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Anti-VEGF in the treatment of diabetic macular oedema: A departmental study

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Introduction: There are two main complications of diabetic retinopathy that cause visual loss: Proliferative Diabetic Retinopathy (PDR) and Diabetic Maculopathy. Diabetic maculopathy may appear in two forms: Diabetic macular oedema (DMO) and Diabetic macular ischemia (DMI). DMO is caused mainly by disruption of the blood-retinal barrier. VEGF-A is a major contributor to the inflammatory process and in particular, to angiogenesis and permeability. Ranibizumab monotherapy is recommended for the treatment of DMO. In clinical practice, decisions on treatment continuation, interruption and re-initiation are most likely to be based on the combination of OCT and VA (visual acuity). Based on the results of clinical trials (READ-2, RESOLVE, RESTORE, DRCR.net and VISTA-DME) and the NICE guidelines as well as the Royal College of Ophthalmologists' recommendations, we decided to perform an audit assessing the use of ranibizumab for DMO in our department.

Methods: We performed a retrospective departmental study from March 2013-March 2015 with a sample of 45 patients with DMO receiving a minimum of 3 ranibizumab injections. We collected data from the patient's notes, Ranibizumab pathway sheet as well as the Heidelberg electronic system. Central retinal thickness (CRT) was assessed by OCT.

Results: In the clinical data, the majority of our sample, 51% of our sample had 6/12 <VA<6/60. For the vast majority at the end of the loading dose we found VA>12 hence 73% received the retreatment as per protocol. 29 patients had CRT>400 microns but there was a 25% with CRT<400. After the completion of the total number of injections in average, VA in 74% of our patients was same or increased. The time interval between listing and 1st injection, 1st and 2nd injection as well as 2nd and 3rd injection was ≤1 month for 64%, 40% and 33% respectively. Regarding the complications, only one patient had multiple visits to Urgent Eye Clinic post injections for corneal abrasions which is not statistically significant (p=0.022).

Conclusion: Intravitreal ranibizumab is a highly effective and safe therapy for improving vision and reducing vision loss in patients with DMO. We identified that pre listing CRT was different for the responsible specialist doctor involved because we interpret the OCT data in a different way. In our recent audit meeting, those issues were addressed, we identified the defaults and we are ready to repeat our study based on our updated recommendations. In a nutshell, so far the results of administration of ranibizumab for DMO in our department are promising and encouraging.

Biography

Charikleia Papandreou is a Trust Specialty Trainee in Ophthalmology in East and North Herdfordshire NHS Trust. She has completed training as a Foundation Doctor in Accident and Emergency and General Surgery as well as a Core Trainee Doctor in Cardiothoracic Surgery in London. She has completed a Master's degree from University of Charles Bernard in Lyon, France and graduated from the Faculty of Medicine of the National and Kapodistrian University of Athens, Greece in 2011. She has done 25 presentations in national and international medical conferences in Europe. She has 200 CME credits from courses and seminars in which she attended and actively participated.

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