

Part 3: What should I know after starting treatment for wet AMD?

What does a wet age-related macular degeneration (AMD) treatment plan look like?



The essential series to guide and support you through your wet AMD treatment.



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1. How is the impact of treatment on my eyesight evaluated?

Eye examinations are performed at each clinic visit to monitor the stabilization or progression of your disease, or any improvement or stabilization in your vision. The results of these examinations will help determine how often you need to receive treatment.

These examinations may include:

- **Eye test (visual acuity test)** – This is a test that measures your eyesight by having you look at an eye chart, one eye at a time, from a specific distance, and check up to what size of the letters on the eye chart you can see clearly.
- **Fundoscopy** – This examination of the fundus (the back of the eye, where the macula is located) allows the ophthalmologist to look at the blood vessels and any bleeding or fluid in your macula to spot any changes that your AMD may have caused.
- **Optical coherence tomography (OCT) and OCT angiography** – These non-invasive detailed exams use a camera to take images of your retina at the back of the eye to show the doctor how much fluid is in your macula, to see if your macula is thicker than it should be, and to check for any signs of changes. The OCT exam is often performed at each visit.
- **Fluorescein angiography and indocyanine green angiography** – These scans provide more information about the blood vessels and any potential bleeding at the back of the eye that could be causing you problems. Your ophthalmologist will evaluate your condition and whether there is a need to perform these scans.

2. How do I know if my treatment is working?

The aim of the injection treatment is to preserve your remaining vision; however, it cannot repair all existing damage. At the beginning of treatment, vision loss can be halted and some patients may even experience an improvement in vision.¹⁻⁴ Regardless of how your vision may change, your body will continue to produce the factors causing the damage within your eye, therefore, ongoing regular treatment to prevent this is required to stabilize your vision in the long term.^{5,6} For some patients over time, vision may gradually worsen despite keeping up with treatment, but this will be happening much more slowly than if you were not receiving treatment.³

While you may be experiencing changes in your vision, it does not mean that the treatment is not working if your vision has gotten worse, or that you no longer have wet AMD if your vision has improved. Your wet AMD condition remains and treatment is still required in both cases to ensure that you do not experience permanent vision loss in the future.

If you feel that the treatment is no longer working or that you no longer need it due to significant improvement in vision, it is very important to discuss this with your doctor, as they are best suited to explain how you are responding to your treatment and the importance of continuing to receive treatment. While your vision changes are important to monitor, any physical changes in the structure of your eye that your doctor can observe via an OCT is the best way to assess if the treatment is working.

Remember, the main goal of receiving treatment is to maintain the vision you currently have and avoid any further vision loss.¹⁻⁴ Improved vision with treatment cannot be guaranteed; therefore, even if your vision does get slightly or markedly worse, it is important to continue receiving treatment if your doctor advises you to.

3. How often will I need to receive treatment?

Treatment with injections needs to be repeated regularly and the time between each injection is based on your vision and exam results. Your doctor may choose from a variety of treatment approaches based on your individual response to treatment, standard practice within the clinic, and local guidelines. The below approaches cover one of the treatment regimens that you will undergo, now that you have completed the loading phase.

- **Fixed-dosing regimen:** The treatment can continue in a fixed interval, for example once a month or every two months, based on a variety of factors including, how well you have responded to the loading dose, which treatment you are receiving, and the medical guidelines within the clinic. As you will receive regular injections at each visit, this is considered a pro-active treatment approach.
- ***Pro re nata* (PRN) regimen (as needed):** Your ophthalmologist may decide to treat you with a reactive treatment approach, where you will only receive treatment when your regular examination shows disease recurrence and a need for treatment. Even if you do not physically notice any changes in your vision, it is critically important that you attend all monitoring appointments, usually occurring every month or every other month. If you notice any changes in your vision in between your examinations, it is important to notify your ophthalmologist immediately.
- **Treat and Extend (T&E) regimen:** This dosing regimen has become more common in the recent years and allows for an individualized treatment schedule based on how you personally respond to treatment. At every scheduled visit, you will receive injections, your doctor will take an OCT image, and your vision will be examined.

