

Risk of Increased Blindness in COVID Confusion

Australia is facing a massive increase in the number of people who could unnecessarily lose their sight to wet age-related macular degeneration (AMD) due to treatment cancellations caused by fear and confusion around COVID-19.

One in seven Australians over the age of 50 have signs of AMD, and the incidence increases with age.

“Ophthalmologists are seeing a worrying increase in the number of people cancelling eye injections, said Prof Paul Mitchell AO, internationally renowned ophthalmologist and National Research Advisor for Macular Disease Foundation Australia.

“In my own clinic, up to one third of patients with conditions such as wet (neovascular) age-related macular degeneration (wet AMD) or diabetic macular edema (DME) are skipping these crucial appointments. Wet AMD needs treatment for many years, while DME or diabetic retinopathy mostly needs treatment for one year or so, and may also need laser treatment. However, none of these people have, or are suspected to have, contracted the virus.

“Projecting from my clinic, that means thousands of Australians are gambling with their vision. Without these regular injections, there’s a high risk that people will go blind or suffer significant vision loss, which is often then irreversible,” Prof Mitchell said.

The Australian Government’s strong guidance is for all Australians to self-isolate, unless for essential medical or health care needs. Vulnerable Australians are subject to additional advice to stay at home, to the maximum extent possible. Residential aged care facilities have even stricter requirements.

Prof Mitchell said eye injections are considered essential medical treatment, while any sudden loss of vision in either eye, was an eye health emergency requiring urgent attention.

MDFA Medical Committee Chair A/Prof Alex Hunyor said where possible, ophthalmologists are rescheduling non-urgent appointments or treatments.

“Eye injections are essential medical treatments and need to continue as scheduled. Clinics are taking even more precautions now and waiting rooms must comply with social distancing protocols. Many ophthalmology practices are asking patients to wait in their cars and calling them to come in only when required. Call ahead. Ask what extra protocols are in place, and what precautions you can take,” Dr Hunyor said.

Prof Mitchell said people were calling ophthalmology practices, concerned they’ll be fined for leaving their home to attend a medical appointment.

“I want to stress: if you have a scheduled eye injection; if you are a family carer, or someone who needs to take a person to a scheduled eye injection, you are **not** breaching public health measures to attend that appointment. Obviously. If the patient has the virus or has had contact with someone who has been infected, the ophthalmologist should be contacted by phone to re-schedule.”

People living in residential aged-care facilities need to have a discussion with the aged care provider or manager, about the necessary provision to ensure they continue to have access to eye injections appointments. Some facilities have currently unfortunately stopped such appointments.

“We urge all Australians to take care of their eye health and attend scheduled treatment appointments during the coronavirus crisis. The last thing we need is to emerge from this pandemic with another health crisis of people who are blind or have severe vision loss as a result of not treating their AMD, or diabetic eye disease.

“We understand people are fearful but, please, ring and speak with your ophthalmologist, or the receptionist. You can also call MDFA’s National Helpline - 1800 111 709 - for free telephone advice and a free Amsler grid - a useful tool for monitoring vision changes at home,” Prof Mitchell said.

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ABOUT MACULAR DISEASE FOUNDATION AUSTRALIA (MDFA)

MDFA is the peak national body representing the voice of the macular disease community. It is committed to reducing the incidence and impact of macular disease, the leading cause of blindness and severe vision loss in Australia. It provides a range of information and support services via its **National Helpline 1800 111 709**. The National Helpline remains open and is staffed remotely.

ABOUT MACULAR DISEASE

Macular disease covers a range of painless conditions that affect the central retina (the macula) at the back of the eye. The most common are age-related macular degeneration (AMD), and diabetic retinopathy (DR), including diabetic macular edema (DME). AMD accounts for 50% of blindness in Australia. One in seven (approximately 1.29 million) Australians over the age of 50 have some evidence of AMD

ABOUT WET (NEOVASCULAR) AMD

Wet (neovascular) AMD is the most aggressive form of AMD and central vision changes are often sudden and severe. Wet AMD often leads to a rapid loss of central vision. While there is no cure for AMD, there is highly effective medical treatment available for wet AMD. Standard treatment involves an injection of anti-VEGF medication into the eye (intravitreal injection). For most people, treatment usually begins with injections at monthly intervals. Depending on the response, the interval between injections may be extended. For most patients, ongoing or indefinite treatment is required.

PROFESSOR PAUL MITCHELL AO, MBBS, MD, PhD, FRANZO, FRACS, FROph, FAFPHM

Professor Paul Mitchell is a world renowned medical retinal specialist and director of the Centre for Vision Research, Westmead Millennium Institute. He is also a professor in the Department of Ophthalmology, University of Sydney and director of Ophthalmology at Westmead Hospital.

Professor Mitchell's clinical work focuses on the management of AMD, diabetic and other vascular retinopathies and on systemic diseases and their effects on the eye. As National Research Advisor, Professor Mitchell provides MDFA with expertise, support and guidance on the analysis of medical and research matters.

ASSOCIATE PROFESSOR ALEX HUNYOR MB BS (Hons), FRANZCO

A/Prof Alex Hunyor is a retinal specialist with special expertise in macular disease. He is Associate Professor of Ophthalmology and member of the Macular Research Group at the Save Sight Institute, University of Sydney. A/Prof Hunyor is involved with research and clinical trials for macular disease.

He serves as the Chair of the Medical Committee of the Macular Disease Foundation Australia

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