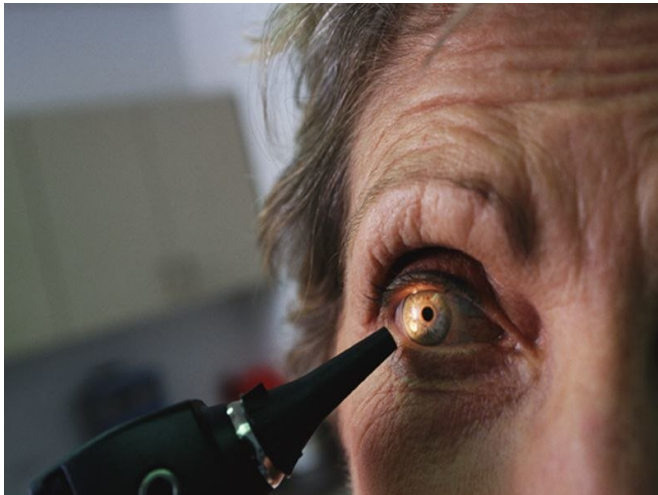


Intravitreal anti-VEGF use not tied to systemic adverse events

26 March 2018



when treatment was given on a monthly versus as-needed schedule. In the most recent and exhaustive reviews, bevacizumab was not associated with an increase in the risk of systemic adverse events compared with ranibizumab. In patients with age-related macular degeneration, ranibizumab may be associated with increased risk of nonocular hemorrhage compared with control treatments.

"This overview of reviews and meta-analyses suggest that anti-VEGF treatments do not increase the risk of systemic adverse events, but that caution might be advisable in older patients with [age-related macular degeneration](#) who may be at higher risk of hemorrhagic events when receiving ranibizumab," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text](#)

(HealthDay)—Intravitreal anti-vascular endothelial growth factor (anti-VEGF) treatment is not associated with increased risk of systemic adverse events for patients with neovascular age-related macular degeneration, diabetic macular edema, or retinal vein occlusion, according to a review published online March 22 in *JAMA Ophthalmology*.

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Marie Thulliez, M.D., from Bretonneau Hospital in Tours, France, and colleagues conducted a [systematic review](#) to examine systemic adverse events associated with intravitreal anti-VEGF treatments in patients with neovascular age-related macular degeneration, [diabetic macular edema](#), or [retinal vein occlusion](#). Twenty-one systematic reviews were retrieved; 11 of these analyzed systemic adverse events as the primary outcome.

The researchers found that, compared with control regimens, anti-VEGF treatments did not increase the risk of systemic adverse events. The risk of systemic adverse events was also not increased

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