Semaglutide and Vision Loss: A New Concern for NAION Risk?

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1. What is the typical clinical presentation of non-arteritic anterior ischemic optic neuropathy (NAION)?
   - O Painless, sudden, often irreversible vision loss
   - O Painful, gradual vision loss
   - O Fluctuating central scotoma with pain on eye movement
   - O In the vitreous cavity

2. Which study first raised widespread concern about a potential link between semaglutide and NAION by reporting markedly elevated hazard ratios?
   - O Abbass *et al.* (TriNetX matched cohort)
   - O Hathaway *et al*. (Massachusetts Eye and Ear Infirmary)
   - O Grauslund *et al.* (Danish registry study)
   - O Cai *et al.* (OHDSI multinational analysis)

3. According to the article, what pattern did Hsu *et al.* observe in their large TriNetX study of semaglutide users?
   - O Elevated NAION risk within 1 month of use
   - O No signifi cant risk at 1–12 months, but increased risk after 2–4 years
   - O Consistently elevated risk across all time intervals
   - O No increased risk at any time point

4. Which of the following was highlighted as a limitation across many large-scale observational studies evaluating semaglutide and NAION?
   - O Lack of pharmacologic exposure data
   - O Inability to capture optic disc morphology and confirm NAION diagnoses
   - O Absence of cardiovascular outcome data
   - O Use of prospective, randomized study design

5. What is the recommended approach for ophthalmologists when counseling patients at risk of NAION who are prescribed semaglutide?
   - O Advise immediate discontinuation of semaglutide
   - O Recommend routine MRI of the optic nerves
   - O Provide nuanced counselling, consider baseline disc exam, and educate on warning symptoms
   - O Reassure patients that there is no evidence of risk, and therefore no monitoring is required

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