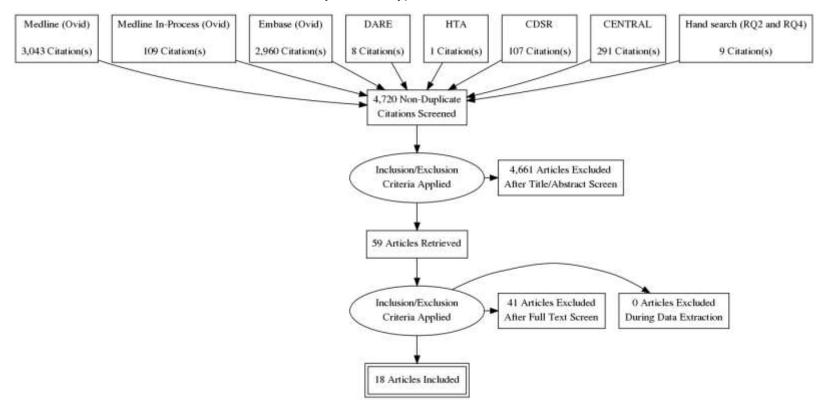
Appendix N: Review flowcharts

N.1 Classification system for age-related macular degeneration (AMD)

RQ6: What effective classification tool should be used to classify different types of AMD?

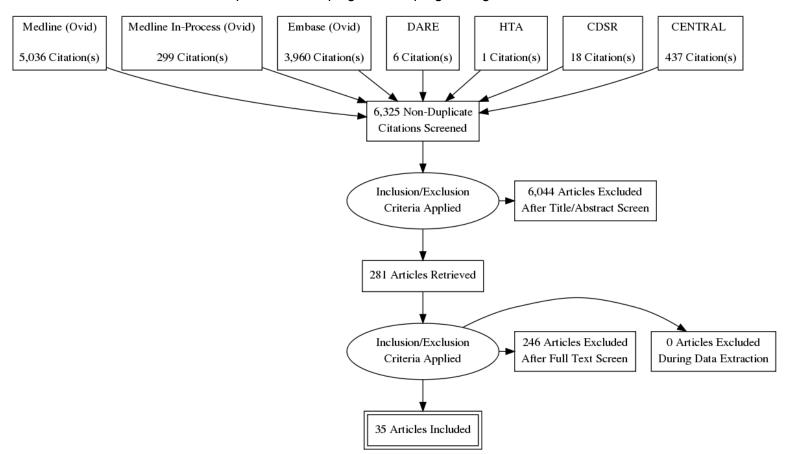


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N.2 Risk factors

N.2.1 Risk factors for development or progression of AMD

RQ2: What risk factors increase the likelihood of a person developing AMD or progressing to late AMD?



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N.2.2 Strategies to slow the progression of 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?

Reviews were undertaken as a collaboration between the NICE Internal Clinical Guidelines Team and the Cochrane Eyes and Vision Group. Cochrane reviews were included on

- statins
- omega 3 fatty acids
- laser treatment of drusen
- antioxidant and multivitamin supplements

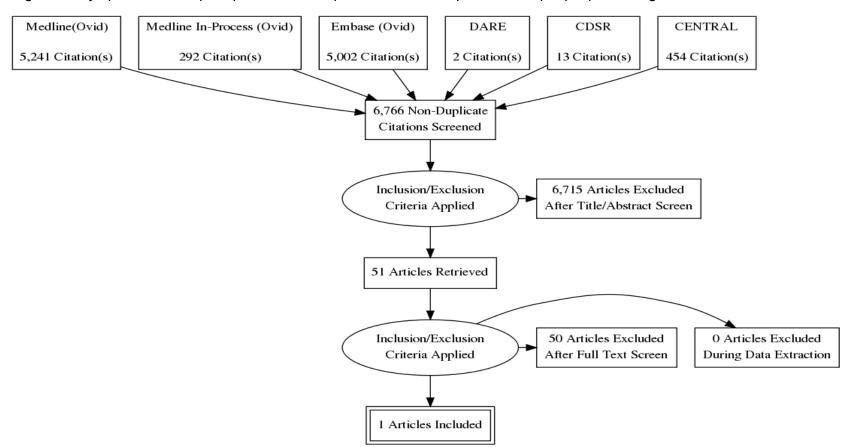
Full details, and inclusion and exclusion lists from the searches for these reviews were reported in Gehlbach et al 2015, Lawrenson and Evans (2015), Virgili et al (2015) and Evans (2012).

