

RANZCO: Referral Pathway for AMD Management

Patient Presents > 50 years

History

1. New symptoms suggestive of AMD (eg. distortion, central blur, loss of vision)
2. New symptoms consistent with AMD (difficulty reading in dim light, night driving, dark adapting)
3. Risk factors for AMD- age, smoking, family history

Examination:

1. Best corrected visual acuity
2. Amsler Grid
3. Dilated fundus examination
4. Use Beckman classification to grade AMD (on a person level) (1)
5. Optical coherence tomography (OCT) required if available (2)

No new symptoms suggestive of neovascular AMD (nAMD)
No signs or imaging changes suggestive of nAMD

New symptoms, signs or imaging suggestive of new nAMD,
or if nAMD can not be excluded

Beckman classification of AMD (person diagnosis)

based upon examination or colour photography and graded according to worse eye.

No macular changes or normal ageing = drusen < 63um or pigment change and no drusen in both eyes

Early AMD = drusen 63um-125um, without AMD pigmentary change

Intermediate AMD = drusen >125um, or drusen 63-125 um with AMD pigmentary change

Late AMD - Geographic atrophy (GA)
Diagnosed clinically or on imaging, including early OCT signs of atrophy-nascent GA (nGA)

Late AMD - neovascular AMD (nAMD) new onset and previously undiagnosed neovascular AMD (definite or suspected)

Late AMD - neovascular AMD (nAMD) stable with scar not currently being treated and no signs of recent/new activity

General advice#
Optometrist review **every 2 years** or as usual practice (3,4)

General advice#
Optometrist Review every 12 months (3,4)

General advice#
Optometrist Review **every 6-12 months** depending on clinical risk modifiers (3,4)

Offer appropriate counselling on new treatments for GA.

Those NOT interested in further advice nor in considering treatment:
General advice#
Optometrist Review every 6 months (3,4)

Definite or suspected new nAMD
Symptoms: new onset distortion, loss of central vision
Signs: macular haemorrhage
Imaging: macular fluid

Incidental finding on imaging: macular fluid in an eye with drusen
no symptoms nor clinical signs of nAMD

general advice#
review every 6 months if fellow eye still at risk (3,4)

General Advice# Counsel patient on urgency of referral to optimize vision outcomes if nAMD is present

Refer to Ophthalmologist within 1 week (4)

Refer to Ophthalmologist within 2 weeks (4)

#General Advice

- Advise patient on stage of disease
- Counsel on smoking cessation as appropriate
- General lifestyle and diet advice. Some patients with AMD may benefit from certain nutritional supplements. Supplements are not currently recommended for patients with no macular change or normal ageing changes, early AMD or late AMD (both eyes). Consider best evidence and assess each patient individually.
- Ensure that the patient meets visual driving standards where appropriate
- Instruct on home monitoring (eg Amsler grid)
- Consider referral to patient support services (5)
- Stress need for immediate review if new symptoms of nAMD
- Consider referral to Ophthalmologist based upon stage and OCT risk factors for management plan
- Consider referral of patients interested in clinical studies and trials*

% Outpatient review for GA in public hospitals is currently very limited but this may change if a treatment for GA is available on the PBS.

* Studies and trials of novel interventions in all stages of AMD are now occurring <https://clinicaltrials.gov/ct2/home> or www.anzctr.org.au Optometrists are encouraged to be aware of these trials and to facilitate appropriate referrals for interested participants to recruiting trial sites. Sending digital images or cases classified using the Beckman classification are encouraged so that appropriate consideration of the clinically staged cases for individual trials will be greatly enhanced. Referral of all interested trial participants will ensure they can be identified and contacted when appropriate trials are available. These individuals continue to remain under the clinical care of their own eye care professional.

Appendix

1. Ferris FL, et al. Clinical Classification of Age-Related Macular Degeneration. Ophthalmology 2013; 120 (4) 844-851.
2. When performing OCT look for additional clinical modifiers of disease eg. nascent GA (nGA) reticular pseudo-drusen (RPD)
3. Remote and rural community practitioners will need to modify this pathway to suit local circumstances
4. Communicate treatment plan to patient's GP
5. Organisations such as Macular Disease Foundation Australia (MDFA) including their My Eyes Program, and low vision services such as Vision Australia and Guide Dogs Australia.