused and begins to attack its own tissues.

More than 98% of people with birdshot have the HLA-A29 genetic marker. A blood test for HLA-A29 is usually done if a birdshot diagnosis is suspected.

TOP TIP:

It is natural to want to know exactly why you have birdshot. Although this is understandable, in reality it is unlikely that you will get an answer. It is probably best to get on with managing your birdshot rather than worrying about how you came to get it.

Treatment

3. What type of doctor treats birdshot?

Birdshot is treated by an ophthalmologist. However, other doctors may help with your care, such as a rheumatologist and your Primary Care Physician (PCP).

Choose an ophthalmologist who has experience in treating uveitis. This is important because the signs and symptoms of birdshot can be subtle and treatment may be trial-and-error at first. You want to work with a doctor who can recognize birdshot.

Initial treatment for birdshot is usually with high doses of corticosteroid (steroid) to get the inflammation in the eye under control, after which the dose will gradually be reduced to as low as possible. Long-term treatment with an immunosuppressant is added to help stop the immune system attacking the eyes. Once the eyes have ‘quietened’, the steroid may be further reduced very slowly and stopped if possible.

Some patients are not able to tolerate immunosuppressants, or prefer not to take them. These patients may choose to use a steroid implant. Implants are tiny capsules of medication that are surgically inserted into the eye by a doctor. Over time, they gradually release medication directly to the area affected by birdshot. Implants need to be replaced after a while because the medication depletes. How long an implant lasts depends upon the type of implant used. There are a number of types available. Your doctor will discuss and select the best option for you.

The goal of treatment is to reach and sustain ‘quiet eyes’ on minimal, or no, medication. This takes time.

Unfortunately, long-term steroid and immunosuppressant use can have side-effects like bone thinning or stomach complaints, so you will be closely monitored and may receive other medications to manage these side-effects.

There is no single treatment regime that suits all people with birdshot, so you will need to work with your doctors to find one that works best for you.

4. Where can I find medication information?

For details about your medications, read the information pamphlets that come with your prescriptions. You can also check online resources such as this one: https://drugs.com.

TOP TIPS:

Reducing your steroid, especially below 7.5mg prednisolone daily, may make you feel unwell. Symptoms can include muscle or joint pains and mood changes. These usually pass as your body adjusts to the lower dose, but seek your doctor's advice if symptoms are severe or persist.

For one year after stopping steroids, give the date you stopped steroids to all doctors treating you for any reason.

Some people like to wear a bracelet or pendant ID, such as MedicAlert, which identifies the medications they are taking.

5. Will my health insurance cover my medication?

To see if your medication is included in your health insurance company's formulary, or drug list, check the company's website or call the customer service number on the back of your health insurance ID card. This applies to both private and Medicare Part D plans.

If your medication is not covered by your plan, or your prescription is denied, contact your insurance company to find out how to request an exception or to appeal the denial decision. Some drug manufacturers offer savings programs to persons who have private insurance. Contact the company that manufactures the specific drug. Your doctor may also be able to point you to resources in your state that provide prescription assistance.

Monitoring and managing birdshot

6. Why do they need to monitor me?

You may feel bombarded with requests when you are first diagnosed. You will be told that you need blood taken; that they need to examine your eyes; take different types of pictures of the eyes and every now and then someone will ask you strange questions before a test, such as: are you allergic to seafood? It can all seem overwhelming, complicated and quite intrusive. If you start to feel like this, the first thing you need to tell yourself is…

Every test that you are asked to do has the single goal of assisting your medical professionals to treat you. All the tests help your doctors understand what is going on in your eyes, and what medication might be best for you.

7. What tests can I expect?

Blood tests

Blood tests are to help keep you well. They measure your liver and kidney function and check the levels of your different blood cells. Special blood tests for some medications measure how you are reacting to them. So, if you take tacrolimus or cyclosporine, you will also have what's called a 'trough level test' which measures how much of the drug you are absorbing. You are asked to have your blood taken 12 hours after you have last taken that medication and the result is a simple numeric reading.

The frequency of all these blood tests varies according to what stage of treatment you are at. Ask your doctor what their schedule is for the different tests, so you know what to expect and when.