As your disease begins to stabilize or improve, your doctor will start to gradually extend the interval between your scheduled appointments. As an example, this could mean that you may initially go to the clinic for treatment and monitoring every 8 weeks, and once your disease is stabilized, your next appointment would then be scheduled in 10 weeks, and if your disease is still stable, then the next treatment would be in 12 weeks, and so on. This personalized approach may mean appointment intervals extending up to 3–4 months between visits. Conversely, the appointment intervals may have to be gradually shortened if your disease starts to progress and your vision becomes worse.^{7,8}



4. How long will treatment be required for?

As wet AMD is a long-term disease, injections must be repeated regularly to make sure that there is enough treatment administered to continue suppressing the factors causing the damage, as your eyes will keep on producing these.^{5,6} From a medical point of view, there is no limit to the number of injections you can receive and as long as your ophthalmologist feels you will benefit, you can continue with regular treatment indefinitely.¹ However, your local social security and/or insurance system may influence the cost and choice of treatment and frequency; your ophthalmologist will discuss and explain a treatment plan with you.

The number of injections that you will receive yearly depends on the dose regimen that you are on. Regardless, after the first year the number of injections that you will receive every year will typically go down. If you do interrupt or stop the treatment plan that your ophthalmologist has agreed with you, your wet AMD will likely progress and your vision may get worse.^{1,2,9}

5. What will happen if I stop treatment now, or if I miss a treatment?

Wet AMD is a long-term disease that will continue to progress and get worse without treatment. Although, wet AMD hardly ever causes complete blindness, it can reduce the central vision to the point where it is only possible to see outlines or movement, which may greatly interfere with your daily life.^{1,3,10} Interrupting or stopping the treatment could result in recurrence of bleeding and swelling of new blood vessels, resulting in decreased visual acuity, or extended areas of low vision.^{1,2,9} The longer the treatment for wet AMD is interrupted, the more difficult it becomes to maintain or restore your vision, and it could reach the point where treatment can no longer help.^{2,3,11,12} It is therefore, important that you continue to receive treatment for as long as your ophthalmologist recommends.



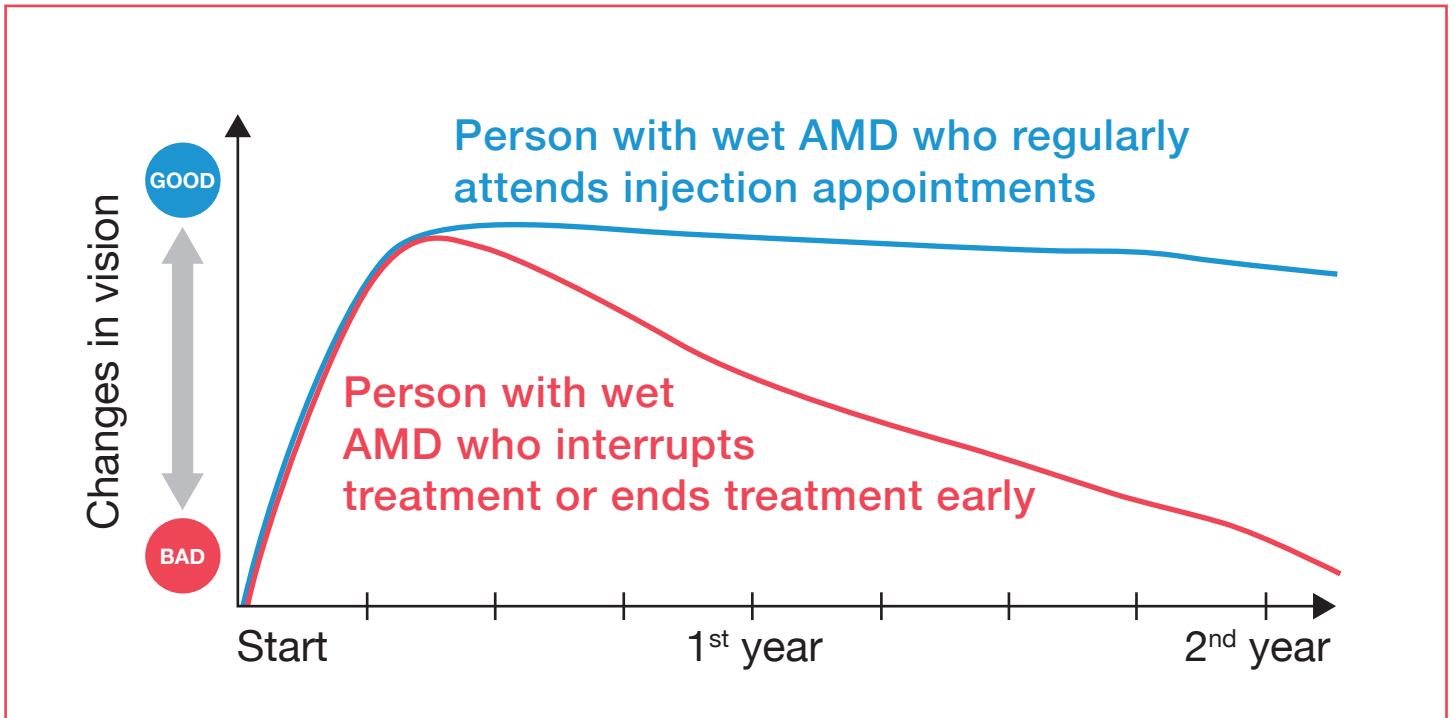


Illustration adapted from VisusVital. Motivationsbroschüre. Gemeinsam zum Behandlungserfolg. 2023.

