

### Counseling on Antioxidant Supplement

*This measure is to be reported for all patients aged 50 years and older with age-related macular degeneration (AMD) (in either one or both eyes) — a minimum of **once** per reporting period. It is anticipated that clinicians who provide the primary management of patients with AMD will submit this measure.*

#### Measure description

Percentage of patients aged 50 years and older with a diagnosis of AMD and/or their caregiver(s) who were counseled<sup>1</sup> within 12 months on the benefits and/or risks of the Age-Related Eye Disease Study (AREDS)<sup>2</sup> formulation for preventing progression of AMD

#### What will you need to report for each patient with AMD for this measure?

If you select this measure for reporting, you will report:

- Whether or not you counseled the patient and/or their caregiver on the benefits and/or risks of the AREDS<sup>2</sup> formulation for preventing progression of AMD

The antioxidant vitamin and mineral supplements used in the AREDS formulation are listed below.<sup>3</sup>

- Vitamin C
- Vitamin E
- Beta-carotene
- Zinc oxide
- Cupric oxide

#### What if this process or outcome of care is not appropriate for your patient?

Some measures provide an opportunity for the physician or eligible health professional to document when a process or outcome of care is not appropriate for a given patient (also called performance exclusions). Because this measure is applicable to most if not all patients, there are no allowable performance exclusions.

<sup>1</sup>Documentation in the medical record should include a discussion of risk or benefits of the AREDS formulation. Counseling can be discussed with all patients with AMD, even those who do not meet the criteria for the AREDS formulation, patients who are smokers (beta-carotene can increase the risk for cancer in these patients) or other reasons why the patient would not meet criteria for AREDS formulation as outlined in the AREDS. The ophthalmologist or optometrist can explain why these supplements are not appropriate for their particular situation. Also, given the purported risks associated with antioxidant use, patients would be informed of the risks and benefits and make their choice based on valuation of vision loss vs. other risks. As such, the measure seeks to educate patients about overuse as well as appropriate use.

<sup>2</sup>If patient is already receiving AREDS formulation, the assumption is that counseling about AREDS has already been performed.

<sup>3</sup>Source: American Academy of Ophthalmology. Preferred Practice Patterns Committee. Age Related Macular Degeneration. Limited Revision 2005.