
Supplement issues: low adherence to AREDS' guidelines

by Maxine Lipner Senior EyeWorld Senior Contributing Editor

AMD sufferers ill-informed about AREDS' recommendations

Just 43% of AMD patients, who could benefit from vitamin supplementation as recommended by the Age-Related Eye Disease Study (AREDS), are actually taking these supplements, according to Bradley S. Hochstetler, M.D., cornea fellow, Wilmer Eye Institute, Johns Hopkins University, Baltimore. In the September 2010 issue of *Retina*, Dr. Hochstetler reported study results that delved into current adherence to AREDS' findings.



Source: Boots, WebMD

"AREDS recommended vitamin supplementation for patients who demonstrated intermediate or advanced macular degeneration in at least one eye," Dr. Hochstetler said. "In patients with those findings, for which taking a vitamin was recommended, the AREDS' study showed a 27% reduction in progression to advanced macular degeneration in those who did take the vitamins."

The specific AREDS formulation recommended included 500 milligrams of vitamin C, 400 IU units of vitamin E, 80 milligrams of zinc, 2 milligrams of copper, and 15 milligrams of beta carotene.

Surveying AMD patients

One of the study investigators, Ingrid Scott, M.D., Hershey, Pa., wondered just how many of the patients that she was seeing with macular degeneration were adhering to recommendations and taking this formulation. She saw the implications as far reaching, according to Dr. Hochstetler. "The public implications are pretty substantial when you consider a 27% reduction in progression," he said.

Included in the study were 64 consecutive AMD patients who came to the retina clinic. "If someone had told them that they had macular degeneration, they were given the survey," Dr. Hochstetler said. "After the survey was completed, the patients were seen by a retina specialist who determined the level of macular degeneration that was present based upon the AREDS criteria."

Investigators found that only 43% of those that met the AREDS criteria were using the recommended vitamin supplements. All of those on the supplements had been advised to do so by a retina specialist and were returning patients to the retina center.

Communication breakdown

Of those who said that they were not taking the supplements, three-fourths claimed that no one had ever mentioned these to them. "One of the things that was interesting in our study is that we asked patients who met this criteria and who weren't taking the vitamins why they weren't," Dr. Hochstetler said. "Seventy-five percent of those patients said that no one had ever told them that this would be beneficial to them." Investigators viewed that as fairly significant.

This response took investigators by surprise. It was unlike the responses reported in other studies, such as an Australian one conducted by W.T. NG, published in the January/February 2006 issue of *Clinical and Experimental Ophthalmology*, which implicated cost. In that study 53% of patients were aware that they should be taking vitamins but just 38% were taking them. "Patients tended to list cost as the reason that they didn't adhere to the recommendations, but that was not a finding of our study," Dr. Hochstetler said. "No patients here listed cost as a reason." Instead, patients indicated that they had not been informed.

Dr. Hochstetler hopes that with this study, all ophthalmic practitioners will keep the AREDS' recommendations in mind when dealing with AMD patients. "I think it's a reminder that this is a fairly simple intervention in patients with macular degeneration," he said. "If there are 27% of these people that we can prevent from progressing to advanced macular degeneration, the actual impact is pretty significant in terms of saving and preserving vision in those patients."

Overall, he would like to see the study serve as a reminder to general ophthalmologists and other non-retinal specialists, who may be treating macular degeneration patients and not referring them to retinal specialists, of the importance of taking supplements. "Recommending their use is a good way to serve [AMD] patients the best," Dr. Hochstetler said.

Editors' note: Dr. Hochstetler has no financial interests related to his comments.

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