Urine tests

You may be asked to give urine samples so your kidney function can be checked regularly. As with the blood tests, ask your doctor what their policy is on how often these urine tests should be done.

Scans and pictures

More detailed information on each of these tests can be found in the BUS factsheets section at *www.birdshot.org.uk/factsheets*

Optical Coherence Tomography (OCT) scan

Although it sounds scary, the OCT scan is actually very simple. It looks under the top layer of the retina and detects problems early before they affect your vision.

OCT scanning takes only a few minutes but may need dilating drops to be put in your eyes first.

OCT normally takes place at the beginning of your appointment. It doesn't hurt, is non-invasive (no needles) and does not involve radiation or X-rays.

OCT scans particularly check for fluid building up under the part of your eye called the macula. Any fluid build-up there is called cystoid macular edema (CME).

Further information can be found in the BUS Factsheet ***Optical Coherence Tomography (OCT) scan***

See the TOP TIP on the next page.

Fluorescein angiography (FA, also called FFA) and Indocyanine green angiography (ICG)

These yellow and green dye tests examine the blood circulation of the *retina* and *choroid* layers of the eye respectively.

The dye is injected into your arm or the back of your hand and then a technician takes a series of pictures of your eyes at set times, up to 20 minutes after the dye first starts to circulate.

The fluorescein and indocyanine green dyes appear in your urine, causing it to turn the same color as a yellow highlighter pen. Your skin also goes a pale yellow. These effects wear off within 24 hours. Further information can be found in the Moorfields Eye Hospital patient information leaflet:

'Fluorescein angiography and Indocyanine green angiography patient information'

TOP TIP: *keep your eyes wide open and do not blink while the pictures and scans are being taken - listen to the instructions given by the technician.*

Visual field test (also called ‘fields’ or perimetry)

This test is to check your peripheral (side) vision to see whether this has been affected by your birdshot. You are asked to look inside a large bowl-like instrument, with a forehead and chin rest to hold your head steady. You stare at a source of light straight ahead and tiny lights of different intensities are flashed from random points in your visual field. Each time you see one of these lights, you immediately press a button or use some other means to indicate your response.

TOP TIP: *It may sound silly, but remember to breathe during your field test. It is also OK to blink occasionally during this test. Your tester should explain this to you.*

Electroretinography (ERG)

This test examines the function of the retina.

Electroretinography works by using patterns and flashes of light which induce responses from the photoreceptors and the retina in your eyes. The tests are carried out under both light and dark conditions. The results from these tests are called an electroretinogram.

The ERG testing will take anywhere from 40 minutes to two hours, depending on the range of tests you are having.

NB: not all hospitals use this test, so do not be alarmed if it is not offered to you.

Ask any birdshotter and they will say that this test is quite a challenge.

See the BUS factsheet ***'Electroretinography (ERG) testing'***

TOP TIP: *You need to stay focused and keep your eyes still to ensure the ERG test produces good data:*

- *Keep both your feet firmly on the ground or footrest*
- *Make sure you are comfortable*
- *Focus your thoughts on breathing in and out*
- *Breathing in through mouth – for a count of 6*
- *Breathing out through nose – for a count of 10*
- *Practicing Mindfulness at home may help*

DEXA (DXA) scan

People taking corticosteroids (steroids) by mouth have an increased chance of developing osteoporosis. This is a condition where the bones lose density – they become thinner – which makes them more likely to break.

If you are going to be taking steroids for some time, your Primary Care Physician or your rheumatologist or your birdshot specialist should assess your fracture risk. As part of that assessment, your doctor may want to arrange for your bone density to be measured with a DEXA (DXA) scan. Repeat scans may be performed, generally every one or two years, to monitor the state of your bones. If you are not offered this test, don't forget to ask about it.

Further information about DEXA scans can be found in the BUS Factsheet: '***DEXA (DXA) scan – measuring bone density'***

8. Medicines, your pharmacist and your prescriptions

Before your birdshot diagnosis, you may not have been taking any medication. You now have to learn to manage your medicine supplies and understand how the different parts of the prescribing and dispensing process work.

