## AMD Center of Excellence® Wellness Model

Patient age 50 or older presents for Comprehensive Eye Exam	DECISION POINTS  What percent of your patients are over 50?	
Pre-exam Testing for AMD  Add AdaptDx Pro® Rapid Test (~5-10 minutes) to your stavvndard pre-test routine  YES ACAPTDX®	Where will the testing be done?  Who will administer the test?  How many tests can be performed per day?  Will you ask patients to arrive 10 minutes earlier?  Will there be a fee for the test?	
Clinical Exam  Review Rod Intercept™ (RI™) during comprehensive eye exam  RI < 6.5  RI > 6.5	If RI <u>&gt;</u> 6.5 when will you reschedule patient for Extended Test?	

Schedule medical office visit

Utilize imaging technology &

AdaptDx Pro Extended Test

to evaluate for advanced

AMD

Will you perform imaging on patient?\_\_\_\_\_
Will you prescribe nutraceuticals?\_\_\_\_\_
Will you recommend protective lenses?\_\_\_\_\_



No additional treatment required for AMD

Repeat imaging & AdaptDx Pro Rapid Test

## AMD Staging, Treatment and Management Guidelines

	Subclinical AMD	Early AMD	Intermediate AMD	Advanced AMD
Functional Testing (Average Rod Intercept <sup>1</sup> )	RI ≥ 6.5  The diagnostic specificity and sensitivity of the 6.5 minute cut-point for the presence of AMD is greater than 90%	· ·	<b>16.6</b> (+/- 5.2)  rrelated with disease severity. The AMD severity based on these	·
Structural Imaging	<ul> <li>No drusen or small drusen ≤ 63 Qm</li> <li>No pigmentary abnormalities</li> </ul>	<ul> <li>Medium drusen &gt; 63         Qm and ≤ 125 Qm</li> <li>No pigmentary         abnormalities</li> </ul>	<ul> <li>1 large druse &gt; 125 Qm and/or</li> <li>Pigmentary abnormalities</li> </ul>	<ul> <li>Geographic atrophy (GA) or</li> <li>Choroidal neovascularization (CNV)</li> </ul>
Treatment Guidelines <sup>2</sup>	<ul> <li>Prescribe smoking cessation program</li> <li>Prescribe nutritional supplementation</li> <li>Discuss lifestyle modifications with respect to diet and exercise</li> <li>Discuss systemic disease management</li> <li>Prescribe blue light protection</li> <li>Prescribe UVA and UVB protection</li> </ul>	<ul> <li>Monitor smoking cessation compliance</li> <li>Monitor nutritional supplementation</li> <li>Review diet and exercise regimen</li> <li>Partner with primary care provider on systemic disease management</li> <li>Check blue light protection</li> <li>Reinforce UVA and UVB protection</li> </ul>	<ul> <li>Monitor smoking cessation compliance</li> <li>Review vitamin and supplement recommendations</li> <li>Discuss diet and exercise regimen</li> <li>Manage systemic diseases with primary care provider</li> <li>Re-evaluate optical protection</li> </ul>	<ul> <li>Low vision rehabilitation for GA</li> <li>Anti-VEGF injections for CNV</li> </ul>
Frequency of Exams	Every 6-12 months to monitor for rapid progression with clinical exam, imaging and dark adaptation testing	Every 6 months to monitor for rapid progression with clinical exam, imaging and dark adaptation testing	Every 3-6 months to monitor for CNV with clinical exam, imaging and dark adaptation testing	Refer to retina specialist at first sign of CNV or GA

- 1. Jackson, G. R., Scott, I. U., Kim, I. K., Quillen, D. A., lannaccone, A., & Edwards, J. G. (2014). Diagnostic Sensitivity and Specificity of Dark Adaptometry for detection of Age-Related Macular Degeneration. Investigative Ophthalmology & Visual Science, 55, 1427–1431.
- 2. Practical Guidelines for the Treatment of AMD, published as a supplement to Review of Optometry in October, 2017

