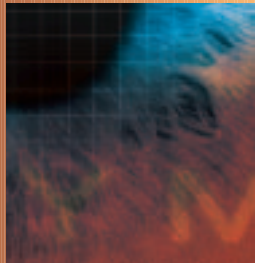


Over 60 Family history Caucasian Smoking Hypertension Obesity Heart disease



Age-related Macular Degeneration

As an eye care professional, you can make a difference in preserving the vision and improving the quality of life of patients with age-related macular degeneration (AMD). Once considered untreatable, today there are options for AMD that present new hope.

AMD is a leading cause of vision loss in people over age 60, yet very few adults are aware of the disease. They may fail to report symptoms, as they consider them to be a normal part of aging. That is why it is important to make patient education a regular part of your practice. The information and resources in this guide will help you provide effective and efficient care.



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Facts for Effective and Efficient Care

How to Better Help Your Patients with Age-related Macular Degeneration



Y U V T X O

Early Detection and Screening

- Although AMD is seen most often in people over age 60, macular damage may start much earlier in life. Alert all adult patients to risk factors, emphasizing the ones they can control:
 - Older age (over age 60)
 - Family history
 - Caucasian
 - Smoking
 - Obesity
 - Heart disease
 - Hypertension
- Explain to patients the importance of regular comprehensive eye exams. Also encourage patients to monitor their vision and report any changes as soon as possible. Detecting AMD at an early stage provides a better chance of preserving their eyesight.
- Screen all patients 50 or older for AMD. Screening should include:
 - Diagnostic history and risk assessment
 - Visual acuity examination
 - Amsler Grid Test
 - Dilated fundus examination

Diagnosis and Treatment

- Based on the results of screening, establish the diagnosis and stage of AMD.
- Educate patients about the prognosis of their AMD and which treatment options are appropriate, if any. If treatment is not indicated, be sure to explain why.
- Discuss the difference between dry AMD and wet AMD. Patients with dry AMD have an increased risk of developing wet AMD, and should be aware of the signs.
- Explain that AMD can lead to central, but not total, vision loss. Loss of peripheral vision is not associated with AMD.
- Discuss current treatment options:
 - There is currently no cure for dry AMD. Patients with intermediate stage dry AMD or advanced stage dry AMD in one eye, however, may benefit from high dose antioxidant/zinc therapy based on the AREDS study.
 - Wet AMD may or may not be treatable. Proven treatment options include laser photocoagulation and ocular photodynamic therapy. These treatments rarely restore lost vision, but they may help prevent further vision deterioration.
- Let patients know that several clinical trials are underway to find new and more effective treatments for

- AMD. Although still in the experimental stage, the following treatments show promise:
 - Transpupillary thermal therapy (TTT) uses a low intensity thermal laser to potentially treat abnormal blood vessels with minimal damage to the retina.
 - Submacular surgery involves the surgical removal of abnormal blood vessels.
 - Macular translocation involves repositioning the retina so that laser treatment can be done without damaging the fovea.
 - Feeder vessel therapy involves identifying arteries that feed blood to abnormal blood vessels and using a thermal laser to treat them without damaging the fovea.
 - Pharmacological (anti-angiogenesis) therapy uses drugs to potentially inhibit the growth of abnormal blood vessels.
 - Treatment using a small number of low-power laser burns to reduce the number of drusen in dry AMD, potentially improving vision or decreasing the risk of future vision loss.
- Other considerations after diagnosis:
 - It is important that the patient see a retinal specialist.
 - A low vision referral can be made when appropriate.
 - A specific follow-up schedule will be recommended.

Patient Education

- For patients with early AMD, educate them about detecting new symptoms and encourage them to have regular follow-up exams.
- Teach all patients with AMD how to regularly monitor their vision with the Amsler Grid. Discuss the importance of reporting any changes in vision as soon as possible.
- Encourage patients to make lifestyle changes to reduce the risk of AMD: quitting smoking, eating a healthy diet, maintaining normal blood pressure, getting regular exercise and watching weight.
- The care of older people sometimes presents special challenges. Although it requires an initial time investment, it is worthwhile to learn techniques for effective communication with older patients. It will make more efficient use of your time in the long term, in addition to facilitating diagnosis, increasing adherence to treatment, and improving patient and provider satisfaction. The National Institute on Aging offers a helpful publication called, *Working With Your Older Patient: A Clinician's Handbook*. You can order a free copy or access it online at www.niapublications.org.

Rehabilitation and Support

- Many patients with low vision benefit from rehabilitative services. Help them identify sources for visual rehabilitation.
- Discuss low vision assessments and aids.
- Patients eligible to participate in clinical trials should be encouraged to do so. Visit www.clinicaltrials.gov for a current listing.
- Help patients have realistic expectations about the progression and outcome of their disease. Appropriate expectations can substantially increase benefits from low vision rehabilitation.
- Inquire about symptoms of clinical depression and, when appropriate, suggest that the patient seek professional advice.

Additional Resources

This education kit includes a consumer brochure about AMD, as well as a comprehensive resource guide that you and your staff can use to counsel patients on finding help for the lifestyle changes they will have to make due to AMD—including visual rehabilitation services, support groups, career counseling, transportation needs, and sources of information on AMD research.



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