SWITCH TO AFLIBERCEPT IN DIABETIC MACULAR EDEMA PATIENTS UNRESPONSIVE TO PREVIOUS ANTI-VEGF THERAPY

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Introduction: Diabetic macular edema (DME) is the leading cause of visual impairment in patients with diabetes mellitus and has a significant impact on quality of life. The aim was to evaluate the efficacy of aflibercept in patients with diabetic macular edema (DME) unresponsive to prior anti-VEGF therapy.

Methods: Retrospective review of DME unresponsive to previous anti-VEGF, defined as persistent or increasing sub or intraretinal fluid on Spectral Domain Optical Coherence Tomography (SD-OCT), switched to aflibercept with 3 months of follow-up. Changes in best correct visual acuity (BCVA), central retinal thickness (CRT) and frequency of injections were analyzed. The percentage of subjects who had ≥ 20/40 (LogMAR equivalent 0.3) and ≤ 20/200 (LogMAR equivalent 1) were evaluated.

Results: Total of 32 eyes from 26 diabetic patients were included. Mean age was 65±10 years old and the majority was female. The mean number of previous anti-VEGF injections was 5.34±2.38 and the mean number of aflibercept injections at the end of the study was 2.00±0.00. The CRT at baseline was 501.47±150.51 μm and 367.97±124.61 μm at 3 months follow-up (P<0.001). The LogMAR BCVA at baseline was 0.71±0.36 (Snellen equivalent, 20/100) and 0.65±0.33 (Snellen equivalent, 20/90) at the end of the follow up (P= 0.037).

At baseline 12.5% of patients had ≥20/40 compared with 25% at the end of follow-up. At baseline 28.13% of patients had 20/200 or inferior vision compared with 15.63% at the end of the follow-up. About 63% of patients improved vision, 18.50% maintained and 18.75% lost vision at the end of the study.

Conclusions: DME patients unresponsive to previous multiple ranibizumab injections demonstrate a significant anatomical and functional improvement with the switch to aflibercept.