

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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Approval Group:	Ophthalmology Clinical Governance Subcommittee

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
- OCT

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 sighted impaired if applicable
- LVA referral if appropriate
- D/W Macula team if unsure

Management

- D/W Macula team
- FFA/ICG at the discretion of Macula Consultant
- List for Anti VEGF (Drug at the discretion of Consultant, ensure consent is signed)

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