

# Age-Related Macular Degeneration (AMD)

## Disclaimer

This quiz is provided as a structured learning resource to support professional development and reinforce key concepts in the detection and management of age-related macular degeneration (AMD).

It is not accredited for Continuing Professional Development (CPD) points and should not be submitted as evidence toward formal CPD requirements.

The content is intended to complement clinical learning and encourage reflection on current practice. Clinicians should continue to follow local guidelines, regulatory requirements, and individual patient needs when making clinical decisions.

## Instructions

Select the **single best answer** for each question.

### 1.

A 68-year-old patient attends for a routine eye examination with no visual complaints. Fundus examination reveals several small, well-defined drusen in the macula. Visual acuity is 6/6.

What is the most appropriate management?

- A. Urgent referral to ophthalmology
- B. Routine monitoring with advice on risk factors
- C. Immediate OCT and referral regardless of findings
- D. Prescribe low vision aids

## 2.

Which of the following is most strongly associated with progression of AMD?

- A. High myopia
- B. Smoking
- C. Blue light exposure
- D. Contact lens wear

## 3.

A patient reports that straight lines on an Amsler grid now appear wavy in one eye.

What is the most appropriate next step?

- A. Reassure and review in 6 months
- B. Prescribe new spectacles
- C. Urgent referral to ophthalmology
- D. Advise continued home monitoring only

## 4.

Which feature is most suggestive of **soft drusen**?

- A. Small, sharply defined yellow deposits
- B. Large deposits with indistinct borders
- C. Peripheral retinal deposits only
- D. Pigmented lesions with vascularisation

## 5.

What is the primary concern when a patient with AMD develops subretinal fluid on OCT?

- A. Cataract formation
- B. Conversion to wet AMD
- C. Development of glaucoma
- D. Retinal detachment

## 6.

Which symptom is most commonly associated with **wet AMD**?

- A. Gradual peripheral vision loss
- B. Sudden central distortion
- C. Diplopia
- D. Colour blindness

## 7.

A 72-year-old patient with intermediate AMD asks how to reduce their risk of progression.

Which advice is most appropriate?

- A. Increase screen time to stimulate vision
- B. Begin smoking
- C. Maintain a healthy diet and stop smoking
- D. Avoid all physical activity

## 8.

Which imaging modality is most useful for detecting early fluid changes in AMD?

- A. Visual fields
- B. OCT
- C. Keratometry
- D. Pachymetry

## 9.

A patient with known AMD presents with a new central dark spot in their vision.

What is the most appropriate action?

- A. Routine recall in 12 months
- B. Advise Amsler grid monitoring only
- C. Urgent referral to ophthalmology
- D. Prescribe reading glasses

## 10.

Which of the following best describes the optometrist's role in AMD care?

- A. Providing surgical treatment
- B. Diagnosing and managing all cases independently
- C. Early detection, monitoring, and appropriate referral
- D. Only prescribing spectacles

## 11.

Residual visual symptoms in early AMD are most likely to include:

- A. Complete loss of peripheral vision
- B. Sudden total blindness
- C. Mild distortion or reduced contrast sensitivity
- D. Severe pain

## 12.

Which of the following best describes **dry AMD**?

- A. Rapid onset with significant haemorrhage
- B. Slowly progressive degeneration of the macula
- C. Caused by retinal detachment
- D. Always requires urgent surgery

## Answer Key

1. **B** – Early AMD with hard drusen requires monitoring and risk factor advice.
2. **B** – Smoking is the strongest modifiable risk factor.
3. **C** – New distortion suggests possible wet AMD → urgent referral.
4. **B** – Soft drusen are larger with poorly defined edges.
5. **B** – Subretinal fluid indicates potential neovascular (wet) AMD.
6. **B** – Sudden distortion is a hallmark symptom.
7. **C** – Diet and stopping smoking are key modifiable factors.
8. **B** – OCT is essential for detecting retinal fluid.
9. **C** – New central scotoma requires urgent referral.
10. **C** – Core role is detection, monitoring, and referral.
11. **C** – Early symptoms are subtle (contrast loss, distortion).

12. **B** – Dry AMD is slow and progressive.

## **Reflection Points**

Consider your current practice:

- How confident are you in identifying early AMD changes on OCT?
- Do you routinely provide Amsler grids to at-risk patients?
- Are your referral pathways for suspected wet AMD clearly defined?