

3 de Dezembro

08h30 | 10h00 – Sala 1

Retina Médica | Medical Retina

Moderadores | Chairs: Bernardete Pessoa (CHUP), Fernanda Vaz (CHLO), Isabel Pires (CHUC)

CO 102

CAUSES FOR DISCONTINUATION OF INTRAVITREAL INJECTIONS IN PATIENTS TREATED FOR MACULAR EDEMA

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Purpose: Our aim was to assess the incidence and causes for discontinuation of treatment (DT) with intravitreal injections (IVT) in patients diagnosed with Neovascular Age-Related Macular Degeneration (nAMD), Diabetic Macular Edema (DME) or macular edema secondary to Retinal Vein Occlusion (RVO).

Methods: This retrospective observational study included patients who were under IVT treatment for nAMD, DME or RVO at Hospital Garcia de Orta from January 1, 2021, to August 31, 2022. Case records were reviewed for demographic features, diagnosis, IVT agent, treatment regimen, number of injections received, reason for IVT discontinuation and best corrected visual acuity (BCVA) (logMAR) at baseline and at the last ophthalmologic evaluation. Patients were contacted for reason for DT inquiry in cases of missing data. Loss to follow-up (LTFU) was considered in patients who received at least one IVT and no subsequent follow-up visit within 6 months. Main outcomes included rate of discontinuation of treatment as well as its potential causes.

Results: During the study period, a total of 5312 injections were administered in 856 patients. DT was found in 323 (37.7%), of which 146 (45.2%) were due to treatment success, with visual and anatomic improvement, and 177 (54.8%) were due to treatment failure (according to the clinician or the patient), administrative causes or LTFU. Of these 177 patients, DT was decided by the clinician because of treatment inefficacy in 55 (31.1%), requested by the patient due to perceived treatment inefficacy or injection complications in 14 (7.9%), severe post-IVT complications (as ocular inflammation or acute endophthalmitis) in 2 (1.1%) and LTFU in 106 patients (59.9%). Main reasons for LTFU included administrative causes (26.4%), other causes (such as systemic disease with hospitalization) (23.6%), burden related to requirement of attendance at multiple appointments (17.9%), lack of visual improvement according to the patient (14.2%), ocular pain post-IVT (9.4%) and death (8.5%). LTFU rate was higher in patients with unimproved or decreased BCVA and in patients never switched from bevacizumab ($p<0.001$ and $p<0.01$, respectively), but was unrelated to the number of injections, treatment regimen or age, regardless of the disease ($p>0.05$).

Conclusions: Discontinuation of IVT treatment is highly prevalent. Although the main cause is LTFU, clinician confirmed treatment failure accounts for a significant percentage of cases of DT. Among LTFU cases, most patients did not show up for their appointment due to reasons beyond their control. Therefore, patient education should be reinforced and access and communication between the patient and the clinic should be improved. Additionally, LTFU was due to treatment burden in 17.9% of cases, and it tended to be worst among patients with lack of visual improvement and with monotherapy with bevacizumab, corroborating the importance of using more efficient or longer acting treatments.