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N.3 Diagnosis

N.3.1 Signs and symptoms of AMD

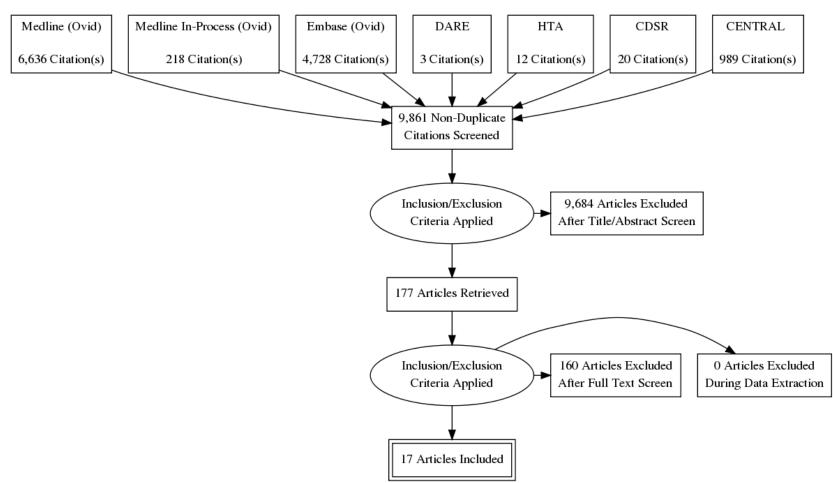
RQ1: What signs and symptoms should prompt a healthcare professional to suspect AMD in people presenting to healthcare services?



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N.3.2 Tools for triage, diagnosis and informed treatment

RQ4: What tools are useful for triage, diagnosis, informing treatment and determining management in people with suspected AMD?



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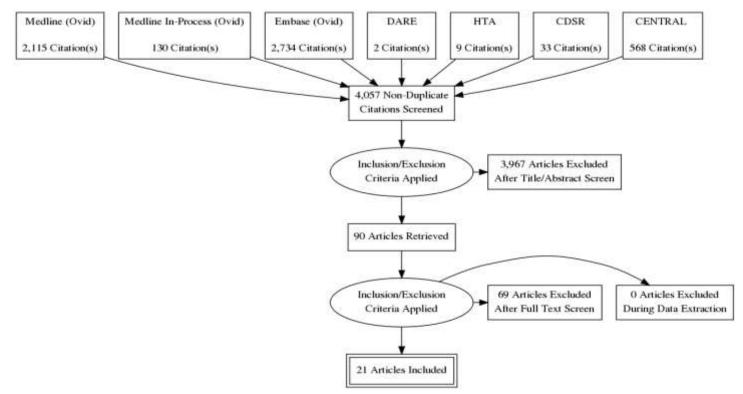
N.4 Referral and treatment pathways

N.4.1 Organisational models for AMD diagnosis and management

RQ5: How do different organisational models and referral pathways for triage, diagnosis, ongoing treatment and follow up influence outcomes for people with suspected AMD (for example correct diagnosis, errors in diagnosis, delays in diagnosis, process outcomes)?

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

RQ 24: How soon should people with neovascular AMD be diagnosed and treated after becoming symptomatic?