Your pharmacist can answer questions about your medications, their side effects, and how they may interact with other medications you may be taking.

Choose a pharmacy that is included in your health insurance carrier's network. You can find in-network pharmacies by searching for them on your health insurance carrier's website, or by calling the customer service number on the back of your insurance ID card. Insurance carriers typically give you a choice in using either a retail, or local, pharmacy or a mail-order pharmacy (where you may get a larger supply of your medicine at a lower price). Your doctor should be able to transmit your prescriptions to either pharmacy type electronically.

Speak to your pharmacist about birdshot. You could take along a copy of the BUS factsheet. They are not likely to have heard of birdshot, but they will be familiar with the medications, as these are used for several other conditions.

Your pharmacist will understand the effects your medicines might be having on you and may be able to help you manage side-effects.

Getting the most from the eye clinic

Adapted from information provided by RNIB in their 'Ask and Tell' leaflet.

9. Knowing what to expect

Where possible, your eye clinic should tell you beforehand of any tests or treatment you'll have at your next appointment. These details matter. For example, you need to know if your eyes will be dilated or not, as this may affect how you get to and from clinic and whether or not your eyes will have recovered enough to enable you to go back to work after the appointment. You may not be told this, so you need to ask if your next appointment is solely for a blood test (this can happen early on in your treatment, when blood testing is frequent) or if you have to see the doctor as well, which is likely to involve having dilating drops put in your eyes.

10. Time to ask

You should be given time to ask questions at each appointment. If there is anything you don't understand, it's OK to ask again. If you have questions for your doctor, write them down and take them to your visit.

11. Contact information

Your eye clinic should make it clear who to contact if you’re worried about changes in your vision, or if you are having problems taking your prescribed medication. If you are not given this information, ask for it. Make a note of the names and contact details on the ‘Your contacts’ space on page 34.

12. Appointments

Get details of how to contact your appointments team and keep a note of them on the ’Your contacts’ space on page 34. There may be a special telephone number for uveitis clinic appointments.

13. Access to support

If you would like access to emotional and practical support, ask your doctor to refer you. Don’t be put off if the service offered has the word ‘blind’ in the title – they deal with all kinds of vision problems, and they may be able to signpost you to further help.

TOP TIPS: *Any birdshot old-timer will tell you that ensuring you get the most out of your hospital visit is crucial. Take notes, ask questions and 'own' your medical history.*

Use the 'Checklist' on page 36 to help you prepare.

- *Take a written summary of your medical and eye history to your appointments because your brain will go blank during consultations.*
- *Keep a notebook or computer file to write down dates of each appointment, what tests were done, any medication changes and the main points of the consultation. Update it after each appointment and take the notebook or printout to each clinic visit. You will find this a very useful reference to help you keep track of what happened when, and also help the doctor navigate what can become a rather large file of notes.*
- *If you wear spectacles, keep a copy of your optical prescription with your notebook or printout and take it to your appointments. This may help the technician to set up your visual field tests without them having to measure the correction on your spectacles first. Also, your doctor may need to know details of your current optical prescription.*

Getting practical

14. Be your own advocate

You must take charge of your own case. You must keep track of your appointments, make sure you are seen regularly and you have to speak up if things seem to be slipping.

You also need to be well-informed about where you are with your condition, your treatment and your tests. This is particularly important as you progress on your birdshot journey.

15. How will I know if I am having a flare-up?

You will often know that your symptoms are getting worse long before this becomes evident to your specialists. Your vision may become more blurred, the number of floaters may increase, you may feel that your vision has become less good, or that seeing in the dark is more difficult. Trust your instincts and get your eye doctor's advice or arrange an earlier appointment. Your sight depends on it.

You may find using an Amsler grid is helpful. A link to an Amsler grid can be found here. It is a good idea to print off a copy and keep it somewhere handy, so you can check your sight regularly and know what is right for you. If you notice that the grid lines are getting more bent or wobbly, you know that you need to be seen quickly by your eye doctors.

16. My eyes are sore and inflamed

You need to get this checked promptly by your eye doctor or your optometrist. There could be many reasons for this, including eye infections, and the treatment will depend on the cause.

