Age-Related Macular Degeneration

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Case 1

- 58 year-old man
- Exudative AMD diagnosed 4/8/05
- Previous therapy:
 - Laser photocoagulation
 - Photodynamic therapy
- Now has persistent exudation and visual acuity of 20/70



Recent Fluorescein Angiogram











AMD Classification Early: Drusen, Pigment changes Late: Atrophy, Exudation





Hypothesis

Causes/Risk Factors for Tissue Injury

Sunlight, Lipofuscin, Anti-retinal antibodies, Excessive complement activation, Systemic inflammation



Management of AMD: Overview

	Prevention		
Feature	Clinical Trial	Epidemiology	Treatment
Early	None	DietEnvironment	None known
Atrophy	AREDS	None known	None known
Exudative	AREDS	DietEnvironmentLifestyle	Hot laserPDTAnti-VEGF



AMD Eligibility Categories

- 1. Less than 5-15 small drusen
- 2. Over 15 small drusen, one intermediate drusen, or pigment
- 3. About 20 intermediate or one large drusen, or noncentral GA
- 4. Central GA, CNV, or vision <20/32 from AMD in fellow eye



Advanced AMD

Treat the Fellow Eye Risk of progression at 5 years: -Category 3: 6%-27% -Category 4: 43%

Treat High-Risk Patients

Reduction in progression to advanced AMD with Moderate VA loss:

- -Category 3: OR = 0.76
- -Category 4: OR = 0.52

Bottom Line: Overall 25% Reduction in development of advanced AMD in category 3 and 4 subjects taking supplements

AMD Prevention: Summary I

- Medical and surgical management
 - AREDS supplements only proven method for preventing complications of AMD in high-risk patients
 - Perform cataract surgery when clinical evidence suggests substantial visual benefit to patient
- Environment
 - Avoid cigarette smoking (multiple studies)
 - Wear protection against sunlight exposure (possible)

AMD Prevention: Summary II

Life style for prevention of AMD

- Heart Healthy Diet
 - Low fat diet (incidence and case-control)
 - Fatty fish > 2 servings per week (4 studies)
 - Leafy green vegetables (some studies)
 - Fruit 3 servings per day (unconfirmed)
 - Consider 2 or more servings of nuts per week (unconfirmed)
- Physical activity (unconfirmed)
- Weight loss (unconfirmed)

Treatment Options for Subfoveal CNV

Extrafoveal and most juxtafoveal CNV can be managed with photocoagulation

Laser Photocoagulation

- Thermal burn destroys retina, RPE, choriocapillaris, and CNV
- Cost effective treatment option for extrafoveal CNV and subfoveal CNV with poor initial vision





Photodynamic Therapy

- Photochemical reaction induced by activating verteporfin with 689 nm (red) light
- Relatively greater retention of drug to CNV gives some selectivity to surrounding tissue

Macugen

- Pegaptanib: binds extracellular isoform of VEGF (165) upregulated during pathologic neovascularization
- Does not inhibit revascularization

Lucentis/Avstin

- Ranibizumab: a Recombinant, humanized Fab fragment against VEGF
- Binds all isoforms of VEGF
- Penetrates through all retinal layers unlike full IgG molecule

Returning to our Patient: PL

- Medical Management
 - AREDS
 - Fatty fish
 - Stopped smoking
- Surgical Management
 - Avastin injection
 - Vision improved to 20/30 within 6 weeks



Management of AMD: Current Suggestions

	Prevention		
Feature	Clinical Trial	Epidemiology	Treatment
Early	None	-Fatty fish -Heart healthy diet and lifestyle	None known
Atrophy	AREDS: -Vit C 500 mg	None known	None known
Exudative	-Vit E 400 IU -B-carotene 15 mg -Zinc 80 mg	 Fatty fish Heart healthy diet and lifestyle Statins? 	Lucentis

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