SpaMedica

NHS

AMD

Age-Related Macular Degeneration

Information booklet for patients

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About age-related macular degeneration

Age-related macular degeneration (AMD) is an eye condition which is the leading cause of blindness in older people. There are two types of macular degeneration; dry and wet.

In the ‘dry’ form of AMD, atrophy (or wearing out) of the fine cells in the macula (the centre of the retina) occurs. As yet, no treatment has been proven to prevent or cure dry AMD, but research in this field continues. Currently, low visual aids may be used to support vision.

In the ‘wet’ form of AMD, abnormal blood vessels grow under the macula and affect the centre of the vision. Often, such vessels leak blood or fluid and cause blurred or distorted vision. Without treatment, central vision loss may be severe and rapid.

Causes of AMD

There are many factors which contribute to the development of AMD. Some of the most common causes are:

- Age - age is the main risk factor for AMD. Cell regeneration reduces as we age, increasing the risk of developing the condition

- Smoking - smoking damages both the structure of the eye and its blood vessels. Smokers are three times more likely to develop AMD than non-smokers

- High blood pressure - people with high blood pressure are one and a half times more likely to develop AMD than people with normal blood pressure

- Exposure to sunlight - UV radiation causes damage to macular cells in the eye, which may contribute to the development of AMD

How is AMD treated?

Treatment of AMD cannot undo the changes already present in the eye. Therefore, the goal of treatment is to prevent further loss of vision.

Currently, the best treatments for wet AMD are chemicals which block a chemical called vascular endothelial growth factor (VEGF), which builds up in eyes with wet AMD. The two anti-VEGF treatment options are Ranibizumab, also called Lucentis, (Novartis pharmaceuticals), and Aflibercept, also called Eylea (Bayer pharmaceuticals).

These medicines are given by injection into the eye, acting to slow or stop the growth of the abnormal blood vessels and leakage that cause AMD. They are, broadly speaking, very similar, but different regimes of treatment may be used depending on the drug.

Although some patients have regained vision, most patients' vision will stabilise after treatment. Anti-VEGF injections may not restore vision

that has already been lost, and do not always prevent further loss of vision caused by the disease.

How is treatment given?

The pupil is dilated and the eye is numbed with anaesthetic drops, and washed with iodine. The medication is injected into the vitreous humour, which is the jelly-like substance in the back chamber of the eye.

Anti-VEGF injections in the eye are repeated once a month, usually for at least three months, and later as needed at regular intervals. Your ophthalmologist (eye doctor) will tell you how often you will receive the injection, and over what length of time. It is often necessary to attend for eye examinations and/or injections on a monthly basis and perhaps for several years.

What if I dont have treatment?

You do not have to receive treatment for your condition. However, if you delay starting treatment, your central vision may continue to get worse over a fairly short period of time, to the point where treatment may no longer help. Although AMD hardly ever causes complete blindness, it can reduce the vision to the point where it is only possible to see outlines (known as peripheral vision) or movement, but no fine detail because of loss of central vision.

What are the risks of treatment for AMD?

Risks of intravitreal eye injections

Common side effects may include brief eye pain, conjunctival haemorrhage (bloodshot eye), vitreous floaters, irregularity or swelling of the cornea, inflammation of the eye and visual disturbances such as small specks in the vision.

Serious complications of the intravitreal injection procedure are rare, but include retinal detachment, cataract formation and infection

(endophthalmitis) within the eye. Any of these serious complications may lead to severe, permanent loss of vision. In the clinical trials, these complications occurred at a rate of less than 0.1% of injections. Other serious events such as inflammation within the eye and increased pressure in the eye occurred at a rate of less than 0.2% in the clinical trials.

Complications of anti-VEGF injections in other parts of the body

There is a theoretical increased risk of blood clots (such as those which cause heart attack or stroke) after intravitreal administration of medicines which affect the growth of blood vessels (such as Lucentis or Eylea). However, a low incidence of these events was seen in clinical trials.

Patients with a history of stroke may be at greater risk for another stroke, although this has not been conclusively proven. If you have had a stroke or a heart attack, please discuss this with your eye doctor or nurse.

Infection control

You will receive antibiotic eye drops to reduce the possibility of infection occurring following the injection. If there are any signs of infection present on the day of your planned injection, your treatment may need to be re-booked for another time to allow control of the infection. Please inform your doctor or nurse if you have a sticky or discharging eye.

Coincidental risks

Whenever a medication is used in a large number of patients, coincidental problems may occur which could have no relationship to the treatment. For example, patients with high blood pressure and smokers are already at increased risk for heart attacks and strokes. If one of these patients being treated with anti-VEGF injections suffers a heart attack or stroke, it may be caused by the high blood pressure and/or smoking, and is not necessarily due to treatment.

The treatment might not be effective for you

Your condition may not get better or may become worse despite these injections. Any or all of the complications described above may cause decreased vision and/or have a possibility of causing blindness. Additional procedures may be needed to treat these complications. During follow-up visits or phone calls, you will be checked for possible side effects and the results will be discussed with you.

Further information

If you would like further information on AMD, there are many sources of advice available.

Royal National Institute of Blind People (RNIB). Find out more at www.rnib.org.uk or phone the RNIB Helpline on 0303 123 9999.

The Macular Society. Find out more at www.macularsociety.org or phone the Macular Society Helpline on 0300 3030 111.

AMD Alliance International provides information on early AMD detection, treatment, rehabilitation and support services, as well as new prevention suggestions.
Find out more at www.amdalliance.com

If you require immediate help, please call us on our emergency number:

0161 838 0883

- If you have throbbing pain in or around the operated eye
- A severe frontal headache with, or without, nausea and vomiting. Persistent even after paracetamol
- Progressive deterioration of vision, or loss of vision
- Increasing redness in your eye with severe pain, sticky discharge or lid swelling

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Please contact SpaMedica on the above number if you have any concerns or queries relating to your eye.

This number is available 24 hours per day, 365 days of the year for emergencies, and from 9am - 5pm for general enquiries.

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