

Age-Related Macular Degeneration (AMD) Patient Survey

Thank you for your participation in this important survey. I'd like to assure you that your participation in this survey will be recorded for internal office use. Your participation poses **no risk** to your health, and **all information will be kept confidential**.

Please rate your knowledge of:	1 None	2 Poor	3 Wish I knew more	4 Adequate	5 Expert
Risk factors for developing AMD					
Early signs and symptoms of AMD					

Did you know...?	Yes	No
AMD is the leading cause of irreversible blindness in the US?		
Vision loss from AMD begins in the middle		
AMD most often affects whites?		
Smokers are at higher risk for AMD?		
AMD can run in the family?		
Advanced AMD (and subsequent vision loss) can be prevented or slowed if detected early?		
AMD most often affects the elderly?		

Survey continued on back

Do you...	Yes	No
Know what AMD is?		
Have a family member with or who had AMD?		
Currently have AMD in one eye or both eyes?		
Wish you knew more about AMD?		
Know what treatment options are available for AMD?		

Thank you for your responses. We greatly appreciate your time.

Please return completed survey to either of the two collection boxes in the waiting area.

Age-Related Macular Degeneration (AMD) Practice Patterns Survey

Thank you for your participation in this important survey. I'd like to assure you that your responses will be recorded for **internal office use only**. Your participation poses no risk to your health and **all information will be kept confidential**.

Please check one:	1 Completely disagree	2 Somewhat disagree	3 Neutral	4 Somewhat agree	5 Completely agree
I routinely ask patients about vision at well visits					
I can confidently perform fundus exam and identify drusen					
I can confidently perform and interpret Amsler grid test					
Can counsel patients on visual aids and low-vision behavioral modifications					

Please rate your knowledge of:	1 None	2 Poor	3 Wish I knew more	4 Adequate	5 Expert
AMD risk factors					
Early signs and symptoms of AMD					
Guidelines for referral to ophthalmology for AMD					
AMD treatment options and adverse effects					
Low-vision rehab services and resources					
Low-vision community support resources					

Management of Age-Related Macular Degeneration - Primary Care Provider Summary Handout

Risk Factors

- Age (>55 yo)
- White race
- Smoking
- Family history of AMD

Early Signs and Symptoms

- Metamorphopsia
- Blurring
- Scotoma

Evaluation

- Baseline visual history
- Characterize vision changes
- Gauge effect on daily functioning

It is not uncommon for people with severe monocular vision loss to be unaware of their condition if they have good vision in the fellow eye - simply asking "Any changes in vision?" may not be enough!

- How did you see 10 years ago?
- How is your reading?
- What can't you do now that you were previously able to?
- Have you noticed that straight lines have become distorted or wavy?
- Have you noticed any dark areas, blurry areas, or whiteout?
- When did you first notice changes in your vision?
- How has your vision changed in the last 3 months?
- Administer Snellen chart and Amsler grid in each eye
- Ask about medications with potential ocular side effects (e.g. Amiodarone, Corticosteroids, Digoxin, Hydroxychloroquine, Sildenafil, Warfarin)

When to refer to ophthalmology

Progressive vision loss over >1 month	Non-urgent (next available)
Sudden vision loss over 1 day to 1 week	Urgent (within 48 hours)

Treatment

- Anti-VEGF intravitreal injections
 - SEs: increased pressure, bleeding, inflammation, infection
- Vitamins and antioxidants (AREDS supplements) decrease progression from intermediate disease to advanced disease
 - SEs: GI symptoms; advise smokers to choose supplement without beta-carotene as there is an increased risk of lung cancer

PCP's role after diagnosis

- Encourage behavioral and risk factor modifications
 - Diet changes
 - Smoking cessation
 - Self-testing
- Assess fall risk
- Manage social isolation, grief, mental health
- Encourage self-monitoring for disease progression with Amsler grid

Modifications

Stand, handheld, or spectacle mounted magnifier	Short and long term reading and writing tasks
Handheld or spectacle mounted monocular or binocular	Street signs and spectator events, television
Felt tip pens, bold line paper, check and letter writing stencils	Allows for legible writing that stays on the line
Upright reading stand	Steadies reading material, prevents fatigue due to lack of focusing ability or hand tremor
Large print	News, telephone dials, books, meds
Color contrast aid	Bright tape or paint marks objects and hazards, meds
Phone apps	Voice recognition

Rehabilitation and Community Resources

New England Low Vision
www.nelowvision.com > Resources > Maine

E

1 20/200

F P

2 20/100

T O Z

3 20/70

L P E D

4 20/50

P E C F D

5 20/40

E D F C Z P

6 20/30

F E L O P Z D

7 20/25

D E F F O T E C

8 20/20

L E F O D P C T

9

F D P L T C E O

10

P E Z O L C F T D

11

1. Hold chart at arm's length in a well lit area.
2. Wearing your reading glasses, cover one eye with your free hand.
3. Focus on the center dot for one full minute.
4. Cover the other eye and repeat.
5. Call your doctor if lines appear or squares appear wavy, blurry, or missing.

