CLINICAL PRACTICE GUIDELINE: Primary Care Management

**Age-Related Macular Degeneration(AMD)**

Disclaimer: 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.

Please also use these pathways in conjunction with your local HealthPathways.

### Link to “HealthPathways”:

Eye and Ear Staff - [HealthPathways link](https://melbourne.healthpathways.org.au/LoginFiles/Landing.aspx?from=ec508e1854174aaea8831a1b4ec4db4f&page=13454.htm); then Search: Age-related macular degeneration

General Practitioners - [Request Access](https://urldefense.com/v3/__https:/melbourne.healthpathways.org.au/LoginFiles/RequestLogin.aspx?topic=RequestAccess__;!!GHMCuE2BZP0!fMEopg7HeJjpLzlmp75GFK0Q5yG-XSEbAct3jQPTeJGwpooVCjZp7gJbpYkQ2ovzam6BZpbN$) to HealthPathways.

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| **IMMEDIATE REFERRAL** (Please discuss all urgent referrals with our  **Eye or ENT 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 neovascular (wet) AMD (please discuss with Eye Admitting Officer, no treatment will commence after hours) * For other indications for referral, please see below |

### Primary Care Assessment:

* **Is there are a family history of AMD?**

Patients with a family history of AMD are at a significantly higher risk of developing vision loss due to AMD.

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

Current smokers have a 4x increased risk of vision loss due to AMD

* **When was the last optometrist eye screening performed?**

Optometric eye 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](https://eyeandear.org.au/wp-content/uploads/2021/10/Amsler_Chart-1.doc) or refer to optometrist urgently
* Request a retinal assessment, along with visual acuity and refraction by an Optometrist to detect any signs of AMD.
* Patients with early or intermediate AMD (drusen only) do not require a referral to the Eye and Ear/ an ophthalmologist, and may be followed-up by a local optometrist.

### When to refer to the Eye and Ear/ Ophthalmologist:

* If signs of Choroidal Neovascularisation (CNV), also known as wet AMD, are detected by an Optometrist on dilated fundus examination or fundus photography (please provide photographs if available).

### 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
* Any prior eye treatments – including intravitreal injections

### More information: Return to our [Primary Care Management Guidelines](https://eyeandear.org.au/health-professionals/for-gps/primary-care-management-guidelines/)

* Go to our [Referral Guidelines](http://www.eyeandear.org.au/page/Health_Professionals/Referring_to_the_Eye_and_Ear/Referrals)
* [Factsheets](https://www.optometry.org.au/wp-content/uploads/provided/GPs_Healthcare-professionals/GPs/gp_campaign_factsheetweb_rs_v4.pdf) for GPs on what services optometrists can provide, optometrists scope of practice and [how to find a local optometrist](https://www.optometry.org.au/find-an-optometrist/).
* Information on the [Australian College of Optometry](http://aco.org.au/) and services they provide.

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| **Related Information** | |
| Purpose: | 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. |
| Scope: | GPs, Primary Care Services |
| Key Word search: | Age-Related Macular Degeneration; AMD |
| Related Legislation | N/A |
| Related Reference: | N/A |
| Linked Eye and Ear Policy and Procedures: | Comprehensive Care Policy |

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