

A novel multidisciplinary approach to the management of end-stage macular disease

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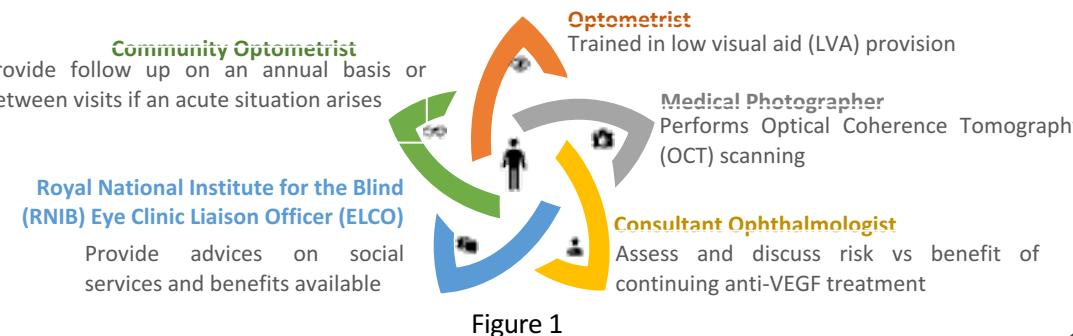
Introduction

Neovascular age-related macular degeneration (NVAMD) is one of the leading causes of blindness in the developing world. This prevalence of macular disease leads to increasing demand on health care services which are already stretched.

One successful strategy is the use of one-stop clinics for assessment and anti-vascular endothelial growth factor (VEGF) injections, however there is limited literature on its role in end-stage macular disease when further injections are of no benefit. Although clear protocols for treatment exist (UK NICE, 2018), the practice surrounding safe discharge in patients with end-stage disease varies, with no specific guidance. This leaves many patients with end-stage macular disease who may not require or do not want to continue with treatment remain on unnecessary repeat clinic appointments, adding to the existing issues with capacity in the macular department.

In 2018, recognising the unmet need for this group of patients, a multidisciplinary macular clinic was introduced at our tertiary referral centre as a one-stop consultation for patients with advanced macular disease who are deemed to no longer benefit from further treatment or follow-up, or have intimated to a member of staff that they are no longer keen on further treatment.

The role of each team members of the multidisciplinary clinic is illustrated in Figure 1



Reference

1. UK NICE. (2018). NICE guideline NG82: Age-related macular degeneration: Diagnosis and management.
2. Bjelland, I., Dahl, A. A., Haug, T. T., & Neckelmann, D. (2002). The validity of the Hospital Anxiety and Depression Scale: An updated literature review. *Journal of Psychosomatic Research*, 52(2), 69–77

Aim

We aim to detail our experiences of this novel multidisciplinary discharge clinic for advanced macular disease patients

Methods

A retrospective review of online and paper case-notes records was carried out on 73 patients who attended the clinic over a period of 6 months from August 2018 to February 2019. Only 60 patients with complete records were included in this study. And among these, 31 patients (51.7%) responded and completed the Hospital Anxiety and Depression Score (HADS) survey.

Results

- Among the 60 patients who were included in this study, 20 were male and 40 were female.
- The average age presented at the multidisciplinary macula clinic was 85.78 years-old
- The average number of appointments prior to multidisciplinary macula clinic was 12.14 face to face visits and 5.28 virtual appointments
- The average duration of follow-up in clinic prior to multidisciplinary macula clinic was 4.80 years
- The average LogMAR visual acuity at multidisciplinary macula clinic was 1.06 in the right eye (with 1 light perception and 1 hand movement vision) and 1.09 in the left eye (with 6 hand movements vision)
- Among the 31 patients who have completed the HADS survey, the mean anxiety score was 5.28, whereas the mean depression score was 4.82.

	n = 60
Number of injections per person	14.41 (9.51) injections
Number of injections per year of follow-up per person	5.68 (2.61) injections
Interval between last injection and attendance at clinic	19.56 (21) months

Conclusion

- This novel holistic approach reduces unnecessary follow-up for patients
- Extra capacity could be reallocated to deliver clinical services to other patients who require ongoing treatment and follow-up
- The reduction in multiple appointments is especially important now during the global pandemic