

Guide to essential care for AMD

DISCLAIMER: This Guide is intended to prompt you to ask questions about your care following diagnosis of AMD. It is not intended to act as a clinical guideline for your care. You should consult with your Eye Care Professional (ECP) and local patient support organisations with regards to your individual care, as they have the best knowledge about clinical practice and availability of supports in your local environment.

1. If you (or your family doctor) suspect you have any form of AMD you should have an appointment with an optometrist at your local optician's practice or be referred to an ophthalmologist at a hospital. You should be referred to an ophthalmologist if your optometrist or family doctor believes a specialist eye doctor needs to confirm the diagnosis and/or to monitor disease progression. (You may not need an ophthalmologist appointment if your optometrist or family doctor diagnoses the early stages of AMD as your vision may not be significantly affected, however they should be in a position to accurately monitor the disease and refer you to an ophthalmologist at an appropriate time point.)
2. If you are diagnosed with AMD, you should be advised:
 - a. To stop smoking and signposted to services which can help you. Smoking makes AMD worse.
 - b. About good diet and the possible benefits of specific AREDS2 vitamin supplements which have been shown in a large clinical trial to be helpful. Some family doctors can offer them on prescription but this varies by region. (Some components of AREDS2 vitamin supplements are found in green leafy vegetables and eggs.)
 - c. On how to protect your eyes from uncomfortable glare, for example by the use of anti-glare glasses or by adjusting the lighting in your home.
 - d. About tools to monitor your vision in case it changes. Any sudden deterioration in vision should be notified to your family doctor or Eye Care Professional immediately as it may be a result of neovascular (Wet) AMD, in which case it would need urgent treatment. Signs of Wet AMD include distorted vision, for example when straight lines become wavy.
 - e. Of the possibility of seeing visual images known as Charles Bonnet Syndrome. These are called visual hallucinations and affect many people with sight loss. They are not a sign of a mental illness.

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- f. About your treatment regimen if you have Wet AMD so you feel confident that your next appointment is not forgotten or overlooked by the eye clinic. (With Wet AMD Follow-on treatment depends upon the individual therapy being administered. Make sure that you know the name of the treatment that you are on and that you are provided with information about the treatment.)
3. If you are distressed by the diagnosis of AMD you should be offered emotional support or signposted to a service which can help, for example a patient support group.
4. If your vision can no longer be improved with eye glasses alone, or you are having difficulty with any daily tasks, you should be referred to a low vision service for assessment to find out what you need to help support you in your daily life both at home and when you are outdoors. This should happen before you lose a lot of vision as it is much easier to learn how to make the most of your sight while it is still reasonably good. (In some places you will need to be referred to the low vision service by your ophthalmologist.)
5. If your sight is poor you should seek to be registered as sight impaired or severely sight impaired. This may entitle you to additional benefits and services that you are not otherwise entitled to avail of.
6. You should have regular eye tests at your optometrist to check your eye health.