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Availability of resources for patients with wet age-related macular degeneration. Optimal study☆,☆☆

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ABSTRACT

Objective: The aim of the study was to assess the availability of resources for patients with wet age-related macular degeneration (wAMD) in current clinical practice.
Methods: Observational, cross-sectional and multicenter study. Eligible subjects were ≥18 years old, with primary/secondary active subfoveal AMD-related choroidal neovascularization diagnosed 12–18 months prior to inclusion in the study.
Results: A total of 266 patients were included (39 centers). The mean age (SD) was 76.1 (8.1) years, of whom 55.6% were female. According to the investigator assessment a median (Q1–Q3) of 20.0 (10.0–50.0) patients were visited weekly. A mean of 100.0 (45.0–250.0) were currently under treatment mainly performed in operating rooms (61.5%). Centers had 1.0 (1.0–2.0) operating rooms available for treatment 2.0 (2.0–5.0) days/week. In 74.4% they were located on different floors/buildings from ophthalmology services. Waiting time until visit was 40.0 (30.0–60.0) min, and duration of treatment was 20.0 (15.0–50.0) min. The time between request until medical visit was 20.0 (15.0–30.0) days, and from diagnosis to treatment was 7.0 (5.0–10.0) days. Clinicians considered that there were insufficient staff for examinations (84.6%), and treatment (46.2%). About 30.8% and 20.5% mentioned lack of diagnostic tools, such as optical coherence tomography and fluorescein angiography.
Conclusions: More resources for diagnosis and treatment of wAMD are required. These results, together with the current policy of reducing the budget in the Spanish Health System, could lead to possible delays in the diagnosis and treatment of wAMD.

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Disponibilidad de recursos para pacientes con degeneración macular asociada a la edad de tipo húmedo. Estudio Optimal

Palabras clave:
Degeneración macular asociada a la edad
Recursos sanitarios
Neovascularización coroidea
Agudeza visual
Tomografía de coherencia óptica
Angiografía

RESUMEN

Objetivo: Evaluar la disponibilidad de recursos para los pacientes con degeneración macular asociada a la edad de tipo húmedo (DMAE-h) en la práctica clínica actual.

Métodos: Estudio observacional, transversal y multicéntrico. Se incluyeron pacientes ≥18 años, con neovascularización coroidea activa principal/recurrente secundaria a DMAE-h, diagnosticados desde los 12-18 meses previos al inicio del estudio.

Resultados: Participaron 266 pacientes (39 centros). La media de edad (DE) fue de 76,1 (8,1) años, siendo 55,6% mujeres. Según valoración de los investigadores se visitaban semanalmente de mediana (Q1-Q3) 20 (10,0-50,0) pacientes con DMAE-h. Actualmente, 100,0 (45,0-250,0) estaban en tratamiento realizado mayoritariamente en quirófanos (61,5%). Los centros tenían 1,0 (1,0-2,0) quirófano disponible para el tratamiento, durante 2,0 (2,0-5,0) días/semana. El 74,4% estaban en plantas/edificios diferentes de la consulta oftalmológica. El tiempo medio de espera para la consulta fue de 40,0 (30,0-60,0) min y la duración de la administración del tratamiento 20,0 (15,0-50,0) min. El tiempo medio entre solicitud y visita médica fue de 20,0 (15,0-30,0) días y desde el diagnóstico hasta el tratamiento 7,0 (5,0-10,0) días. Los investigadores consideraron insuficiente el personal para exploraciones (84,6%) y tratamiento (46,2%). Un 30,8% y un 20,5% reflejaron carencia de equipos para diagnóstico, tales como la tomografía de coherencia óptica y la angiografía fluoresceínica.

Conclusiones: Se requieren más recursos para el diagnóstico y tratamiento de la DMAE-h. Estos resultados, asociados a la actual política de reducción presupuestaria en el sistema público de salud español, invitan a reflexionar sobre la posible recesión que pueda sufrir el diagnóstico y tratamiento de la DMAE-h.

Introduction

Age-related macular degeneration (AMD), a degenerative disease, is the first cause of blindness in people over 50 in the Western world.[1] The prevalence of AMD in Spain reaches 3–4% of individuals aged 65 or more and is increasing with age. As a consequence of population aging, it has been estimated that the number of cases of AMD in Spain could reach 565,810 in the year 2025.[2]

Clinically, AMD presents under an atrophic form (also called dry form) or a neovascular form (humid [h] or exudative) which is the most severe form. Between 15% and 20% of AMD patients exhibit the neovascular form of the disease, characterized by the appearance of choroidal newly formed lesions in the macular area, giving rise to the appearance of neovascular membranes which alter the surrounding retinal tissue and bring about the loss of central vision.[1]

The causes of AMD-h are not entirely known, which increase the difficulties for primary prevention and treatment. However, the development of new therapeutic strategies has improved the efficiency of said interventions and reduced the probability that patients may suffer irreversible visual acuity (VA) loss. On the contrary, VA can even be improved with the appropriate treatment. Said strategies require adaptation to new therapeutic modes, the most recent of which is intravitreal administration of antiangiogenics.[3–5] These drugs are at the present time the most efficient treatment as they inhibit or significantly reduce the formation of blood neovessels by blocking the vascular endothelial growth factor (VEGF), one of the most important factors involved in angiogenic stimulation.[6] However, the development of new therapeutic strategies for patients with AMD-h is a challenge for retina units in hospitals, on the one hand because it is estimated that the prevalence of this disease will triple as a consequence of the longevity achievable in industrialized societies[7] which will involve a significant increase of the number of patients visiting specialized practices. On the other hand, anti-VEGF require a higher number of check-up visits and re-treatments as compared to previous approaches.[6] Accordingly, the estimated increase in the number of patients who will require more re-treatments as well as stricter management thereof will put pressure on the efficiency of specialized units to the point that, with existing resources, they would hardly be able to satisfy the said increase in treatments.[8]

This study proposes an assessment of the availability of public health resources and the procedures being carried out in patients with AMD-h in daily clinical practice at the retina units throughout the country as well as a description of patient satisfaction rates.

Subjects, material and methods

An observational, transversal, multicenter and national study was carried out in the retina units of ophthalmological services and/or centers. The study protocol was approved by the local Ethics Committee (CEIC Clinic Hospital of Barcelona) and all participants signed an informed consent. The principles of the Helsinki declaration were followed.