Southern **Ophthalmology**

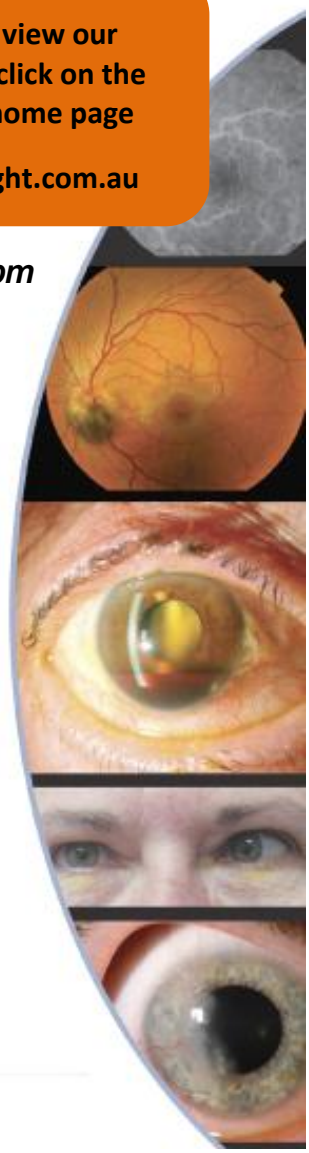
Newsletter | May 2013 www.suresight.com.au

Symposium Program and Notification – Date Saturday 15th June 2013

"More Than Meets The Eye… The Eye in Systemic Disease"

To register view our website and click on the link on our home page

www.suresight.com.au



PROGRAM

Registration and Buffet Lunch ***1:00-2:00 pm***

Welcome and Presentation from our sponsor - Novartis ***2:00-2:20***

Session One: 2:20 – 2:55

Dr Harry Leung and Dr Pradiac Grattan-Smith *(Paediatric Neurologist)*
– Paediatric Ophthalmology cases with systemic implications

Session Two: 2:55 – 3:30

Dr Alan Flax – *Glaucomatous visual field defect – or is it?*
Dr Dennis Cordato (*Neurologist) - Visual symptoms from a neurological perspective*

BREAK: 3.30 – 3.50

Session Three: 3:50 – 4:25

Dr Robert Chong – *Update on Age-related Macular Degeneration*
Dr Shiva Roy (*Cardiologist) - Update on Anti-platelet and Anti-coagulation Therapy in Cardiovascular disease*

Session Four: 4:25 – 5:00

Dr Evan Soicher *– Preserving and Maintaining Vision in the Diabetic Patient*
Dr Peter Rohl *(Endocrinologist) – "Diabetes Mellitus – What's new – The year in review"*

We are proud to announce the addition of **Mrs Kathryn Hosking** to our Orthoptics team. She comes to us with a Bachelor of health sciences (BHS) and the prize of Dean's Scholar for Master of Orthoptics ,which is awarded to a student who has achieved the highest weighted mark over the life of their degree .

We congratulate her on this prestigious award and warmly welcome her to our Professional Team. Kathryn worked as an optical dispenser part time whilst she studied for her Orthoptics degree.

This adds to our expertise in eye care and eye conditions and with her wealth of knowledge in Orthoptics from her course at Sydney University's Cumberland campus, she is sure to be an asset. She has a keen interest in paediatrics and having a son of her own enhances her relationship with young patients within our practice. Kathryn is keen on contributing to the field of research and endeavors to assist those in need of the gift of good vision.

We welcome her to the Team and wish her much success in her role.

Hawaiian Eye Conference Update 2013 – Part Two

AGE RELATED MACULA DEGENERATION (AMD)

An impressive array of medical retina experts debated the current treatment of macula degeneration and retinal vascular disorders.

Anti VEGF agents have revolutionized the treatment of wet AMD and have an expanding role in the treatment of diabetic retinopathy and retinal vein occlusions. Ranibizumab (Lucentis), Bevacizumb (Avastin) and Aflibercept (Eylea) are currently available in Australia. Their use is limited by cost and compliance issues. Eylea is the newest agent available – it tends to 'dry' the macula more quickly than other agents and there are currently no systemic safety issues.

