



Age-Related Macular Degeneration (Initial and Follow-up Evaluation)

(Ratings: A: Most important, B: Moderately important, C: Relevant but not critical **Strength of Evidence:** I: Strong, II: Substantial but lacks some of I, III: consensus of expert opinion in absence of evidence for I & II)

Initial Exam History (Key elements)

- Symptoms (metamorphopsia, decreased vision) **(A:II)**
- Medications and nutritional supplements **(B:III)**
- Ocular history **(B:II)**
- Systemic history (any hypersensitivity reactions) **(B:II)**
- Family history, especially family history of AMD **(B:II)**
- Social history, especially smoking **(B:II)**

Initial Physical Exam (Key elements)

- Visual acuity **(A:III)**
- Stereo biomicroscopic examination of the macula **(A:III)**

Ancillary Tests

Intravenous fundus fluorescein angiography in the clinical setting of AMD is indicated: **(A:I)**

- when patient complains of new metamorphopsia
- when patient has unexplained blurred vision
- when clinical exam reveals elevation of the RPE or retina, subretinal blood, hard exudates or subretinal fibrosis
- to detect the presence of and determine the extent, type, size, and location of CNV and to calculate the percentage of the lesion composed of or consisting of classic CNV
- to guide treatment (laser photocoagulation surgery or verteporfin PDT)
- to detect persistent or recurrent CNV following treatment
- to assist in determining the cause of visual loss that is not explained by clinical exam

Each angiographic facility must have a care plan or an emergency plan and a protocol to minimize the risk and manage any complications. **(A:III)**

Follow-up Exam History

- Visual symptoms, including decreased vision and metamorphopsia **(A:II)**
- Changes in medications and nutritional supplements **(B:III)**
- Interval ocular history **(B:III)**
- Interval systemic history **(B:III)**
- Changes in social history, especially smoking **(B:II)**

Follow-up Physical Exam

- Visual acuity **(A:III)**
- Stereo biomicroscopic examination of the fundus **(A:III)**

Follow-up Treatment after Neovascular AMD

- Discuss risks, benefits and complications with the patient and obtain informed consent **(A:III)**
- Examine patients treated with ranibizumab intravitreal injections approximately 4 weeks after treatment **(A:III)**
- Examine patients treated with bevacizumab intravitreal injections approximately 4 to 8 weeks after treatment **(A:III)**
- Examine patients treated with pegaptanib sodium injection approximately 6 weeks following the treatment **(A:III)**
- Examine and perform fluorescein angiography at least every 3 months for up to 2 years after verteporfin PDT **(A:I)**
- Examine patients treated with thermal laser photocoagulation approximately 2 to 4 weeks after treatment and then at 4 to 6 weeks **(A:III)**
- Optical coherence tomography, **(A:III)** fluorescein angiography, **(A:I)** and fundus photography **(A:III)** may be helpful to detect signs of exudation and should be used when clinically indicated
- Subsequent examinations should be performed as indicated depending on the clinical findings and the judgment of the treating ophthalmologist **(A:III)**

Patient Education

- Educate patients about the prognosis and potential value of treatment as appropriate for their ocular and functional status **(A:III)**
- Encourage patients with early AMD to have regular dilated eye exams for early detection of intermediate AMD **(A:III)**
- Educate patients with intermediate AMD about methods of detecting new symptoms of CVN and about the need for prompt notification to an ophthalmologist **(A:III)**
- Instruct patients with unilateral disease to monitor their vision in their fellow eye and to return periodically even in absence of symptoms, but promptly after onset of new or significant visual symptoms **(A:III)**
- Instruct patients to report symptoms suggestive of endophthalmitis, including eye pain or increased discomfort, worsening eye redness, blurred or decreased vision, increased sensitivity to light, or increased number of floaters promptly **(A:III)**
- Encourage patients who are currently smoking to stop **(A:I)** because there are observational data that support a causal relationship between smoking and AMD **(A:II)** and other considerable health benefits of smoking cessation
- Refer patients with reduced visual function for vision rehabilitation (see www.aao.org/smartsight) and social services **(A:III)**

* Adapted from the American Academy of Ophthalmology Summary Benchmarks, November 2010 (www.aao.org)