

INITIAL THERAPY FOR NEOVASCULAR AGE RELATED MACULAR DEGENERATION: ARE THE GUIDELINES MET IN CLINICAL PRACTICE?



¹M Hernando Verdugo, ¹E Queipo García, ¹A Pariente Junquera, ²MI López Gálvez, ¹MT Sánchez Sanchez

¹Pharmacy Department, ²Ophthalmology Department, Hospital Clínico Universitario de Valladolid

BACKGROUND AND IMPORTANCE

The current clinical practice guidelines for the treatment of neovascular age-related macular degeneration (nAMD) consists of a loading phase of three monthly intravitreal injections of anti-vascular endothelial growth factor (anti-VEGF) drugs, followed by a revision at the fourth month, in which the maintenance guideline is determined individually per patient depending on the initial response.

The treatment of choice is **ranibizumab**. Alternative drugs: bevacizumab and aflibercept. The response to treatment is conditioned by the time elapsed between the diagnosis and initial treatment.

AIM AND OBJETIVES

To analyze the time elapsed between diagnosis and initial treatment in patients with nAMD and to assess compliance with the loading phase.

MATERIAL AND METHODS

Observational and retrospective study

✓ Patients diagnosed with nAMD who began treatment with anti-VEGF drugs in 2018 were included.

✓ Collect data: age, sex, affected eye, neovascular membrane, best-corrected visual acuity (BCVA), drug, date of diagnosis and dates of administration of three loading doses.

RESULTS

• 80 patients were included



61.3%



38.7%

• Mean age: 80.3±8.1 years

• A total of 83 eyes were treated:

- right 46.3%
- left 50.0%
- bilateral 3.7%

• Location of the neovascular membrane:

- subfoveal 53.0%
- juxtafoveal 31.3%
- undefined 15.7%

• Mean BCVA: right eye : 0.9±0.8 logMAR
left eye 0.8±0.6 logMAR



84.3% of the treated eyes received ranibizumab, 12.0% bevacizumab and 3.7% aflibercept.

Diagnosis

First dose

Second dose

Third dose

17 (0-59)

32 (18-193)

32 (18-130)

Median of days

CONCLUSIONS

- ✓ In our study there is a delay between diagnosis and initial treatment of about two weeks, similar to that observed in other studies. It would be necessary to reduce this time to achieve better vision outcomes.
- ✓ The time interval between the three loading doses can be considered as acceptable. It is important to meet this initial treatment regimen because implies good results in terms of visual acuity. It would be interesting to evaluate the real clinical benefit in these patients.

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