Clinical classification of Age-related Macular Degeneration (AMD)

Ferris FL, Wilkinson CP, Bird A, et al. *Ophthalmology*. 2013;120(4):844-851.
doi:http://dx.doi.org/10.1016/j.ophtha.2012.10.036

This paper proposes a clinical classification system for AMD that focuses on the clinical phenotype associated with the development of large drusen and pigmentary abnormalities leading to neovascular AMD, geographic atrophy (GA), or both. Consensus recommendations from this committee were developed using a modified Delphi process.

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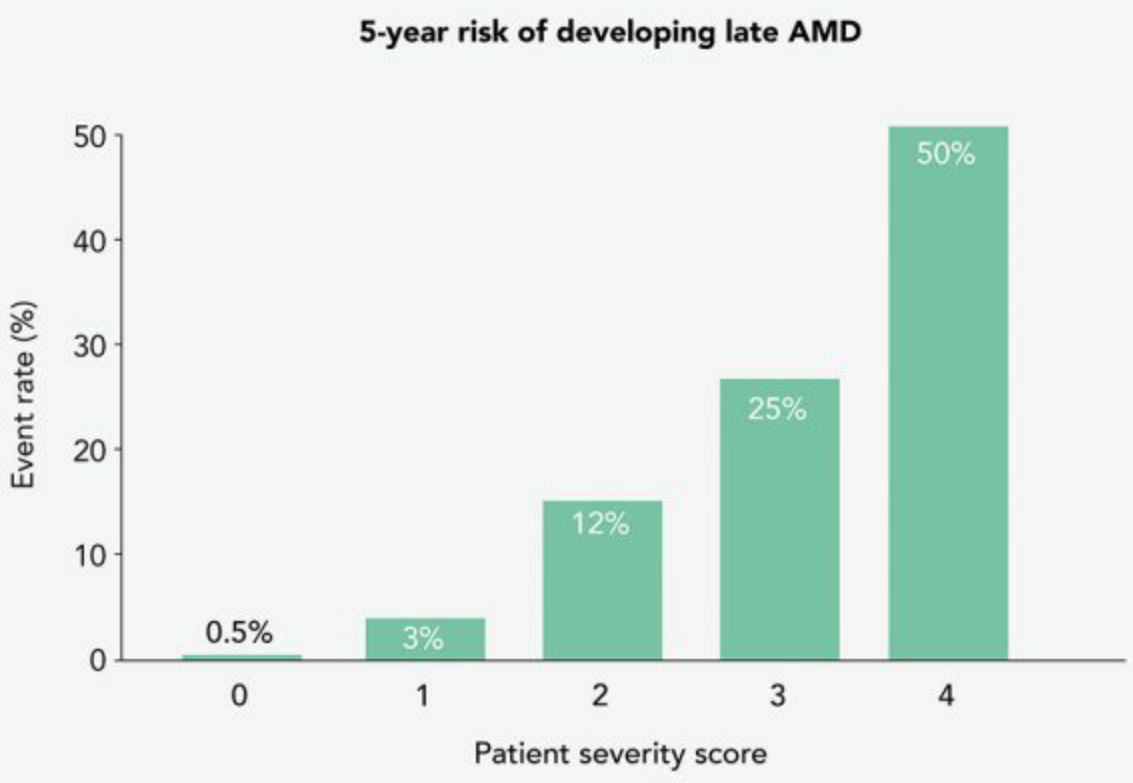
Age-related eye disease clinical severity scale for AMD demonstrates the 5-year risk of developing advanced AMD for various risk groups. The presence of medium drusen in one or both eyes was associated with an increased risk of progression to late AMD.