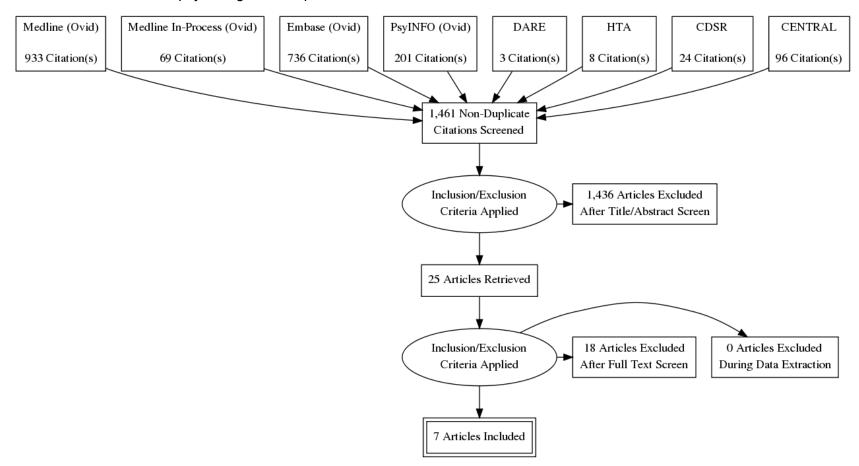


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N.5 Non-pharmacological management

N.5.1 Psychological therapies

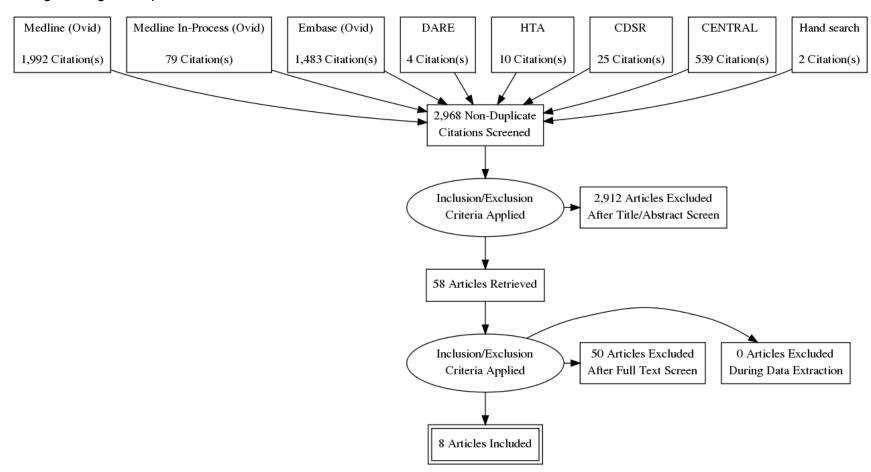
RQ8: What is the effectiveness of psychological therapies for AMD?



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N.5.2 The effectiveness of support strategies for people with vision impairment and age-related macular degeneration

RQ9: What is the effectiveness of support strategies for people with visual impairment and AMD (for example reablement services and strategies for optimising existing visual performance?



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N.6 Pharmacological management

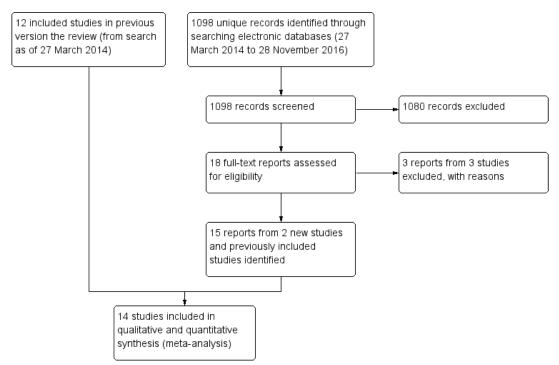
N.6.1 Anti-angiogenic therapies and frequency of administration

RQ12: What is the effectiveness of different anti-angiogenic therapies (including photodynamic therapy) for the treatment of late AMD (wet active)?

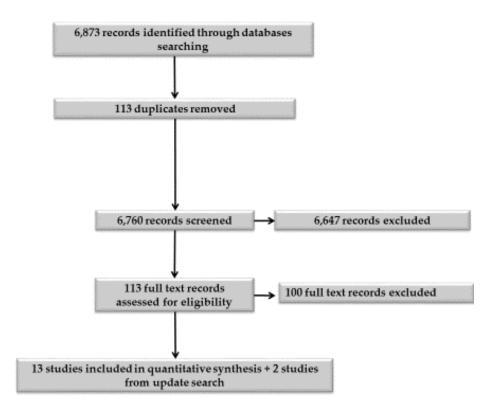
RQ18: What is the effectiveness of different frequencies of administration of antiangiogenic therapies for the treatment of late AMD (wet active)?

