INITIAL THERAPY FOR NEOVASCULAR AGE RELATED MACULAR DEGENERATION: ARE THE GUIDELINES MET IN CLINICAL PRACTICE?


No conflict of interest.

ASSESSMENT OF BURDEN OF DISEASE IN TERMS OF HEALTH RELATED QUALITY OF LIFE IN PATIENTS WITH MULTIPLE MYELOMA NOT ELIGIBLE FOR AUTOLOGOUS STEM CELL TRANSPLANTATION

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Background and importance

The current clinical practice guidelines for the treatment of neovascular age related macular degeneration (nAMD) consist of a loading phase of 3 monthly intravitreal injections of anti-vascular endothelial growth factor (anti-VEGF) drugs, followed by individual maintenance pattern.1 The treatment of choice is ranibizumab. The response to treatment is conditioned by the time elapsed between diagnosis and initial treatment.2

Aim and objectives

To analyse the time elapsed between diagnosis and initial treatment in patients with nAMD and to assess compliance with the loading phase.

Material and methods

This was an observational retrospective study in patients diagnosed with nAMD who began treatment with anti-VEGF drugs in 2018. Data collected were age, sex, affected eye, neovascular membrane, best corrected visual acuity (BCVA), drug, date of diagnosis and dates of administration of three loading doses. Patients treated bilaterally were counted as two different treatments.

Results

Eighty patients were included (61.3% women, 38.7% men) with a mean age of 80.3±8.1 years. Eighty-three eyes were treated: 48.2% (40/83) right eye and 51.8% (43/83) left eye, and 84.3% (70/83) received ranibizumab, 12.0% (10/83) bevacizumab and 3.7% (3/83) aflibercept. Location of the neovascular membrane was subfoveal in 53.0% (44/83), juxtafoveal in 31.3% (26/83) and undefined/unknown in 15.7% (13/83).

Mean BCVA in the right and left eyes were 0.9±0.8 logMAR and 0.8±0.6 logMAR, respectively. Median number of days between diagnosis and first dose was 17 days (0–59), 32 days (18–193) between the first and second doses and 32 days (18–130) between the second and third doses.

Conclusion and relevance

• There was a delay between diagnosis and initial treatment of about 2 weeks, similar to that observed in other studies.3 It would be necessary to reduce this time to achieve better vision outcomes.

• The time interval between the three loading doses was considered acceptable. It is important to meet this initial treatment regimen to obtain good results in terms of visual acuity.4 It would be interesting to evaluate the real clinical benefit in these patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS


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