

Strategic Directions of Age-related Macular Degeneration Treatment in Latvia

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Introduction. Existing model of treatment provision of neovascular age-related macular degeneration (NAMD) in Latvia does not secure access to treatment for population in need. Age-related macular degeneration is an ocular morbidity associated with loss of central vision and one of the leading causes of healthy years lost due to visual impairment and disability. Diagnostics, treatment and antiVEGF inhibitors are not state compensated services (the Cabinet of Ministers, Directive No. 1529 Regulations of Healthcare Organisation and Financing of December 17, 2013). Patients carry the burden of other diseases like diabetes, hypertension, atherosclerosis and suffer from depression.

Aim, Materials and Methods. The aim of the study is to develop recommendations for strategic approach to NAMD treatment provision in Latvia.

Time horizon – retrospective (review of patient medical records) and cross sectional (expert interviews and patient survey). Qualitative data collection method – ophthalmology expert interviews from October 1, 2016 to November 30, 2016. Quantitative data collection method No.1: review of medical records of patients who signed informed consents for the start of intravitreal injection of antiVEGF inhibitor during the period of August, 2015 – August, 2016 included in company X, n = 207. Quantitative data collection method No. 2: patient survey. Population – patients in company X coming for intravitreal injections of antiVEGF inhibitor for one month from October 26 to November 26, 2016. Population size: n = 80. Simple random sampling. Sample size n = 80. Statistical analysis: content analysis, factor correlation and impact analysis.

Results. Main gaps between international approach and situation in Latvia are financial coverage of treatment, coordination and integration of care through treatment levels. NAMD is prevailing in age group 70+ (72.5%), 78 % of NAMD patients carry burden of comorbidities. 5.3 % of patients receive nearly full treatment course (9–13 injections). Treatment expenses are too high to receive treatment on regular basis (50 %). Part of population not working due to age (80 %) is obliged to out-of-pocket payments up to 1000 EUR (87.9 %). Most statistically significant correlations between 1) out-of-pocket payments and adherence to treatment justify the need for treatment compensation by state and 2) information availability and belated treatment confirm the necessity of development of coordinated information platform. Adherence to treatment place is not affected by distance for 64 % patients but is affected by assistance in transportation and escort (37.1 %).

Conclusions. Age group 70+ and burden of co-morbidities, especially blood circulation, cardiology, endocrinology and ocular morbidities justify the need for care cooperation between specialists. Adherence to treatment place is not affected by distance for 64 % patients, but is affected by assistance in transportation and escort (37.1 %). Part of population who does not work due to age (80 %) is obliged to out-of-pocket payments up to 1000 EUR (87.9 %) in case of NAMD treatment and justifies the need for treatment compensation by state.

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