

# **CLINICAL GUIDELINE**

# Age Related Macular Degeneration in Adults

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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#### **Important Note:**

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

# AGE RELATED MACULAR DEGENERATION ARC GUIDELINE

#### History -

- Gradual or acute loss of vision
- Distortion
- ARMD in fellow eye

### Assessment -

- BCVA
- Dilated fundoscopy
- ост

#### **DRY ARMD**

- Drusen
- Hyper- or Hypopigmentation of the retinal pigment epithelium (RPE)
- No fluid on OCT
- RPE detachment

#### **WET ARMD**

- Haemorrhage subretinal, intraretinal or pre-retinal
- Sub retinal or sub RPE neovascularisation
- Greyish appearance of membrane
- Serous detachment of neurosensory retina
- RPE detachment
- Fluid on OCT

# Management

- If only dry changes or old scarring, no F/U required.
- Advise to seek review if vision deteriorates.
- Register partially sighted if applicable
- LVA referral if appropriate
- D/W medical retina team if unsure

# Management

- D/W medical retina team
- FFA +OCT A
- List for Eylea x 3 (ensure consent is signed)
- Please document plan in clinical notes section on clinical portal.

All WET ARMD patients should be given Glasgow Macular Service leaflet and advised to get in contact if vision deteriorates.