



Medical Model - Same-day Testing

 **Patient age 50 or older presents for Comprehensive Eye Exam**



 **Evaluate for AMD Symptoms or Signs during Patient History**
(Night Vision Complaint or Drusen)

YES




NO



Pre-exam Testing for AMD
Add AdaptDx Pro® Rapid Test (~5-10 minutes) to your standard pre-test routine



Standard pre-exam testing and comprehensive eye exam

 **Clinical Exam**
Review Rod Intercept® (RI®) during comprehensive eye exam



RI < 6.5
No additional treatment required for AMD
Repeat imaging and AdaptDx Pro Rapid Test annually

RI ≥ 6.5
Schedule medical office visit to evaluate for advanced AMD
Utilize imaging technology and AdaptDx Pro Extended Test

DECISION POINTS

What percent of your patients are over 50? _____%

Patient identification:

- Use AMD Risk & Assessment Form from MacuLogix®
- Practice-created AMD Risk Assessment Form
- Staff member asking questions
- Other: _____

Who is responsible for handing out form or asking screening questions?

Where will the testing be done?

Who will administer the test?

How many tests can be performed per day? _____

If RI ≥ 6.5 when will you reschedule patient for Extended Test? _____

Will you perform imaging on patient? _____

Will you prescribe nutraceuticals? _____

Will you recommend protective lenses? _____

AMD Staging, Treatment and Management Guidelines

	Subclinical AMD	Early AMD	Intermediate AMD	Advanced AMD
Functional Testing (Average Rod Intercept¹)	RI \geq 6.5 The diagnostic specificity and sensitivity of the 6.5 minute cut-point for the presence of AMD is greater than 90%	12.9 (+/- 6.1)	16.6 (+/- 5.2)	19.0 (+/- 4.5)
<p>Dark adaptation speed is correlated with disease severity. The AdaptDx Pro Extended Test is a useful aid for staging AMD severity based on these average RI times.</p>				
Structural Imaging	<ul style="list-style-type: none"> No drusen or small drusen \leq 63 μm No pigmentary abnormalities 	<ul style="list-style-type: none"> Medium drusen $>$ 63 μm and \leq 125 μm No pigmentary abnormalities 	<ul style="list-style-type: none"> 1 large druse $>$ 125 μm and/or Pigmentary abnormalities 	<ul style="list-style-type: none"> Geographic atrophy (GA) or Choroidal neovascularization (CNV)
Treatment Guidelines²	<ul style="list-style-type: none"> Prescribe smoking cessation program Prescribe nutritional supplementation Discuss lifestyle modifications with respect to diet and exercise Discuss systemic disease management Prescribe blue light protection Prescribe UVA and UVB protection 	<ul style="list-style-type: none"> Monitor smoking cessation compliance Monitor nutritional supplementation Review diet and exercise regimen Partner with primary care provider on systemic disease management Check blue light protection Reinforce UVA and UVB protection 	<ul style="list-style-type: none"> Monitor smoking cessation compliance Review vitamin and supplement recommendations Discuss diet and exercise regimen Manage systemic diseases with primary care provider Re-evaluate optical protection 	<ul style="list-style-type: none"> Low vision rehabilitation for GA Anti-VEGF injections for CNV
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., Iannaccone, 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.