**Primary Care Management Guidelines**

**Age-related macular degeneration (AMD)**

These guidelines are to assist GPs to monitor and manage their patients in a primary care setting until clinical thresholds indicate that tertiary care is required. The clinical thresholds are defined in the guidelines, and may require diagnostic support from a local optometrist or ophthalmologist. Providing a detailed diagnostic report will assist with the triage of your referral into the most appropriate clinic, within clinically appropriate timeframes.

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| **IMMEDIATE REFERRAL** (Please discuss all urgent referrals with our  **Eye Admitting Officer** by calling switchboard 9929 8666)   * Sudden onset of new distortion of central vision * Sudden loss of central vision * All patients with suspected acute neo-vascular AMD (please discuss with Eye Admitting Officer, no treatment will commence after hours) * For other indications for referral, please see below |

### **Assessment**

* Is there are a family history of AMD?

All patients with a family history of AMD are at a higher risk of developing AMD and patients over 45 years of age should have regular eye examinations every two years.

* Does your patient have other risk factors that could increase the possibility of AMD?

This includes smoking, obesity and gender. Women appear to be at greater risk than men.

* When was the last screening performed?

Screening needs to be performed every two years if baseline is normal

### **Primary Care Management**

* If the patient reports distorted vision (bent straight lines), check for central vision changes using the [Amsler Chart](http://www.eyeandear.org.au/content/Document/GP%20Forms/Amsler_Chart.doc)
* Request a Retinal Assessment, visual acuity and refraction by an Optometrist to detect any signs of AMD.

### **When to refer to the Eye and Ear**

* Signs of Choroidal Neovascularisation (CNV), also known as wet AMD, detected by an Optometrist on dilated fundus examination or fundus photography (please provide photographs if available).
* Patient reports distortion (bent straight lines) of surrounding objects or on [Amsler Chart](http://www.eyeandear.org.au/content/Document/GP%20Forms/Amsler_Chart.doc)

### **Information to include on the referral letter**

* Best corrected vision (or with pinhole)
* Date of last eye examination
* Current symptoms including any distortion
* Risk factors

### **More information**

Return to our [Primary Care Management Guidelines](http://www.eyeandear.org.au/page/Health_Professionals/Referring_to_the_Eye_and_Ear/Pre-referral_guidelines)

Go to our [Referral Guidelines](http://www.eyeandear.org.au/page/Health_Professionals/Referring_to_the_Eye_and_Ear/Referrals)

[Factsheets](http://www.optometry.org.au/media/452259/nl_optometry_scope_of_practice_gp_2_page.pdf) for GPs on what services optometrists can provide, optometrists scope of practice and [how to find a local optometrist](http://www.optometry.org.au/vic/find-an-optometrist/).

Information on the [Australian College of Optometry](http://aco.org.au/) and services they provide.