ASSESSING THE CONSEQUENCE OF DELAYED INITIATION OF INTRAVITREAL INJECTION THERAPY

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Introduction

- The most common conditions treated by intravitreal injection therapy (IVT): wet age-related macular degeneration (AMD), diabetic macular oedema (DMO) and retinal vein occlusion (RVO).
- In the UK, the National Institute of Clinical Excellence guidelines for wet AMD recommend that IVT should be initiated within 14 days of referral.
- Therapy aims to stop proliferation, leaking and bleeding of abnormal blood vessels; it is effective in preventing further central vision loss in up to 90% of treated eyes.

Aims and Objectives

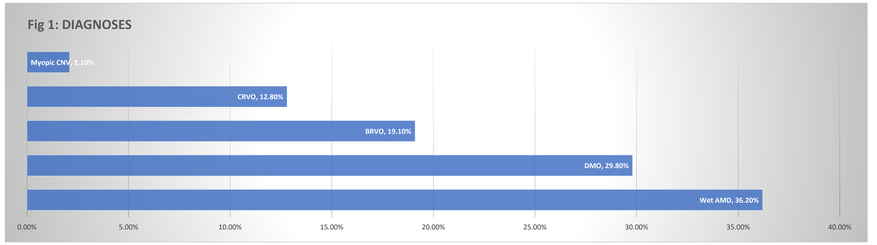
- We sought to assess our performance as an Ophthalmology department on timely initiation of IVT and what measures we could incorporate to improve it, at the Luton and Dunstable University Hospital which is a district general hospital that serves a population of 300,000.

Methodology

- Retrospective review of 50 consecutive new patients listed for their first IVT during June-August 2019.
- Data was collected on patient demographics, diagnosis, community versus internal referrals, the mean number of days from referral to first IVT, and consequent visual outcomes.

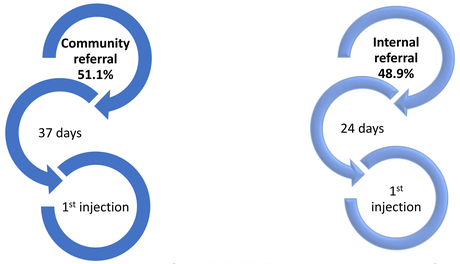
Results

- We assessed 20 men and 27 women.
- Mean age of 76 years.
- 3 patients excluded due to lack of information.
- Of the remaining 47 patients, 36.2% had wet AMD, 29.8% DMO, 19.1% branch RVO, 12.8% central RVO and 2.1% myopic choroidal neovascularisation. [Fig 1]



- Community referrals comprised 51.1% of total referrals. Mean time to 1st injection was 37 days.
- Internal referrals from other specialities within the Eye Department comprised 48.9% of the referrals. Mean time to 1st injection was 24 days. [Fig 2]

FIG 2: MEAN TIME OF DELAY FROM REFERRAL TO 1ST INJECTION



- Overall, there was an average of 3 ETDRS letters lost from referral to the follow-up visit following the 1st injection. Of these, AMD and RVO patients were found to lose 6 letters whereas DMO patients gained 2 letters.

Conclusion

- It is apparent that with the rising number of patients requiring IVT and the limitations in capacity of our existing rapid access macular clinic already burdened by a proportion of falsely referred wet AMD, that initiation of IVT is delayed.
- Our results show that the delay from referral to 1st injection is higher from community referrals compared to internally and that of these, AMD and RVO have poorer visual outcomes.
- We have introduced a virtual rapid access macular clinic, to improve capacity
- We also plan to introduce a traffic light system to address risk to patient so that we can triage patients whose injection therapy is more urgent than others.
- With the introduction of such measures to our service, we will re-assess the service later in the year.

References

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