

Depression and anxiety in age-related macular degeneration

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Dear editor

We read with great interest the article titled “Treatment satisfaction of patients undergoing ranibizumab therapy for neovascular age-related macular degeneration in a real-life setting” by Gohil et al.¹ We are in agreement with their findings. We congratulate the authors for their well-organized study and would like to contribute to their findings.

Anxiety and depression that affect the state of physical, mental, and social well-being completely account for a patient’s quality of life. Severe depression has been revealed to have worse effect on the prognosis of diseases such as breast cancer, cardiovascular disease, and diabetes,^{2–4} whereas concurrent supportive management of depression may improve the treatment outcome in these diseases.

According to the recent report from Mathew et al.,⁵ vision impairment and consequent functional disability caused by age-related macular degeneration (AMD) may cause high levels of clinical depression in patients, which has direct or indirect adverse effects on their quality of life.

Indeed, anxiety and depression affect the quality of life in AMD patients and can bring patients to address different satisfaction to their treatment outcome. In addition, it is convinced to have an influence on maintaining the life-long treatment, which is the key to a treatment success. Therefore, it is highly recommended to assess and support the mental health problems, including neuropsychiatric evaluation when necessary, of AMD patients undergoing anti-VEGF treatment, which may be helpful in maximizing the patient’s treatment satisfaction.

Disclosure

The authors report no conflicts of interest in this work.

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