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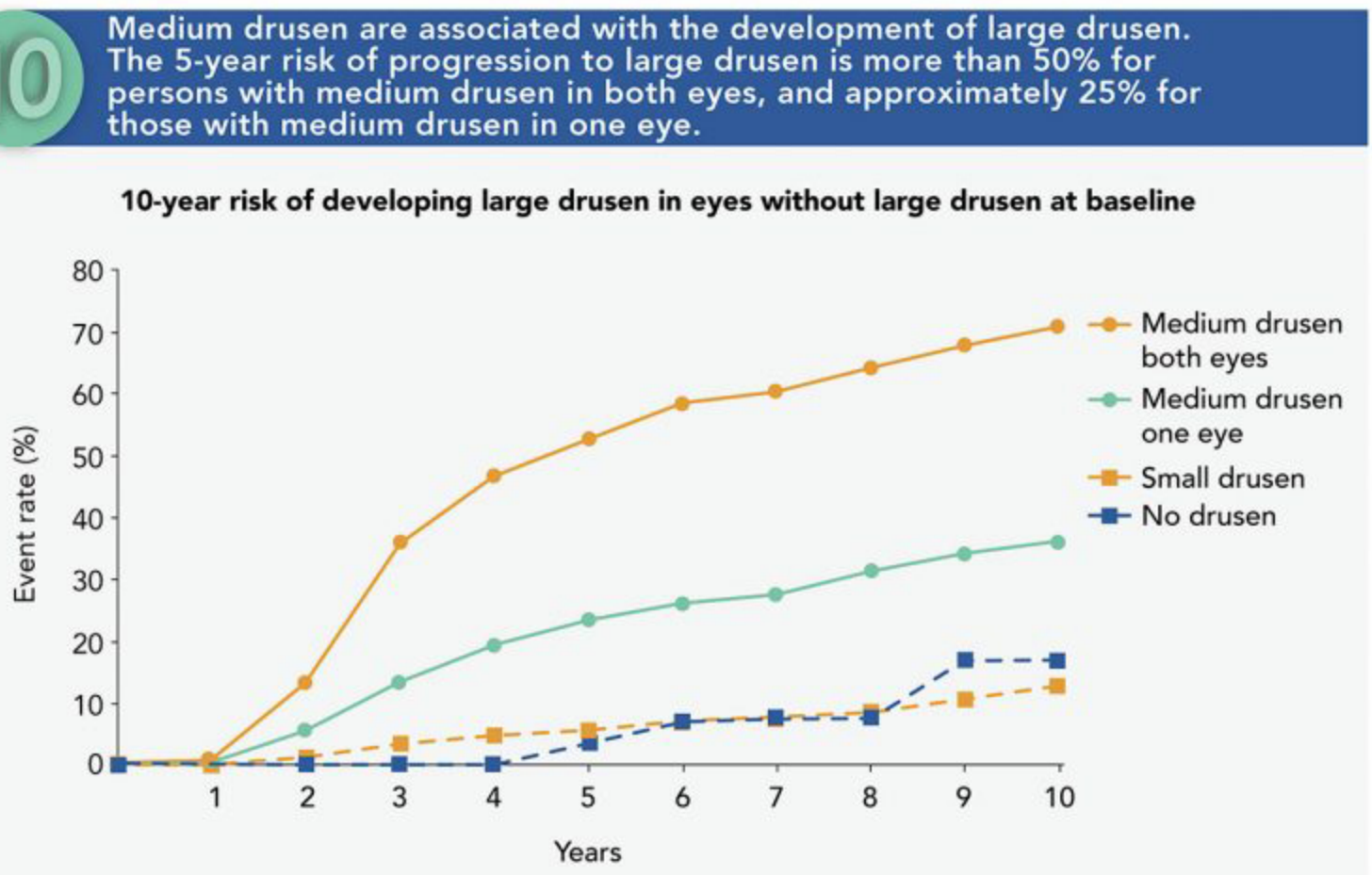
Medium drusen are associated with the development of large drusen. The 5-year risk of progression to large drusen is more than 50% for persons with medium drusen in both eyes, and approximately 25% for those with medium drusen in one eye.



