### RANZCO: Referral Pathway for AMD Management

#### Patient Presents > 50 years

**History**
1. New symptoms suggestive of nAMD (eg distortion, central blur, loss of vision)
2. New symptoms consistent with AMD (difficulty reading in dim light, night driving, dark adapting)
3. Symptom onset duration (days/weeks/months) stability (persistent/fluxuates/worsening/stable)
4. Risk factors for AMD- age, smoking, family history

**Examination:**
1. Best corrected visual acuity
2. Dilated fundus examination
3. Optical coherence tomography (OCT) required if symptoms or signs (1)
4. Use Beckman classification to grade AMD (on a person level) (2)

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### No New symptoms suggestive of macular disease

- No signs or imaging changes suggestive of nAMD

### New symptoms, signs or imaging suggestive of new nAMD, or if nAMD can not be excluded

- Beckman classification of AMD (person diagnosis) based upon examination or colour photography and graded according to worst eye.

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<table>
<thead>
<tr>
<th>Early AMD – drusen 63um-125um, with AMD pigmentary change</th>
<th>Intermediate AMD - drusen &gt;125um, or drusen 63-125 um with AMD pigmentary change</th>
<th>Late AMD - geographic atrophy (GA) – dry AMD</th>
<th>Late AMD – neovascular AMD (nAMD) – wet AMD</th>
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<tbody>
<tr>
<td>No macular changes or normal ageing = drusen &lt; 63um or pigment change and no drusen in both eyes</td>
<td>Definite or suspected new nAMD: Symptoms: new onset distortion, loss of central vision</td>
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<tr>
<td>Signs: macular haemorrhage, Imaging: macular fluid</td>
<td>New onset nAMD</td>
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<td>Unstable old scar, not being treated</td>
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**OCT/OCT angiography (OCTA) clinical modifiers of risk of progression to vision threatening late AMD**

Hyper reflective foci (HRF) (3), Nascent GA (nGA) (4), Reticular pseudodrusen (RPD)aka subretinal drusenoid deposits (SDD) (5), Non exudative macular neovascularization (NE-MNV) if OCTA looks suspicious for CNV then refer non urgently to an ophthalmologist for a review and management plan (6). Clinicians are encouraged to undertake professional development to become familiar with these signs to better counsel patients and potentially influence review intervals and referrals.

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### General advice

- Counsel on smoking cessation as appropriate.
- General lifestyle and diet advice. Supplements are not recommended for patients with normal ageing changes.
- Counsel patient on urgency of referral to optimize vision outcomes if nAMD is present

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### Refer to Ophthalmologist

- Within 1 week (8)
- Within 2 weeks (8)

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### General Advice^  
Advising patient on stage of disease based upon the Beckman classification and OCT modifiers: Counsel on smoking cessation as appropriate  
General lifestyle and diet advice. Patients with intermediate AMD may benefit from certain nutritional supplements. Supplements are not currently recommended for patients with early AMD or late AMD (both eyes). Consider best evidence and assess each patient individually.  
Ensure meets driving standards.  
Instruct on home monitoring (eg Amsler grid)  
Consider referral to patient support services (9)  
Stress need for immediate review if new symptoms of nAMD  
Consider referral to Ophthalmologist based upon stage and OCT risk factors for management plan  
Consider referral to Ophthalmologist <50 years old to rule out other diagnosis such as inherited retinal diseases.  
Consider referral to an AMD trial registry to register interest in trial participation*

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### Appendix

1. If no OCT available refer to practice where available
7. Remote and rural community practitioners will need to modify this pathway to suit local circumstances  
8. Communicate treatment plan to patient’s GP
9. Organisations such as Macular Disease Foundation Australia (M DFA) and low vision services such as Vision Australia and Guide Dogs Australia.

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* Trials in all stages of AMD are now occurring and everyone should be aware of trials recruiting in their area so that appropriate and timely referral to participating trial sites can be facilitated. (https://clinicaltrials.gov/ct2/home) Digital images of cases of AMD, classified using the Beckman classification are encouraged so that referral of appropriately staged cases to trials can be greatly enhanced. Referral to trial registry will ensure interested patients are on a registry and contactable if an appropriate trial is recruiting. Registrants will not be reviewed and should continue with their own eye care professional.