17. What do I tell my family and friends?

Most people who have a long-term health condition will tell you of the constant support that they get from their loved ones. Although most birdshot sufferers live pretty normal lives, it is important to ensure that your family and friends understand some of what you are going through.
One of the important things for them to know is what this disease actually is.

The Birdshot Uveitis Society factsheet, About Birdshot Chorioretinopathy, will help you explain your condition.
or see BUS contact details on page 37.

You could try the approach that one of our members uses:
‘My immune system has decided to attack and inflame the circulation at the back of my eyes. Nobody knows what sets this off, but I have inherited a genetic marker which is known to be linked with developing birdshot uveitis. Birdshot affects both my eyes, it is slowly progressive and potentially blinding if it is not diagnosed and treated. Because of where it is in my eyes, it can’t be treated with eyedrops. I have to take medications to suppress my immune system. This means I pick up infections more easily, and the medications can sometimes make me feel unwell.’

18. What do I tell my employers and colleagues?

Talking about your diagnosis in the early stages may be difficult, especially at work. Some people may worry that their employer will make them redundant or discriminate against them.

Birdshot is overwhelming and scary, and so you may not fancy telling all your work colleagues in the early stages. However, you spend a lot of your week at work with your colleagues and it is an important hurdle to get over.

Employers

Firstly, the serious bit. If you live in the United States, The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities and guarantees equal opportunities for individuals with disabilities in employment, transportation, public accommodations, state and local government services, and telecommunications. For more information about this law, see the US Department of Justice website:

https://www.dol.gov/odep/pubs/fact/laws.htm

Talking to your boss also helps them to understand if you were perhaps not yourself recently and to give them the notice that they may need to make work adjustments, like time off for appointments or re-thinking aspects of your role if you are unable to complete certain tasks.

You could take someone with you when you have the conversation. You could also ask that the conversation takes place in a private place and that it is not rushed.

Colleagues

Talking to the people you work with about your diagnosis can be difficult. You may decide first to tell the people you feel closest to. They may be able to help you plan how to tell others.

Telling people can have benefits:

- it gives them the chance to support you and know what to expect
- you can let them know when you need help
- they may suggest helpful ways for you to cope with your work
- it may make you feel closer to the people you work with
- there may be people who have similar experiences who could support you.

You could give people a short explanation of your treatment and its side-effects. Tell them if tiredness is a problem if your concentration is affected, or if you’re at risk of infection.

If some people avoid you, it is usually because they don’t know what to say or are worried about saying the wrong thing. Showing them that you’re willing to talk openly about your illness may help.

Some people may prefer not to tell colleagues so that they can keep one area of their life as normal as possible. This is a good way of coping for some people.

However, sometimes the effects of treatment and the need to take time off for eye clinic visits or infections can make it difficult or impossible not to tell your colleagues.

Your colleagues may also be aware from your behavior that something's wrong, and they may feel uncomfortable if they don't know what it is.

19. Driving

You are still allowed to drive if your corrected sight is within the legal limits. Your doctor will tell you if you should not drive.

20. Alcohol

Can I still drink alcohol? This will depend on which medications you take; what the doctors say; and the results of your liver function tests. You should check this with your doctor.

Coping - keeping healthy and happy

21. What can I do to help myself?

Here are some suggestions which birdshotters have found helpful.

Move often – regular exercise may reduce the body’s levels of inflammatory chemicals. Brisk walking, cycling and swimming are examples. If you are not used to exercise, get your eye doctor’s approval and start slowly, aiming for at least 30 minutes of exercise a day.

- **TOP TIP:** *For booklets with exercises you could try, see: https://www.laterlifetraining.co.uk/llt-home-exercise-booklets/*
- *Don’t be put off because this website provides exercise training material for use with older people. The chair-based exercises could all be done at home or in your office!*

Nutrition

- ***Try to follow a 'rainbow diet***, which means eating a good variety of foods daily, encompassing foods of different colors. https://www.choosemyplate.gov/

- ***Try and say no to processed food*** and reduce the sugar (sucrose) in your diet. Read the labels! Sugar is added to a surprising number of foods that aren't sweet.