Interrupting or stopping the treatment could result in recurrence of bleeding and swelling of new blood vessels, resulting in decreased visual acuity or extended areas of low vision.^{2,9,11,12,14} It is therefore, important that you continue to receive treatment for as long as your ophthalmologist recommends.

6. What else can I do to improve my eye health?

There are a number of risk factors that may contribute to the development and progression of wet AMD, including age, family history, and certain lifestyle factors. While you cannot change your age or genetics, you can make a difference to your eye health and reduce the risk of developing wet AMD in your other eye, by making some lifestyle changes. In general, protecting your eyes from the sun, eating a balanced diet, quitting smoking, keeping active, and maintaining a healthy weight and blood pressure may all help to support treatment and keep your eyes as healthy as possible.^{3,15-17}

In some cases, your doctor may prescribe or advise a specific combination of dietary supplements (antioxidants, such as vitamins C and E) to be taken regularly, to maintain and improve the health of your eyes, as antioxidants may slow down the progression of wet AMD and lower the risk of wet AMD and vision loss in the other eye.¹⁸⁻²⁰ Discuss the benefits of any dietary supplements you are considering taking with a qualified medical personnel to understand if they would be beneficial to you.

What you can do to keep your eyes healthy

- Check your eyesight regularly, using an Amsler grid (see page 14 for how to use the grid), and report any vision changes to your ophthalmologist
- Control your weight and exercise regularly
- Eat a healthy, well-balanced diet rich in omega-3 fatty acids, vitamins and minerals
- Do not smoke – if you do smoke, try quitting
- Protect your eyes from the sun by using sunglasses, hats, and parasols

Recommended nutrients	Food examples
Omega-3 fatty acids	Fish – salmon, mackerel, trout, and sardines
Vitamin C	Fruits and vegetables – citrus fruits, berries, kiwi, tomatoes, and capsicum
Vitamin E	Nuts and seeds
Lutein/Zeaxanthin	Yellow and leafy green vegetables – kale, spinach, broccoli, silver beet, pumpkin, peas, corn, and beans
Zinc	Seafood, meat, and legumes
Selenium	Brazil nuts, mushrooms, oats, and brown rice



Eating a healthy, well-balanced diet rich in omega-3 fatty acids, vitamins and minerals can help keep your eyes healthy. Great dietary sources of vitamin and minerals includes leafy vegetables and yellow/green vegetables.

7. What should I do if I experience any vision changes?

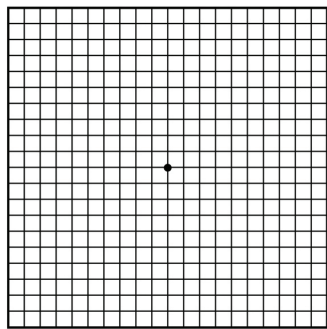
When you have wet AMD, it is important that you monitor your eyes regularly, for example, by using an Amsler grid (see next page) for home monitoring to check for any vision changes in either eye. If you have wet AMD in one eye, you are more likely over time to develop it in the other eye.

By using the Amsler grid at home to check your symptoms, you will be able to notice any changes in your vision (eg, if lines or areas look more or less wavy, blurry, dark, or blank). Since you usually see things with both eyes, it is difficult to notice changes in one eye, so it is important to check one eye at the time. If you normally use reading glasses, please wear these whilst using the grid.

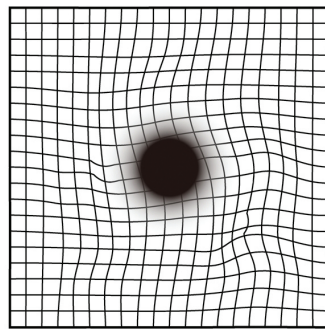
It is important that you contact or visit your ophthalmologist should you experience any vision changes in either eye.