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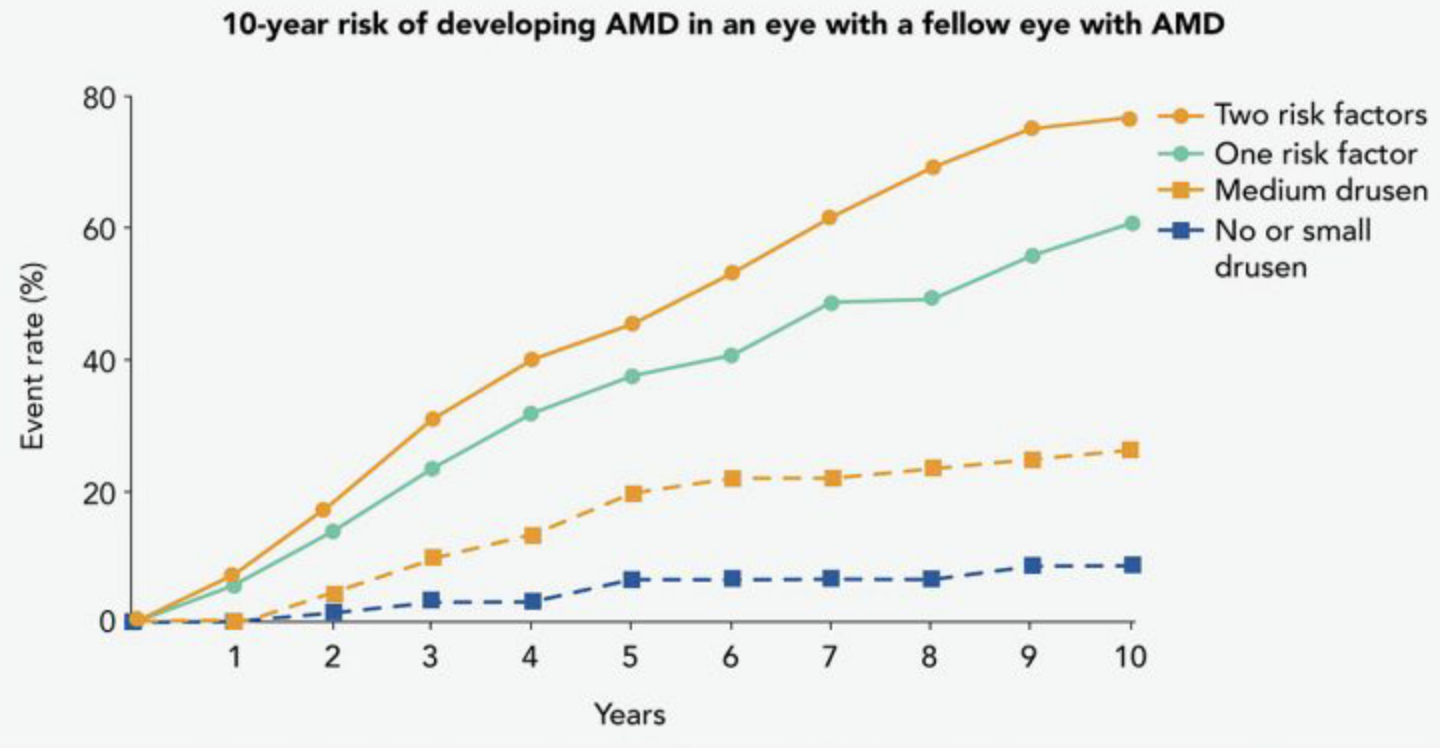
The risk of developing late AMD in the fellow eye of persons who already have late AMD in one eye is increased with the presence of medium drusen. The 5-year risk reaches roughly 50% for eyes with both large drusen and pigment abnormalities.



The committee agreed on a 5-stage classification scale for AMD

Classification	Definition†
No apparent aging changes	No drusen and No AMD pigmentary abnormalities*
Normal aging changes	Only drupelets (small drusen ≤63 μm) and No AMD pigmentary abnormalities*
Early AMD	Medium drusen >63 μm and ≤125 μm and No AMD pigmentary abnormalities*
Intermediate AMD	Large drusen >125 μm and/or Any AMD pigmentary abnormalities*
Late AMD	Neovascular AMD and/or Any geographic atrophy

†lesions assessed within 2 disc diameters of fovea in either eye
*AMD pigmentary abnormalities = any definite hyper- or hypopigmentary abnormalities associated with medium or large drusen but not associated with known disease entities

Conclusions

The proposed basic clinical classification scale seems to be of value in predicting the risk of late AMD. Incorporating consistent nomenclature into the practice patterns of all eye care providers may improve communication and patient care.

The risk of progression to more advanced levels of AMD from small drusen is low and drupelets (small drusen <63 μm in diameter) may be considered part of the normal aging process. Drusen that are larger than 63 μm or especially 125 μm are clinically important and increase the risk of progressing to late AMD.