There was no consensus on the best initial treatment for wet AMD and when to switch therapy-thankfully all 3 anti VEGF agents are very effective.

The major findings of the CATT study (Comparison of AMD Treatments Trial : Lucentis- Avastin Trial) were presented. Vision was equivalent at 1 year with Lucentis or Avastin- minor differences are due to chance. Dosing prn (pro re nata or 'as circumstances arise') in either group gave excellent but slightly less vision than monthly injections with substantial cost savings. There was no difference in systemic side effects in either group at 2 years. The panel felt that cost factors will play an increasing role in how we are able to use these agents.

The question of cataract surgery influencing AMD was debated. AMD will advance with or without cataract surgery. The ARED (Age Related Eye Disease) study showed no clear effect of cataract surgery on the risk of progression to advanced AMD . Nevertheless it is vital to detect wet AMD pre cataract surgery.

Recent reports in the Australian media suggested an association with asprin and AMD. This has been refuted by the ARED study and the panel felt that there was no association between AMD and asprin.

We were reminded that in patients with wet AMD who do not respond to conventional treatments, we need to consider other diseases including PCV (Polypoidal Choroidal Vasculopathy) , CSR (Central Serous Retinopathy) and Juxtafoveolar Telangectasia.

A number of novel treatments for AMD are being developed. PDGF (Platlet Derived Growth Factor) causes capillary maturation. Preliminary results of an anti PDGF agent (E10030) given intravitreally look promising with excellent visual results. Agents are being developed to target persistent disease activity, inflammation, pericyte maturation and vessel normalization. These include topical drops which inhibit tyrosine kinase, gene therapy and encapsulated cell technology and Darpins (a novel protein inhibitor of VEGF)

DIABETIC RETINOPATHY

With the epidemic of diabetes in the population, visual loss from diabetic retinopathy may be a an increasing burden. Treatment of retinopathy and maculopathy with laser has been governed by the DRS and ETDRS . Anti VEGF agents are increasingly being used, mainly to treat diabetic macular odema . The RISE and RIDE studies at 24 months also showed reduced risk and rate of diabetic retinopathy progression with Lucentis. Diabetic retinopathy is increasingly being treated with a combination of laser and intravitreal anti VEGF and steroids. Whereas OCT shows macula swelling and vitreomacular traction, Flourescein angiography (FFA) is still essential to show macula perfusion, peripheral ischaemia and new vessels which will guide our mangament. Initial vision is often a better predictor of outcomes than macula thickness on OCT and FFA. Macula swelling and vision often do not correlate. This confirms why diabetic patients need to be screened and treated before there is visual loss. There is increasing evidence on computer assisted differentiation of diabetic macula oedema that there are subtypes which are amenable to different treatment.

RETINAL VEIN OCCLUSIONS

A number of studies confirm that all anti VEGF agents improve vision in retinal vein occlusions with over 50% of patients in some studies gaining more than 15 lines of vision. Intravitreal steroids are effective agents which block VEGF and inflammation however they can cause glaucoma and cataracts. Ozurdex (an intravitreal dexamethasone implant) used in vein occlusions was found to be safe, well tolerated and resulted in good visual results.There may be tachyphylaxis (decreasing responsiveness to a drug) with one anti VEGF agent, so swapping to another agent or switching to Ozurdex may be beneficial.

In patients where initial treatment is delayed , vision may never 'catch up' with patients having early treatment. This is why it is important to avoid a delay in starting intravitral therapies in patients with significant macular odema secondary to retinal vein occlusion.

Southern Ophthalmology

www.suresight.com.au

KOGARAH Suite 2A, Level 2, 4 Belgrave Street, Kogarah 2217 **Tel:** (02) 9587 8585 Fax (02) 9587 8279

MIRANDA Suite 1, Grnd Flr, 26-28 Gibbs St, Miranda 2228 **Tel:** (02) 9524 1449 Fax (02) 9524 1083

WOLLONGONG 441 Crown St, Wollongong 2500 **Tel:**(02) 4229 9772 Fax: (02) 4229 4773