Should you develop wet AMD in the other eye, you may, if suitable for you as advised by your doctor and if offered at your local clinic, receive injections in both eyes during the same clinic visit (bilateral injections), so your treatment schedule would remain the same and you would not have to go to the clinic for additional treatment.

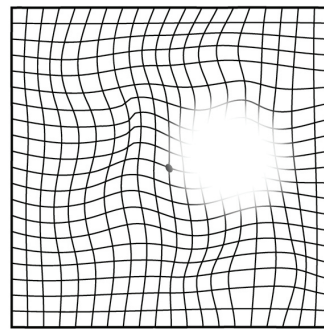
How to use the Amsler grid



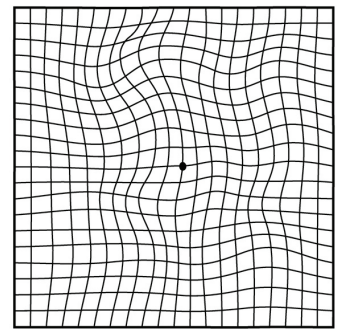
Normal vision



Dark center,
distorted vision



Partially missing
distorted vision

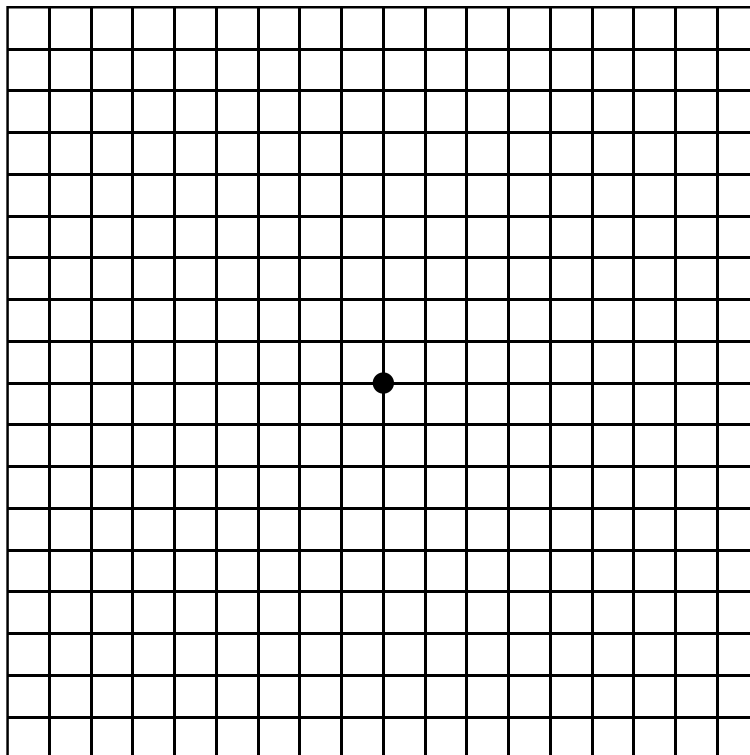


Distorted vision

How to use the grid

1. Hold the grid (see next page) a normal reading distance (~30 cm) in a well-lit room. Wear your reading glasses if you normally use them.
2. Cover one eye and focus on the black dot in the middle of the grid.
3. While looking at the center dot, note whether the grid lines appear straight or wavy, blurry, or if there are any missing lines or blind spots.
4. Repeat with the other eye.
5. Report any vision changes to your eye doctor immediately.

The Amsler grid



8. What can I do if I start feeling depressed and/or anxious after my diagnosis?

It is completely natural to be feeling anxious, confused, or helpless when you have been diagnosed with wet AMD. It is normal to find yourself worrying about the future and how you will manage with a change in your vision, which may affect certain daily life activities, including your ability to socialize and getting around.²¹⁻²³ You may start to feel increasingly isolated, lose interest or pleasure in life, or withdraw from family and friends. Depression and anxiety can also make you feel irritable, guilty, or frustrated, or display as physical signs, such as a change in appetite, sleep problems, and non-specific aches and pains.²⁴

However, there are actions you can take to help lessen the impact of wet AMD on your daily life. These include:

- **Speaking to your doctor** – Speak to your doctor about your concerns or fears about your condition, prognosis, or the treatment and procedure itself. Discuss what you can expect from your treatment and what you can do to improve the health of your eye. Write down any questions that you would like to ask your doctor during your appointment ahead of time to ensure that you receive the information that you want about your treatment and the effects this might have on your daily life. If you are unsure of the answers your ophthalmologist gives you, do not be afraid to ask them to explain again – you need to feel confident about the answer. Your doctor wants to support you as best they can. They are part of your team and are here to help you manage your wet AMD from both the physical and mental side. Do not be afraid to ask them for extra support.
- **Contacting a low-vision patient organization** – In addition to counselling, these organizations can provide you with practical solutions to suit your individual needs and goals.

