

AMD - advice to optometrists

Summary

- Age related Macular Degeneration (AMD) is now the most significant cause of sight loss in the UK.
- Although wet AMD accounts for only 10 per cent of patients with AMD, 90 per cent of patients with significant vision loss have this form of the disease.
- Estimates suggest that on average each optometrist should expect to identify 2.5 new cases of wet AMD each year.

Wet AMD

The Department of Health has recently highlighted the importance of rapid referral for people with suspected wet AMD and urges PCT commissioners to bear in mind when considering wet AMD pathways that optometrists are able to refer direct to ophthalmic clinics.

Optometrists identifying a patient with possible wet AMD should therefore:

- **Apply the following referral criteria:**
 1. Corrected VA preferably 6/60 or better (but at least 6/96)
 2. Less than 3-month history of one of the following:
 - Visual loss
 - **Spontaneously** reported distortion
 - Onset of missing patch/blurring in central vision
- **Refer the patient urgently - WITHIN 1 WEEK - for ophthalmological assessment¹**
- **Make a direct referral rather than via the GP (using agreed local pathways if they are in place)**
- **Use the College of Optometrists/Royal College of Ophthalmologists Rapid Access referral form or mark the referral “Urgent – Wet AMD” (or locally agreed equivalent)**

The Rapid Access referral form can be downloaded by clicking [here](#).

¹ NB

- Fax is often the agreed form of urgent referral in many local pathways (followed up by letter).
- Please check that the eye unit you are referring to has appropriate facilities for wet AMD to avoid any delays. (Please check with your PCT if there is any doubt.)

Dry AMD Reminder

Patients diagnosed with dry AMD can also develop wet AMD.

Optometrists should therefore consider advising patients with dry AMD of the symptoms of wet AMD and to seek urgent optical or medical attention should they develop such symptoms.

Wet AMD

Burden of disease

Age related Macular Degeneration (AMD) is now the most significant cause of sight loss in the UK.

Although wet AMD accounts for only 10 per cent of patients with AMD, 90 per cent of patients with significant vision loss have this form of the disease. Estimates from the RNIB² and NICE³ suggest that we should expect to identify 26,000 new cases of wet AMD in the UK each year (that is 2.5 on average for each optometrist).

Department of Health

The Department of Health has recently highlighted the importance of rapid referral for people with suspected wet AMD⁴. The DH urges PCT commissioners to bear in mind when considering wet AMD pathways that optometrists are able to refer direct to ophthalmic clinics. It is important therefore that all optometrists are aware of the current position and familiar with the tests that should be used when assessing macular changes to identify wet AMD at the earliest opportunity.

Symptoms

The onset of wet AMD

- is normally accompanied by the appearance of central visual blurring and distortion - most patients will complain that straight lines appear crooked or wavy
- is characterised by the development of neovascularisation in the choroid leading to serous or haemorrhagic leakage and subsequent elevation of the RPE or neurosensory retina
- is likely to lead to the patients reporting a more profound and rapid decrease in central visual function than those with dry AMD.

² [Royal National Institute for the Blind](#)

³ [National Institute of Health and Clinical Excellence TA155 Macular degeneration \(age-related\) - ranibizumab and pegaptanib: guidance](#)

⁴ [Referral pathway for wet age-related macular degeneration, Department of Health April 2010; Gateway reference number 14098](#)

Assessment

The following are suggested as suitable tests when examining for the possibility of wet AMD:

- Best corrected visual acuity, including near monocular visual acuity
- When refracting, consider an unexplained unilateral 'plus' shift in refractive error as suspicious
- Amsler grid testing
- Fundus examination using slit lamp binocular indirect ophthalmoscopy ideally with pupillary dilatation
- Colour fundus photography may be useful for documenting retinal appearance.

Management

Rapid referral is paramount in suspected wet AMD.

NICE Guidance

Patients with wet AMD can be treated with ranibizumab providing they meet all of the following criteria:

- The best corrected VA in that eye is between 6/12 and 6/96;
- There is no permanent structural damage to the central fovea;
- The lesion size is less than or equal to 12 disc areas in greatest linear dimension;
- There is evidence of recent presumed disease

Royal College of Ophthalmologist Guidelines⁵

The Royal College of Ophthalmologists suggest the following criteria to ensure rapid referral of appropriate patients:

Corrected VA must be 6/60 or better in the affected eye and the patient should have a less than 3-month history of one of the following:

1. Visual loss
2. **Spontaneously** reported distortion
3. Onset of missing patch/blurring in central vision

Special attention should be paid to the following:

4. Macular drusen (*either eye*)
5. Macular haemorrhage
6. Subretinal fluid
7. Exudate

⁵ [Age-Related Macular Degeneration Guidelines for Management, The Royal College of Ophthalmologists February 2009](#)

College of Optometrists

The College of Optometrists *Framework for Optometric Referrals*⁶ has a chapter on AMD. This covers the route and urgency of referrals as well as consideration for CVI registration.

The College of Optometrists and the Royal College of Ophthalmologists, in conjunction with the RNIB and Macular Disease Society have produced an AMD Rapid Access referral form for patients with wet AMD requiring diagnosis and treatment. The referral form is combined with a useful photographic guide to the fundus appearance in the various stages of the disease. It is recommended that optometric referrals are made using this form (see link below).

Action

New therapies and treatments mean that wet AMD now can be stabilised in many patients. The key determinant of successful treatment is that the condition has been of recent onset.

Optometrists identifying a patient with possible wet AMD should therefore:

- **Refer the patient urgently (within 1 week) for specialist ophthalmological assessment**
- **Make a direct referral rather than via the GP (using agreed local pathways if they are in place)**
- **Use the College of Optometrists/Royal College of Ophthalmologists Rapid Access referral form OR mark the referral “Urgent – Wet AMD” (or local equivalent). A copy should also be sent to the patient’s GP.**

The Rapid Access referral form can be downloaded by clicking [here](#).

Please note that a wet AMD referral might also be considered for patients with wet AMD and VA better than 6/12 (NICE guidelines) as some eye units will treat at this stage, or monitor closely treat as soon as the patient falls into the 6/12 criterion.

Patients with wet AMD that fall outside of these criteria should be referred normally for non-urgent review and possible registration.

The Domiciliary Eyecare Committee is also considering whether any supplementary guidance is needed on specific issues that arise when referring housebound patients with multiple and complex needs in line with this advice.

⁶ [Framework for Optometric Referrals, College of Optometrists 2010](#)

Dry AMD

It should be remembered that patients diagnosed with dry AMD can also develop wet AMD.

Optometrists should therefore consider advising patients with dry AMD of the symptoms of wet AMD, ideally in writing, and to seek urgent optical or medical attention should they develop such symptoms.

All patients with AMD may benefit from further information or counselling. The Macular Disease Society and the RNIB can supply free information leaflets on AMD to optical practices on request, and both operate Freephone help lines.

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