

## Early dry age-related macular degeneration in a smoker



Assume that today's date is 22 October 2026. You examined Mr Suzuki this morning. You are an optometrist in a community optometry practice. Using the information in the case notes, write a letter to Mr Suzuki's general practitioner, Dr Dmitri Wojcik, informing him of the diagnosis and the advice given, and requesting his support in helping Mr Suzuki stop smoking. Address the letter to Dr Dmitri Wojcik, General Practitioner, 112 Jacaranda Road. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

|                                                                                                   | I                        | C                        | O                        |                                                                                                                                                            | I                        | C                        | O                        |
|---------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>Patient details</b>                                                                            |                          |                          |                          | <b>Assessment</b>                                                                                                                                          |                          |                          |                          |
| 1. Name: Mr Farai Suzuki                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Dilated fundus exam: multiple medium-sized drusen both maculae; no haemorrhage or exudate                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. DOB: 14/03/1954 (72 yrs)                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. OCT: drusen R and L; no subretinal or intraretinal fluid                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Address: 27 Grevillea Avenue                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Amsler grid: no distortion either eye                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Seen 22/10/26 for routine eye exam; last eye exam 2023                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. IOP normal both eyes; mild nuclear cataract both eyes, not visually significant                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Social background</b>                                                                          |                          |                          |                          | 24. Dx: early dry (non-neovascular) AMD both eyes                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Retired electrician; lives with wife                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Management</b>                                                                                                                                          |                          |                          |                          |
| 6. Enjoys woodwork and cryptic crosswords                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Dx explained; pt shocked, worried about losing sight like brother                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Drives locally, mostly in daytime                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Smoking explained as major modifiable risk factor for AMD progression → pt keen to quit now                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Smoker: approx. 20 cigs/day since age 16                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Amsler grid given: check each eye separately daily, wearing reading glasses                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Previous quit attempt 2019 with nicotine patches; relapsed after 3/12                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. Advised: sudden distortion, new blur or dark patch → contact practice same day or attend emergency eye dept (possible wet AMD, needs urgent treatment) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Daughter told receptionist she is 'fed up' with him smoking in the car with the grandchildren | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. Advised healthy diet (leafy green vegetables, fish) and UV protection outdoors                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Pt complained about 40-min wait in reception                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. Asked about eye vitamin supplements: not indicated at this early stage; reconsider if AMD progresses                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Medical history</b>                                                                            |                          |                          |                          | 31. Quitline information given; pt consented to letter to GP                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Hypertension: amlodipine (managed by GP)                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32. New reading spectacles prescribed; advised brighter task lighting                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Hypercholesterolaemia: atorvastatin                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Plan</b>                                                                                                                                                |                          |                          |                          |
| 14. Appendicectomy 1975                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33. Letter to GP: inform of Dx; request smoking cessation support, incl. discussion of pharmacotherapy options                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Allergies: nil known                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34. Review 12/12 with OCT, sooner if symptoms change                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. FHx: older brother had macular degeneration, legally blind in his 80s                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35. Low-vision services not required at present                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Presenting complaint</b>                                                                       |                          |                          |                          |                                                                                                                                                            |                          |                          |                          |
| 17. Gradual ↑ difficulty reading small print and seeing in dim light over 6/12                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                            |                          |                          |                          |
| 18. No distortion; no sudden ↓ vision                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                            |                          |                          |                          |
| <b>Assessment</b>                                                                                 |                          |                          |                          |                                                                                                                                                            |                          |                          |                          |
| 19. VA (with glasses): R 6/7.5, L 6/9; near N6 both eyes with reading add                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                            |                          |                          |                          |