# Understanding AMD C-102454

Here is where your presentation begins



### What is AMD?

Age Related Macular Degeneration affects approximately 600,000 people in the UK and is the most common cause of visual impairment among older adults in the developed world.

Of those affected in the UK it is thought that a quarter of a million people in the UK have a severe visual impairment due to AMD.

The prevalence of late AMD in the UK among people aged 50 years or over is 2.4%. This increases to 4.8% in people aged 65 years or over, and 12.2% in people aged 80 years or over

The prevalence in people aged 75–85 years is over 3 times that of people aged 43–54 years

### Understanding AMD

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#### Symptoms

What will your patients experience?

#### Treatment

How do we overcome the challenges posed by AMD?

#### Causes

What causes AMD & what are the common risk factors?

### **Types of AMD**

How do the 2 types of AMD differ and how does that affect the patient?



#### **Discussion Point:**

### What are the common causes and risk factors associated with AMD?



#### **Risk Factors**

The main risk factors for development of AMD include:

- Increasing age
- Family history of AMD
- Northern European ancestry

- Smoking is the main modifiable risk factor it significantly increases the risk of developing AMD and is a risk factor both for new-onset AMD and for progression of existing AMD to advanced disease.
  - There is a dose-response relationship the risk increases with the number of pack-years of smoking.
  - Current smokers have a two- to three-fold increased risk of developing AMD, and those with a genetic susceptibility are also more likely to develop AMD if they smoke.
  - The risk of developing new-onset AMD in people who have stopped smoking for 20 years or more is the same risk as non-smokers.
  - Stopping smoking reduces the risk of AMD progression in people with existing disease.

- Other risk factors include:
  - Hypertension.
  - History of cardiovascular disease.
  - Presence of AMD in the other eye.
  - Obesity BMI of 30 kg/m2 or higher.
  - Diet:
    - Low in omega 3 and 6, vitamins (A, C, and E), carotenoid (for example, lutein), and minerals (for example, zinc).
    - High in saturated fat and cholesterol.
    - With a high glycaemic index.
    - Lack of exercise.

https://cks.nice.org.uk/topics/macular-degeneration-age-r elated/background-information/risk-factors/



#### **Discussion Point:**

## What will your patients experience?

### Symptoms associated





Intermediate dry AMD, some people still have no symptoms. Others may notice mild symptoms, like mild blurriness in their central vision or trouble seeing in low lighting.



- Late AMD (wet or dry type), many people notice that straight lines start to look wavy or crooked.
- Blurry area near the centre of vision which increases over time
- Colors may also seem less bright than before with reduction in contrast sensitivity



#### **Discussion Point:**

#### How do the 2 types of AMD differ and how does that affect the patient?

# Types of AMD

- Dry AMD is the more common type of AMD
- It develops very slowly and causes a gradual change in central vision
- Dry AMD usually takes a long time – sometimes years, to get to its final stage
- At its worst, dry AMD causes a central scotoma

- 10 to 15% of people who develop AMD have wet AMD, often having had dry AMD to begin with.
- Wet AMD can develop very quickly, causing serious changes to central vision in a short period of time, over days or weeks.
- Wet AMD develops when the cells of the macula stop working correctly & new blood vessels are created to fix the problem.
- As these blood vessels grow in the wrong place, they cause swelling and bleeding underneath the macula.

## **Dry AMD**











## **Dry AMD**



## Wet AMD





# Treatment

#### **Discussion Point:**

## How do we overcome the challenges posed by AMD?

### Treatment

Wet AMD - Anti-VEGF (Vascular endothelial growth factor) injections given directly into the eyes:

- stops vision getting worse in 9 out of 10 people and improves vision in 3 out of 10 people
- usually given every 1, 2 or 3 months for as long as necessary
- drops numb the eyes before treatment most people have minimal discomfort

side-effects include bleeding in the eye, feeling like there's something in the eye, and redness and irritation of the eye



## Treatment

Photodynamic therapy (PDT)

- may be recommended alongside eye injections if injections alone do not help
- usually needs to be repeated every few months
- side effects include temporary vision problems, and the eyes and skin being sensitive to light for a few days or weeks



## LVA's

What challenges do we need to overcome?

- Move image onto useable area of the retina
- Improve contrast
- Improve illumination
- Task specific assessment
- Physical barriers
- Psychological barriers



LVA's







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## LVA's







## **Final Thoughts**

- Remember the condition is impacting on a person
- Visual symptoms and issues with also have an emotional impact
- Be aware of barriers (physical & psychological) that could prevent successful outcomes
- Focus on what is important to the patient one task at a time
- Build confidence over time
- Make it bigger, brighter and improve contrast
- Demonstrate viewing techniques
- Involve family members where possible

# Thanks!

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