Reviews were undertaken as a collaboration between the NICE Internal Clinical Guidelines Team and the Cochrane Eyes and Vision Group. The following flow-charts for the review of anti-VEGF treatment were provided by review authors.

Anti-angiogenic treatment for late AMD (wet active)



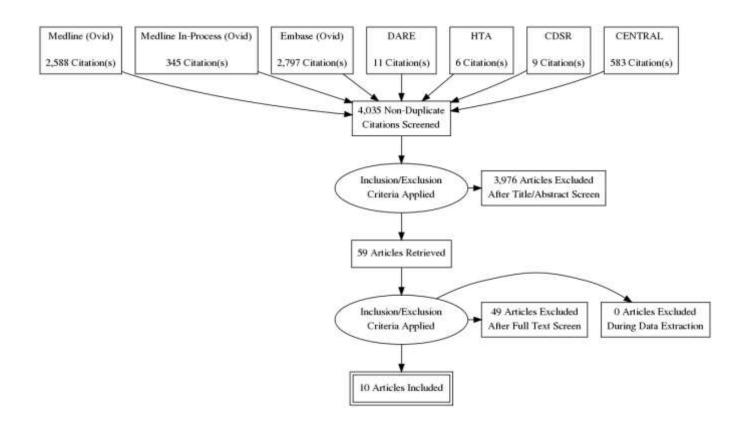
Treatment frequency for anti-VEGF



N.6.2 Treatment in people presenting with visual acuity better than 6/12 or people presenting with visual acuity worse than 6/96

RQ10: What is the effectiveness of treatment of neovascular AMD in people presenting with visual acuity better than 6/12?

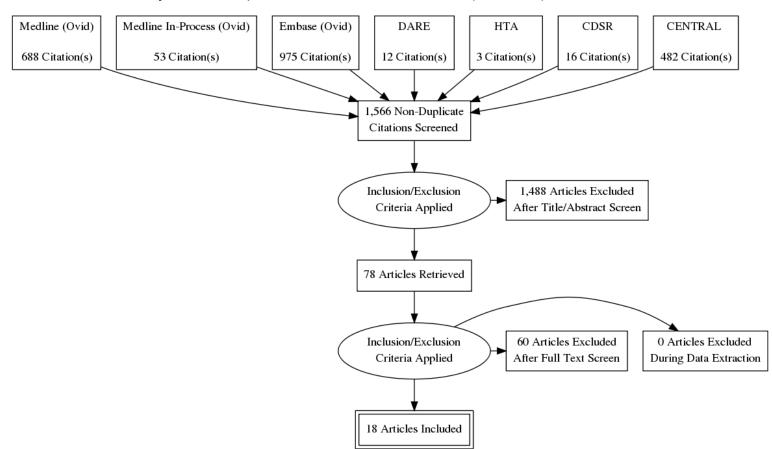
RQ25: What is the effectiveness of treatment of neovascular AMD in people presenting with visual acuity worse than 6/96?



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N.6.3 Adjunctive therapies

RQ13: What is the effectiveness of adjunctive therapies for the treatment of late AMD (wet active)?



N.6.4 Switching and stopping antiangiogenic treatment for late AMD (wet active)

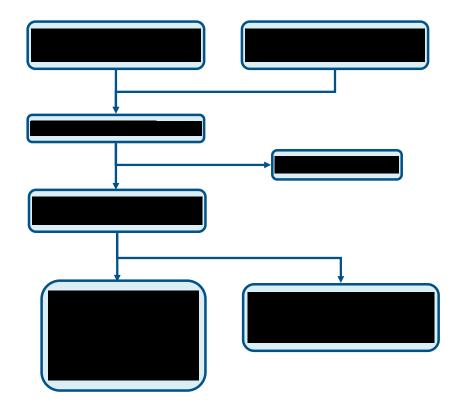
RQ11: What are the indicators for treatment failing and switching?

