

Minimally Depressed AMD Patients Suffer Additional Declines in Vision

Depression is common among patients with AMD, and it is unlikely to be recognized or treated.

REVIEWED BY BARRY W. ROVNER, MD

Patients with age-related macular degeneration (AMD) who are minimally depressed, and therefore would not be considered depressed according to standard diagnostic criteria, often suffer decrements in vision function that cannot be accounted for by the severity of their eye disease or general medical problems.

This finding, published in *Ophthalmology*, “emphasizes the need to assess depressive symptoms in research studies that use vision function outcome measures and in clinical practice to identify excess vision-related disability in patients with AMD,” according to researchers. Barry W. Rovner, from the departments of psychiatry and neurology at Jefferson Medical College in Philadelphia, and colleagues evaluated the impact of minimal depression on subjective and objective vision function measured in AMD.

Many people with AMD become depressed, the researchers wrote. “Some develop major depression or subthreshold depressive symptoms, both of which are

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associated with functional impairment, high utilization of health services and increased medical costs.” In fact, previous studies have found that even one symptom of depression increases the risk of a decline in function. Because depression in patients with AMD is not likely to be recognized or treated, prevention is important, they added.

NEWLY DIAGNOSED AND PREEXISTING DISEASES

This prospective cross-sectional study evaluated 206 outpatients with newly diagnosed neovascular AMD in

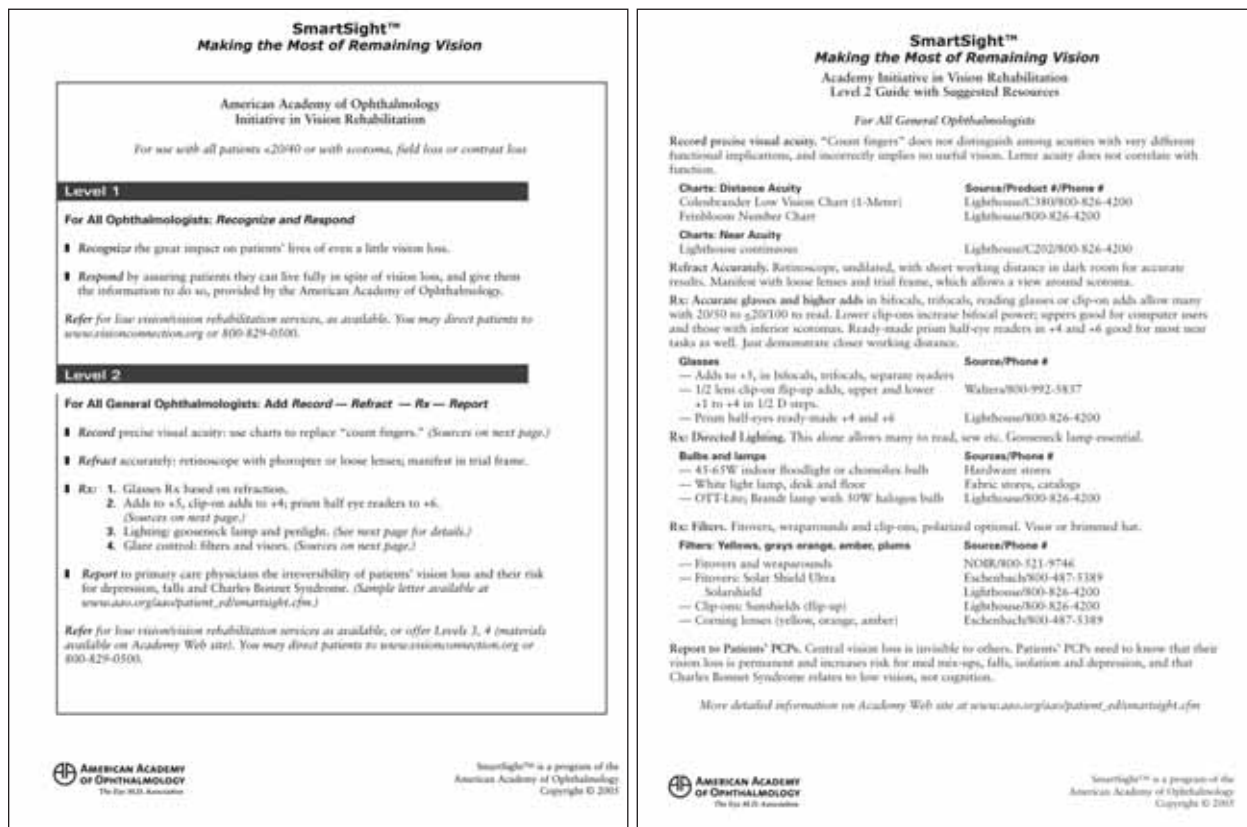


Figure 1. Smartsight is the American Academy of Ophthalmology's Initiative in vision rehabilitation. This is the Level 1 and 2 document. Please access this at www.aao.org/patient_ed/smartsight.cfm.

one eye and preexisting AMD in the fellow eye. The patients were recruited from the retinovitreal clinics associated with Wills Eye Hospital in Philadelphia. Patients underwent structured clinical evaluations of visual acuity, contrast sensitivity, vision function and depression. Dr. Rovner and colleagues used the following as measures of main outcome: the 17-item National Eye Institute Visual Function Questionnaire (NEI VFQ 17); Melbourne Low-Vision Index (MLVI); and Hamilton Depression Rating Scale (HDRS).

The researchers found that minimally depressed patients had significantly worse visual function on both the NEI VFQ 17 and performance-based tasks of the MLVI than patients who were not depressed, independent of visual acuity results, contrast sensitivity and the severity of their medical status. "We were interested in whether subjects with some depressive symptoms differed from those with no or very few depressive symptoms," they wrote. "Minimal depression exerts a small but independent adverse effect on both self-rated and performance-based vision function."

PATIENTS NOT DEPRESSED ACCORDING TO CRITERIA

Dr. Rovner and colleagues said the minimally depressed patients met no diagnostic criteria for depression, received no current or past treatment for depression and had normal scores on the HDRS. "Although we and others have reported on the adverse effect of severe depression on vision function and AMD, we now show that even minimal depression symptoms have the same effect," they wrote.

"Recognizing the role of depression in AMD clearly is important and consistent with the American Academy of Ophthalmology's Vision Rehabilitation Initiative (Figure 1) and recent calls for ophthalmologists to treat the whole patient," Dr. Rovner concluded. ■

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Rovner BW, Casten RJ, Hegel MT, Tasman WS. Minimal depression and vision function in age-related macular degeneration. *Ophthalmology*. 2006 Aug 4; [Epub ahead of print].