

AMD: Review questions

- RQ1)** What signs and symptoms should prompt a healthcare professional to suspect AMD in people presenting to healthcare services?
- RQ2)** What risk factors increase the likelihood of a person developing AMD or progressing to late AMD?
- RQ3)** What information do people with suspected or confirmed AMD and their family members or carers find useful, and in what format (for example written or oral), and when?
- RQ4)** What tools are useful for triage, diagnosis, informing treatment and determining management in people with suspected AMD?
- RQ5)** How do different organisational models and referral pathways for triage and diagnosis influence outcomes for people with suspected AMD (for example correct diagnosis, errors in diagnosis, delays in diagnosis, process outcomes)?
- RQ6)** What effective classification tool should be used to inform people with AMD?
- RQ7)** What is the effectiveness of strategies to reduce the risk of developing AMD in the unaffected eye or slow the progression of AMD?
- RQ8)** What is the effectiveness of psychological therapies for AMD?
- RQ9)** What is the effectiveness of support strategies for people with visual impairment and AMD (for example rehabilitation services and strategies for optimising existing visual performance)?
- RQ10)** What is the effectiveness of treatment of neovascular AMD in people presenting with visual acuity better than 6/12?
- RQ11)** What are the indicators for treatment failing and switching?
- RQ12)** What is the effectiveness of different anti-angiogenic therapies (including photodynamic therapy) for the treatment of neovascular AMD?
- RQ13)** What is the effectiveness of adjunctive therapies for the treatment of neovascular AMD?
- RQ14)** What factors indicate that treatment for neovascular AMD should be stopped?
- RQ15)** What is the effectiveness of switching therapies for neovascular AMD if the first-line therapy is contraindicated or has failed?

RQ16) How do different organisational models for ongoing treatment and follow up influence outcomes for people with neovascular AMD (for example, disease progression, time to treatment, non-attendance)?

RQ17) What are the barriers and facilitators to appointment attendance and uptake of treatment for people with AMD?

RQ18) What is the effectiveness of different frequencies of administration for anti-VEGF regimens for the treatment of neovascular AMD?

RQ19) How often should people with early AMD, intermediate AMD, or advanced geographic atrophy be reviewed?

RQ20) How often should people with early AMD, intermediate AMD, or advanced geographic atrophy have their non-affected eye reviewed?

RQ21) In people with neovascular AMD who are not being actively treated, how often should they be reviewed?

RQ22) How often should people with neovascular AMD have their non-affected eye reviewed?

RQ23) What strategies and tools are useful for monitoring and self-monitoring for people with AMD?

RQ24) How soon should people with neovascular AMD be diagnosed and treated after becoming symptomatic?

RQ25) What is the effectiveness of treatment of neovascular AMD in people presenting with visual acuity worse than 6/96?