- ***Doing your own cooking*** where possible means you have a better idea of what's in your food.

- ***Try a Mediterranean diet***, including lots of fruit and veg, whole grains, fish, pulses, nuts, seeds and olive oil. This fits the anti-inflammatory bill. It is high in polyphenols, which are plant chemicals that are also found in dark chocolate, coffee, tea and red wine.

Look at the https://birdshot.org.uk/birdshot-overview/immunosuppression-and-lifestyle-advice-q-as/ on the BUS website.

Dentist – gum disease can contribute to inflammation in the body. Clean and floss twice daily. Visit your dentist regularly and always tell them what medicines you are taking, as your gums may need special care.

Sleep

Disturbed sleep may contribute to inflammatory conditions. If high doses of oral steroids are disrupting your sleep, get advice from your doctor on how to cope, and rest as much as you are able.

There are a number of very simple things you can do that may improve your chances of getting a good night’s sleep. This is sometimes referred to as ‘sleep hygiene’:

- ***Go to bed*** and get up at the same time every day (even at weekends)

- ***Make sure your bedroom is a calm space*** that’s quiet, dark and tidy

- ***Take time to relax*** or wind down before bed (have a bath or meditate)

- ***Choose food or drink*** that is rich in the amino acid tryptophan, such as a milky drink before bedtime

- ***Screens*** – switch off all electronic devices at least 90 minutes before bedtime

Avoid stimulants like caffeine and nicotine before going to bed.

Manage stress – this helps your general wellbeing and also to cope with birdshot and its medications. Taking up practices such as T'ai chi, qi gong, yoga, Mindfulness and meditation could be beneficial.

Supplements, vitamins and herbal medicines, for example, CoQ10, probiotics, tart cherry juice, omega 3, turmeric, resveratrol, biotin, magnesium and zinc. These and others have been tried by birdshotters for their claimed effects.

TOP TIPS: *Always check with your doctor or pharmacist if any supplements, vitamins or herbal medicines are OK for you to take because many can interact with your prescribed medicines.*

Quite a few birdshotters report that they are found to be deficient in Vitamin D and B_{12}*. It's a good idea to ask your GP if your blood tests can include a check on your Vitamin D and* B_{12} *levels.*

22. How do I cope with the tricky times?

Everybody gets these! Life with birdshot can be hard. The Birdshot International Facebook group https://www.facebook.com/groups/Birdshot/ is a wonderful place where you can chat to others who really understand how you’re feeling. There are always friends there to support you, give you good advice, and help you feel less alone.

Nearly every one of us experiences long hospital waiting room times. These waits can be boring. When your eyes are dilated it is hard to read, and listening to music is not a good idea as you might miss hearing your name called. One way to pass the time is by chatting to others in the waiting area. You can meet many interesting people and hear inspiring stories. It also helps others to know that they are not alone.

23. How to distract yourself

Get yourself a hobby or learn a new skill. It helps to find something that will take your mind away from the ever-present issue of your eyes, and to help you to relax and reduce stress. Try creating some ‘me’ time. This isn’t being selfish: it’s being sensible. In the Birdshot International Facebook group, you will find birdshotters who do all sorts of things, from sports to arts and crafts.

The key is to try to continue to have as normal a life as possible and aim never to use your birdshot as an excuse for not doing something.

So, lean into the birdshot fellowship, use the Facebook group to ask all those questions you need to have answered, and remember:

> ***“You should never view your challenges as a disadvantage. Instead, it's important for you to understand that your experience facing and overcoming adversity is actually one of your biggest advantages.“*** *Michelle Obama*

Your contacts

Keep a note of all your useful contact information here:

Eye doctor (or specialist ophthalmologist)

Doctor’s office main phone number

Eye appointments number (if different from office number)

Other contacts in your doctor’s office

Eye emergency department phone number

Eye clinic phone number (in case you are delayed getting there)

Other useful numbers

Space for additional notes

(You could keep a note of your current medications here)

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Checklist for your appointments

Take with you:

- **Your appointment letter** or appointment card.

- **A note of any new symptoms** since your last appointment and any questions you want to ask.

