



Communicating with patients with nAMD and their families during the COVID-19 pandemic

Jean-François Korobelnik^{1,2} · Anat Loewenstein³ · on behalf of the Vision Academy

Received: 6 April 2020 / Revised: 6 April 2020 / Accepted: 9 April 2020 / Published online: 22 April 2020
© The Author(s) 2020

Dear Editor,

In discussion with colleagues around the world, we have identified a critical gap of guidance for clinicians to communicate with patients and their families about how to minimize exposure whilst undertaking crucial eye care services during the current COVID-19 pandemic.

In the current environment, patients with neovascular age-related macular degeneration (nAMD) and their families are concerned and anxious about attending regular appointments to maintain their vision due to the risk of exposure.

The safety and well-being of our patients are of the utmost importance. The impact of a recurring treatment schedule during this pandemic, where there are severe restrictions on clinical services and social distancing measures, is among the important aspects to be addressed.

Firstly, a clear explanation of infection prevention protocols and safeguards of each clinic, including what to expect before, during, and after the appointment, may help to alleviate concerns.

We assessed international retinal practices and noted a lack of consistent evidence-based guidelines or readily available information for clinicians to communicate to their patients on how their clinics are adapting in response to COVID-19.

We at the Vision Academy [1], with support from Bayer, have compiled a guidance document that explains how to adapt clinic practices to minimize risk of exposure of patients and medical staff, and to prioritize those with the greatest treatment need [2]. The suggestions are based on the latest clinical recommendations [3], which can be adapted to local

regulations and standards. In addition, we have developed a communication template [4] that can be used as a proactive tool, to be sent via email or text message, to patients and their families ahead of their appointment to reassure them that their safety and eye health remains a priority.

A shortened version of the guidance document is provided below (full version available elsewhere [2]).

Informing patients and families about what to expect at the next appointment

- Before the appointment, the clinic may reach out to inquire about the patient's current health status.
- The clinic schedule may be adjusted to permit the minimum number of people in the waiting room at any given time.
- Regular visual acuity testing or eye scans before an anti-VEGF procedure may not be required to minimize the time spent in the clinic.
- The ophthalmologist may wear a mask with a plastic shield over their eyes and limit conversation.
- To limit exposure, scheduling of the next appointment may be via phone rather than in the clinic.

Educating patients on how to reduce the risk of exposure during and between clinic visits

- Ask patients to notify your clinic ahead of the appointment if they have had direct exposure to a COVID-19-positive person, have a cough/fever or other symptoms indicative of exposure, and reschedule the appointment.
- If the patient is feeling unwell, propose that their appointment be rescheduled.
- Request patients to attend the appointment with only one companion who may have to wait outside the clinic to comply with social distancing protocols.
- Instruct patients to maintain a distance of at least 2 m (6 ft) whilst in the waiting room.
- Patients may be given a mask to wear during treatment.
- In case of cancellation, ask patients to reschedule as soon as able.

✉ Jean-François Korobelnik
jean-francois.korobelnik@chu-bordeaux.fr

¹ Service d'ophtalmologie, CHU Bordeaux, Bordeaux, France

² Inserm, Bordeaux Population Health Research Center, team LEHA, Université de Bordeaux, UMR 1219, F-33000 Bordeaux, France

³ Division of Ophthalmology, Tel Aviv Medical Center, Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

- Prior to the next scheduled appointment, ask patients to regularly monitor their vision with an Amsler Grid test, alternating eyes when conducting the test.
- Encourage patients to contact the clinic if they notice a change in their vision to assess if an emergency visit is needed.

We hope that these documents are a useful resource to the medical community.

Contributing authors

Prof. Tariq Aslam
Consultant Ophthalmologist
Manchester Royal Eye Hospital
UK

Dr. Jane Barratt
Secretary General
International Federation on Ageing
Canada

Prof. Bora Eldem
Professor of Ophthalmology
Hacettepe University
Turkey

Prof. Robert Finger
Professor of Ophthalmic Epidemiology and Retina
Consultant
University of Bonn
Germany

Prof. Richard Gale
Consultant Medical Ophthalmologist and Clinical Director
in Ophthalmology
Honorary Visiting Professor
University of York
UK

Dr. Monica Lövestam-Adrian
Head of the Medical Retina Department
Lund University Hospital
Associate Professor in Ophthalmology
Lund University
Sweden

Dr. Mali Okada
Royal Victorian Eye and Ear Hospital
Australia

Mr. Nick Parker
International Agency for Prevention of Blindness
UK

Dr. Francisco Rodriguez
Scientific Director
Fundación Oftalmológica Nacional
Chair of the Department of Ophthalmology
Universidad del Rosario School of Medicine
Colombia

Ms. Michelle Sylvanowicz
Director of Global Advocacy
Bayer
Switzerland

Mr. James Talks
Consultant Ophthalmologist
Royal Victoria Infirmary
UK

Prof. Tien Yin Wong
Medical Director
Singapore National Eye Centre
Provost's Chair Professor of Ophthalmology
Duke-NUS Graduate Medical School
Chair of the Singapore Eye Research Institute
Singapore

Funding information Editorial support was provided by Apothecom, UK, and it was funded by Bayer Consumer Care AG, Switzerland.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>.

References

1. Vision Academy (2020) Vision Academy: people, research, education. [cited March 2020]; Available from: <https://www.visionacademy.org/>
2. Korobelnik JF, Loewenstein A, Eldem B, Joussen AM, Koh A, Lambrou GN, Lanzetta P, Li X, Lövestam-Adrian M, Navarro R,

- Okada AA, Pearce I, Rodríguez FJ, Wong DT, Wu L (2020) Guidance for anti-VEGF intravitreal injections during the COVID-19 pandemic. *Graefes Arch Clin Exp Ophthalmol* 2020. <https://doi.org/10.1007/s00417-020-04703-x>
3. International Council of Ophthalmology (2020) ICO Global COVID-19 Resource Center. [cited 4 April 2020]; Available from: http://www.icoph.org/news/news_detail/602/ICO-Global-COVID-19-Resource-Center.html
 4. Vision Academy (2020) Guidance for patients with nAMD and their families during the COVID-19 pandemic. [cited Apr 2020]; Available from: <https://www.visionacademy.org/vision-academy-community/COVID-19-materials>

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.