


Response to “Real-World Healthcare Resource Utilization, Healthcare Costs, and Injurious Falls Among Elderly Patients with Geographic Atrophy” [Letter]

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Dear editor

We read with great interest the article titled “Real-World Healthcare Resource Utilization, Healthcare Costs, and Injurious Falls Among Elderly Patients with Geographic Atrophy” recently published in your journal. This study provides a clear depiction of the significant clinical and economic burden associated with geographic atrophy (GA) in elderly populations enrolled in Medicare Advantage programs.¹ This retrospective study highlights increased healthcare utilization, rising costs, and the rising risk of falls with serious injuries as GA progresses, especially in patients with visual impairment (VI) or blindness (B).

The findings demonstrate that patients with GA experience higher healthcare resource utilization compared to individuals without GA. For instance, they exhibit higher rates of hospitalizations (RR: 1.08), more frequent outpatient visits (RR: 1.08), and increased frequency of other healthcare services (RR: 1.14). Additionally, GA patients are at greater risk of falls with head injuries (RR: 1.24) and face an average adjusted annual healthcare cost increase of \$1,171.¹ These results align with previous research that highlights the clinical and economic impacts of GA, particularly as the disease progresses to severe visual impairment.^{2–4}

This article underscores the importance of early detection and intervention to slow the progression of GA, which can help mitigate its associated clinical and economic burden. Promising therapeutic strategies, such as complement pathway inhibitors, have shown potential in slowing GA progression.^{5,6} However, their adoption into routine clinical practice requires further support, including education for healthcare providers and optimization of healthcare policies.⁷ Furthermore, a multidisciplinary approach between healthcare providers, policymakers, and researchers is needed to ensure effective resource allocation to meet the growing needs of patients with GA.

We commend the authors for their comprehensive analysis. We hope this article serves as a catalyst for continuous efforts to improve clinical outcomes and quality of life for patients with GA.

Disclosure

The authors report no conflicts of interest in this communication.

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