- **An up-to-date list of all your medicines**

  For each item, your list should say:
  - Name of medicine
  - Strength (mg, grams, percentage if it’s an eye drop)
  - How many tablets/capsules/ml/drops you take each time
  - How many times a day you take those doses, and when.
- **Be ready to tell the doctor about any changes** to your treatments that have happened since your last appointment.

- **Your own record of your eye clinic visits** (useful for checking quickly during a consultation about what last happened, and when).

- **Your latest eye test report** or spectacles prescription.

- **This Survival Guide** of information and contact details.

Useful sources of information in UK

Birdshot Uveitis Society

PO Box 64996, London SW20 2BL
www.birdshot.org.uk
info@birdshot.org.uk

Useful links on the BUS website

- About Birdshot https://birdshot.org.uk/birdshot-overview
- Factsheets https://birdshot.org.uk/factsheets/
- Immunosuppression and lifestyle advice Q&As https://birdshot.org.uk/birdshot-overview/immunosuppression-and-lifestyle-advice-q-as
- Prescriptions https://birdshot.org.uk/wp-content/uploads/UK-information-about-prescription-charge-top-tip.pdf
- Interactions: some Q&As https://birdshot.org.uk/interactions-some-q-as/

Video and audio talks and interviews

- BUS also has short videos and audio recordings on YouTube of talks and interviews given at our Birdshot Days

Video https://www.youtube.com/user/Birdshot100 and
https://birdshot.org.uk/birdshot-day-2018-session-1/

Audio https://audiomack.com/artist/birdshot-recordings

Institutions and UK related charities

Centre for Rare Diseases, Queen Elizabeth Hospital, Birmingham
https://www.uhb.nhs.uk/centre-for-rare-diseases.htm

Moorfields Eye Hospital NHS Foundation Trust
www.moorfields.nhs.uk/condition/birdshot-chorioretinopathy

Scottish Uveitis Network
www.sun.scot.nhs.uk

Royal National Institute of Blind People (RNIB)
https://www.rnib.org.uk
Helpline 0303 123 9999
Email: helpline@rnib.org.uk

Useful sources of information in US

National Institutes of Health (NIH)

https://rarediseases.info.nih.gov/diseases/5926/birdshot-chorioretinopathy#diseaseOverviewSection

American Academy of Ophthalmology (AAO)

https://eyewiki.aao.org/Birdshot_Retinochoroidopathy

American Uveitis Society
https://uveitissociety.org/

Medscape

https://emedicine.medscape.com/article/1223257-overview

The Ocular Immunology and Uveitis Foundation (Uveitis.org)

https://uveitis.org/patient_articles/birdshot-retinochoroidopathy/

Uveitis Specialists
https://uveitis.org/patients/list-of-specialists/united-states/

Acknowledgements

This guide has been compiled by Fiona Gee, a birdshot patient, using input from many fellow birdshotters. It has been reviewed by medical professionals from the BUS National Birdshot Research Network.

The US edition has been edited by Patricia Clarke and Leanne Oswald who are both also birdshot patients based in the US.

BUS would like to thank everybody who has contributed in any way to the making of the guide.

This US version of the Birdshot Survival Guide is only currently available online. We suggest you print off copies of the relevant pages, so that you can note down all the useful numbers you need to have to hand, to keep with the notes you take about your appointments.

BIRDSHOT UVEITIS SOCIETY

A charity providing support and information for people with this rare and hard to treat autoimmune, posterior uveitis.

DONATE

Your donation will help us achieve our aims. We want to prevent needless sight loss and find better ways of treating this aggressive eye condition.

By making a single donation or a regular donation you can help us bring about a change in the lives of the people with birdshot.

You can make your donation online https.//birdshot.org.uk or by cheque or postal order payable to Birdshot Uveitis Society and send to:

Birdshot Uveitis Society
PO Box 64994
London SW20 2BL

Registered Charity Number 1145349
Company Number: 7716343
Registered in England and Wales

You are no longer alone…..

For help and support please contact the Birdshot Uveitis Society at: info@birdshot.org.uk and join the Facebook group at:

https://www.facebook.com/groups/Birdshot/

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