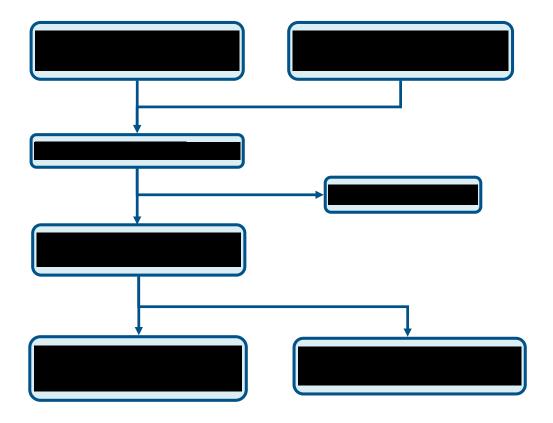
RQ14: What factors indicate that treatment for neovascular AMD should be stopped?

RQ15: What is the effectiveness of switching therapies for neovascular AMD if the first-line therapy is contraindicated or has failed??

The review was undertaken by the National Clinical Guideline, and selection of included studies for factors affecting treatment options were as follows:

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N.7 Monitoring

N.7.1 Frequency of monitoring

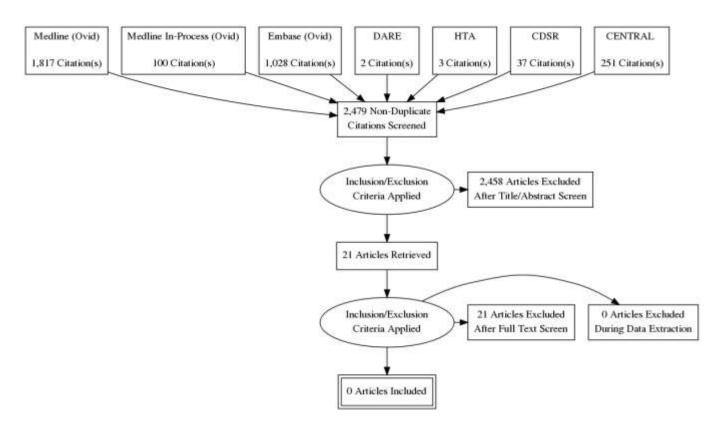
RQ19: How often should people with early age-related macular degeneration (AMD), indeterminate AMD, or advanced geographic atrophy be reviewed?

RQ20: How often should people with early AMD, indeterminate 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?

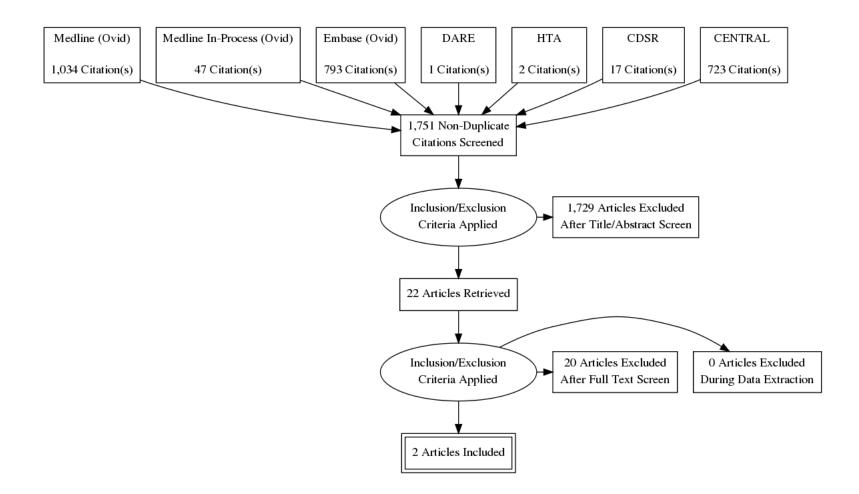
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N.7.2 Self-monitoring strategies

