

Diseases at the back of the eye

Age-related macular degeneration (AMD)	Open-angle glaucoma	Diabetic retinopathy (DR)	
History	Examination		
Exudative AMD. Distortion, rapid loss of central and reading vision Atrophic AMD. Gradual loss of central vision	Initially no symptoms, then gradual loss of the peripheral field of vision which can lead to loss of central vision	Initially no symptoms, then: Maculopathy. Gradual loss of central vision Proliferative DR. Sudden or gradual loss of vision	 Maculopathy. Exudates near macula Proliferative DR. New vessels or vitreous haemorrhage
			 Early cupping
			 Exudative AMD



Early atrophic AMD

Exudative AMD. Refer for intravitreal injections (if available) if:

- Symptoms are present for less than three months
- Vision is better than counting fingers (CF)

Atrophic AMD. No treatment is available, but patients may benefit from low vision aids

Cupped disc

Treatment cannot improve sight, so refer only if the patient still has useful vision
Aim to reduce IOP using:

- Daily eye drops
- Surgery
- Laser

Diabetic new vessels (proliferative DR)

Maculopathy. Refer for laser or intravitreal injections if vision is 6/60 or better
Proliferative DR. Refer for laser if any new vessels or vitreous haemorrhage. May need vitrectomy if there is vitreous haemorrhage and/or poor vision

All three conditions are chronic, and cannot be completely cured. We expect anti-VEGF injections to improve vision in exudative AMD and diabetic maculopathy in most – but not all – patients. In glaucoma and proliferative DR, treatment will only prevent the condition getting worse. In order to manage these chronic and incurable disorders effectively, patients must attend the clinic regularly for the rest of their lives

Exudative AMD. If suitable for treatment, patients will require three injections over three months. They are likely to need more injections after the initial three. Even if no further treatment is needed, they will need to attend the clinic every two months

Maculopathy. The injection treatment is the same as for exudative AMD. Laser may lead to a more permanent cure, but still requires examination every 3-4 months
Proliferative DR. After laser, examine the patient every three months for the first year

MANAGEMENT

INFORMATION FOR PATIENTS