

## **Age-related Macular Degeneration (AMD) Referral Guidance**

### **Key messages**

- Urgently refer all cases of suspected acute-onset neovascular age-related macular degeneration (AMD) to an ophthalmologist [1].
- Refer any uncertain diagnosis of AMD, or uncertainty about the disease stage, to an ophthalmologist [1].

### **Presentation**

Age-related macular degeneration (AMD) is a common eye condition in which age-related changes that have no obvious cause occur in the central area of the retina (macula) [1]. AMD occurs in people of age 50 years and older and is the most common cause of blindness in the UK [2].

### **Clinical presentation [1,3,4]:**

- difficulty with reading, watching television, or face recognition
- blurred or distorted vision (dysmorphopsia), often with patients complaining that straight lines appear crooked or wavy
- loss or reduction in central vision (scotoma)
- problems adjusting to changes in lighting
- gradual or rapid visual loss

### **Neovascular AMD:**

- In neovascular AMD, new blood vessels are formed from the inner choroid and allow blood constituents to leak out [1,2]
- consider if fundal examination shows some or all of the following [1]:
  - hard exudates and drusen
  - areas of haemorrhage
  - subretinal fluid exudate
  - retinal pigment abnormalities
- symptoms are consistent with sudden or rapidly progressive visual loss, such as [1]:
  - dysmorphopsia
  - scotoma
  - dark patches in central vision

### **Non-neovascular AMD [1]:**

- drusen formation and pigment changes – early AMD
- gradual thinning and development of multiple patches throughout the macula (geographic atrophy)
- no vision loss in early stages
- gradual vision loss and blurring as geographical atrophy develops

## **Pre-referral**

### **Management**

**Give patients advice and written information on acute macular degeneration (AMD) and [1]:**

- rehabilitation services
- useful contact numbers, e.g. RNIB, Macular Society, local blind society

#### **Advise patients:**

- about disease prognosis and how to monitor for symptoms of disease progression, most commonly [1]:
  - blurred vision
  - dysmorphopsia
  - scotoma
- advise to quit smoking [1]
- about the risk of hallucinations [2]
- visual handicap registration [1]
- about the use of AMSLER GRID chart to monitor vision at home by the patient

#### **Evaluate whether visual aids are needed [1]:**

- patients with early AMD generally have normal vision and visual aids are not needed
- discuss visual aids in patients with later stages of disease who have a degree of vision loss
- visual aids may enhance ability to see fine detail and contrast, but the patient will not have the same level of vision as before the onset of AMD

**Regularly monitor patients with AMD, either in general practice or local optometrist [1]:**

- to detect progressive visual loss or the development of neovascularisation
- to provide support for any problems related to vision loss

## **Referral**

### **Referral criteria**

#### **Urgently refer to an ophthalmologist:**

- all cases of suspected acute-onset neovascular age-related macular degeneration (AMD) for assessment and treatment [1]

#### **Refer to an ophthalmologist [1]:**

- any uncertain diagnosis of AMD or uncertainty about the disease stage
- consider non-urgent referral for patients with evidence of geographic atrophy

#### **Refer to an optometrist:**

- patients with non-neovascular AMD for monitoring in the community [1]

**For patients being monitored in the community, referral to an ophthalmologist is indicated when [1]:**

- there is rapidly developing visual failure but still reasonable vision
- there is significant visual loss needing accurate diagnosis
- there is significant visual loss needing partially sighted or blind registration

## **Resources**

## **References**

- [1] Royal College of Ophthalmologists (RCOphth). Age-related macular degeneration guidelines for management. London: RCOphth; 2013. Available from: [http://www.rcophth.ac.uk/core/core\\_picker/download.asp?id=1851&filetitle=Age%2DRelated+Macular+Degeneration%3A+Guidelines+for+Management+2013](http://www.rcophth.ac.uk/core/core_picker/download.asp?id=1851&filetitle=Age%2DRelated+Macular+Degeneration%3A+Guidelines+for+Management+2013)
- [2] Clinical Knowledge Summaries (CKS). Macular degeneration (patient information). Newcastle upon Tyne: CKS; 2010. Available from: <http://cks.nice.org.uk/macular-degeneration-age-related#azTab>
- [3] American Academy of Ophthalmology (AAO) Retina/Vitreous Panel. Age-related macular degeneration. San Francisco, CA: AAO; 2008. Available from: [http://www.guideline.gov/summary/summary.aspx?doc\\_id=14275&nbr=7151&ss=6&xl=999](http://www.guideline.gov/summary/summary.aspx?doc_id=14275&nbr=7151&ss=6&xl=999)
- [4] Contributors representing the Royal College of Ophthalmology (RCOphth); 2010

This piece of referral guidance has been developed according to the Map of Medicine editorial methodology. It is based on high quality guidelines, critically appraised meta-analyses and systematic reviews, and practice-based recommendations. Local editorial changes relevant to Mid Nottinghamshire may have been made.