For example, you may need to learn new skills to help maintain your independence, such as new technology to help you read or use the phone, or other ways to re-arrange your home to help suit your needs.

Low-vision aids, adaptive technology, alternative transportation, and learning to do things slightly differently can help you continue taking part in your favorite activities.

- **Getting in touch with a counselor** – It can sometimes be helpful to talk about feelings of depression and anxiety with a person outside of your circle of friends or family. Your doctor or your eye clinic may have a sight loss adviser or counselor, who can be on hand to provide you with further practical and emotional support about your eye condition. Alternatively, you can speak to a counselor over the phone, via a telephone counseling service.
- **Joining a local patient support group** – This is a great way to connect with, and learn from others facing similar challenges. Sometimes, it can help to talk about your feelings or share your experience with people who may have had similar experiences. Fellow patients can also offer you support and answer your questions, as well as motivate you to keep up with your treatments.
- **Asking for help** – You can get help and support from your relatives, friends, and neighbors, in addition to your doctor. Consider asking a friend or family member to go to social events with you or drive you to your appointments. Your friend or family member can help you identify faces, making it easier to interact with others.
- **Learning about your disease** – The more you know and the more realistic your expectations are regarding your disease and treatment, the more likely you will be able to make the right decisions for your life. Knowledge also helps lower unnecessary fears and worries.

References

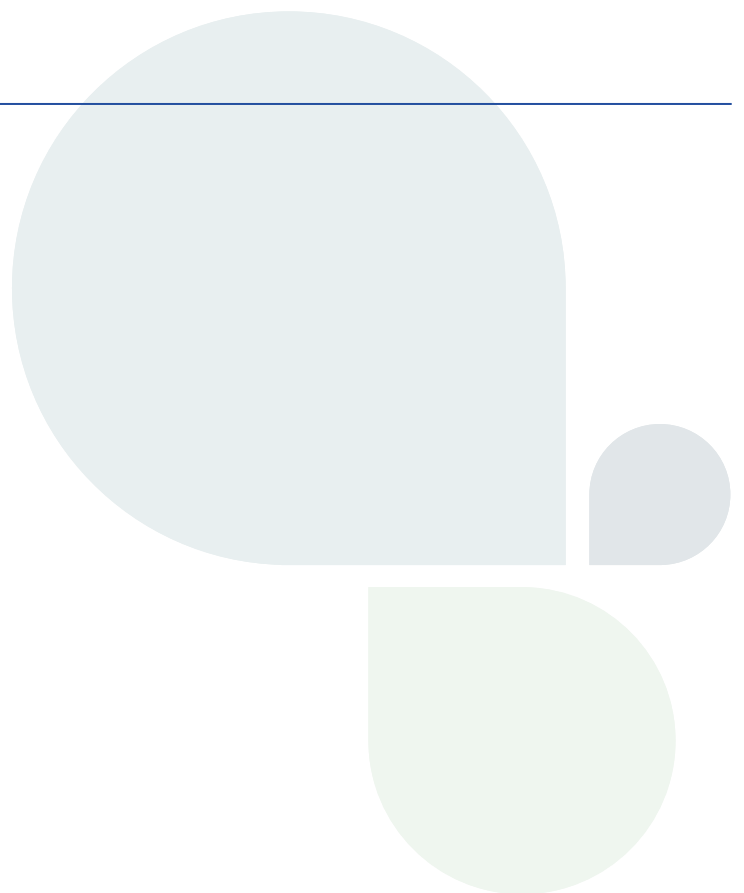
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Where to find extra information and support?

Healthcare professional contact information

Use this space to note the details of your clinic, your ophthalmologist or nurse.



Notes

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The Barometer Program is managed by clinical leaders in ophthalmology as well as representatives from the International Federation on Aging (IFA), International Agency for the Prevention of Blindness (IAPB) and Bayer. The activities of the Barometer Program are funded and facilitated by Bayer where the scientists and representatives from IFA and IAPB retain decision authority to the research scope, methods, analysis of findings and dissemination of the outputs of the Barometer Program.

Feel free to ask your ophthalmologist for other parts of this series.

- What is wet AMD?
- How is wet AMD treated?
- How is wet AMD treated over time?
- What does long-term management of wet AMD mean?



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