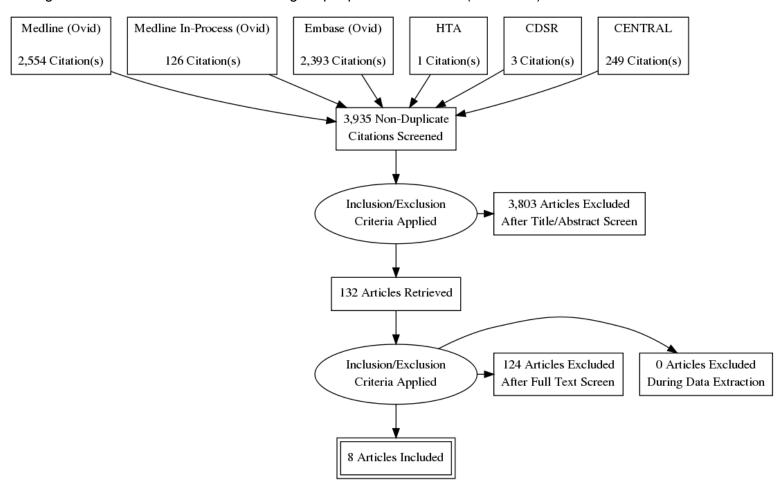
RQ23a: What strategies and tools are useful for self-monitoring for people with AMD?

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N.7.3 Monitoring strategies and tools for people with late AMD (wet active)

RQ23b: What strategies and tools are useful for monitoring for people with late AMD (wet active)?

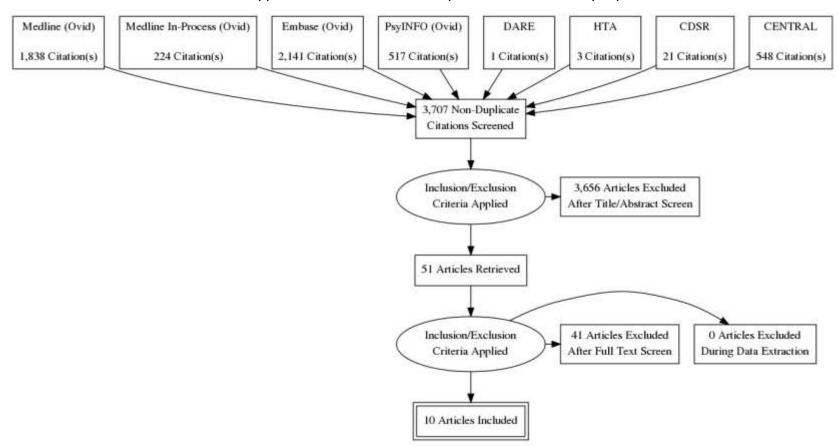


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N.8 Information

N.8.1 Barriers and facilitators to appointment attendance and update of treatment for people with AMD

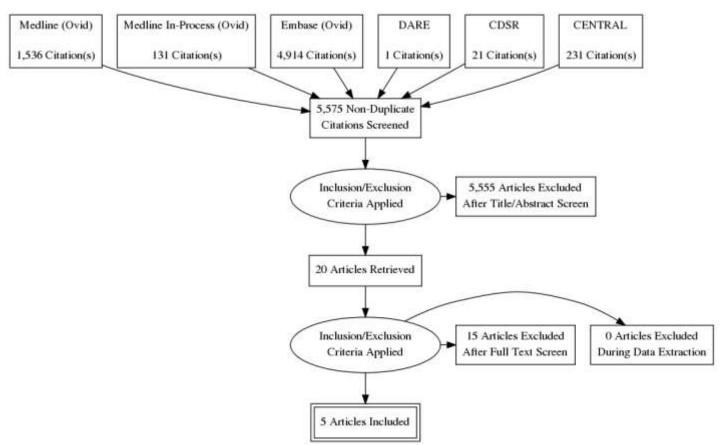
RQ17: What are the barriers and facilitators to appointment attendance and uptake of treatment for people with AMD?



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N.8.2 Informational needs of people with suspected or confirmed AMD and their family members/carers

RQ3a: What information do people with suspected AMD and their family members or carers find useful, and in what format and when? RQ3b: What information do people with confirmed AMD and their family members or carers find useful, and in what format and when?



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