

**TABLE 3. SUMMARY OF PROSPECTIVE STUDIES EVALUTING ORAL VERSUS INTRAVENOUS CORTICOSTEROIDS IN THYROID EYE DISEASE (TED)**

<b>Study (follow-up time)</b>	<b>Treatment Arms</b>	<b>Outcome measure</b>	<b>Outcome results (n, %)</b>	<b>Comments</b>
Macchia et al. (12 mths) <sup>73</sup>	26 pts po steroid 25 pts iv steroid <sup>a</sup>	OI	po group: 24% iv group: 39.9%	<p>The mean OI decreased from 2.65 to 2.00 in po group. The mean OI decreased from 4.43 to 2.67 in the iv group.</p> <p>The mean proptosis reduced from 23.7mm to 21.07 mm in the po steroid group. The mean proptosis reduced from 22.46 mm to 21.56 mm in the iv group.</p> <p>iv group tolerated treatment better than po group.</p>
Kauppinen-Makelin et al (12 mths) <sup>74</sup>	18 pts po steroid 18 pts iv steroid <sup>b</sup>	CAS Subjective change in double vision Change in proptosis Change in visual acuity Intraocular pressure	No statistical difference between the 2 groups in any of the outcome measures	<p>CAS &gt;3 for all patients</p> <p>CAS decreased in both groups from baseline to 12 months (3.1 to 1.6 in iv group and 3.4 to 1.4)</p> <p>2/18 pts in iv group required ORT. 7/15 pts in po group required ORT.</p> <p>0 pts in iv group required orbital decompression. 4 pts in po group required orbital decompression</p>
Kahaly (6 mths) <sup>75</sup>	35 pts po steroid <sup>c</sup> 35 pts iv steroid	Composite improvement in proptosis, lid fissure width, diplopia in primary gaze, visual acuity, extraocular muscle thickness	po group: 18/35 (51%) iv group: 27/35 (77%)	<p>Moderately severe TED</p> <p>4 pts in po group developed</p>

and quality of life

optic neuropathy (0 pts in iv group)

11 pts (32%) in po group required orbital decompression vs 5 pts (14%) in iv group

12 pts (35%) in po group required strabismus surgery vs 7 pts (20%) in iv group

Aktaran (3 mths)<sup>76</sup>

27 pts po steroid  
25 pts iv steroid<sup>d</sup>

Changes in at least two major criteria (variations in proptosis and lid width of 2 mm or greater, appearance, disappearance, or change in the degree of diplopia, changes in the CAS 2 points or more, and changes on one tenth or more in visual acuity) and change in one minor criterion (soft tissue changes, self-assessment evaluation)

po group: 13 (49%)  
iv group: 18 (72%)

Moderately severe TED

iv group had greater improvement in CAS, proptosis, lid width fissure, visual acuity and intraocular pressure.

5/6 pts with optic neuropathy improved in the iv group. 2/5 pts with optic neuropathy improved in the po group

Quality of life improvement was noted to be statistically improved in the iv group vs po group (p<0.0001)

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## **ABBREVIATIONS**

TED: thyroid eye disease  
ORT: orbital radiotherapy  
CAS: clinical activity score  
OI: Ophthalmology index  
pts: patients  
iv: intravenous  
po: oral  
mths: months

## **TREATMENT PROTOCOLS**

- <sup>a</sup> iv group: methylprednisolone 1000 mg for 2 consecutive days/week for 6 weeks  
po group: prednisone 60-80 mg/day with gradual reduction and discontinuation over 4-6 months
- <sup>b</sup> iv group: methylprednisolone 500 mg/day for 2 days followed by po prednisone 40 mg/day 1 week, 30 mg/day 1 week, 20 mg/day for 1 week and 10 mg/day for 1 week. 500 mg methylprednisolone given twice followed by po prednisone 40 mg/day 1 week, 30 mg/day 1 week, 20 mg/day for 1 week, 10 mg/day for 4 weeks, 5 mg/day for 1 week and 5mg/every other day for 1 week  
po group: prednisone 60 mg/day for 2 weeks, 40 mg/day for 2 weeks, 30 mg/day for 4 weeks, 10 mg/day for 2 weeks, 5 mg/day for 1 week and 5 mg/every other day for 1 week.
- <sup>c</sup> iv group: methylprednisolone 500 mg/week for 6 weeks followed by 250 mg/week for 6 weeks  
po group: prednisone starting at 0.1 g/day for 12 weeks followed by a 0.01 g/week taper.
- <sup>d</sup> iv group: methylprednisolone 500 mg/week for 6 weeks followed by 250 mg/ week for 6 weeks  
po group: methylprednisolone 72 mg/day for 2 weeks, 64 mg/day for 2 weeks, 56 mg/day for 2 weeks followed by a taper of 8 mg/week for 6 weeks until discontinuation.