Research

**AMD and Risk of All-Cause and Specific-Cause Mortality**

Zhu and coauthors evaluated the association of age-related macular degeneration (AMD) with mortality outcomes among older adults in a cohort study of 5603 participants 40 years or older in the National Health and Nutrition Examination Survey, 2005 to 2008. Late AMD (neovascular AMD or central geographic atrophy of the retinal pigment epithelium) was associated with more than a doubling of all-cause mortality and more than 3-fold higher risk of mortality not due to cardiovascular disease and cancer. These findings regarding the association of late AMD and poor survival indicate that late AMD may be a marker of frailty and aging or may be due to residual confounding factors indicative of aging.

**Subconcussive Head Impacts in High School Football Players**

Zonner and coauthors investigate the association of near point of convergence (NPC) values and subconcussive head impacts in US high school football players across repeated measurements in a single football season. In this longitudinal case-series study of NPC measurements at 14 different points in a football season in 12 football players, the authors found that NPC values were impaired beyond baseline. The impairment was associated with cumulative subconcussive head impacts, and NPC values began normalizing to baseline levels in midseason while players continued to incur head impacts. These data suggest these NPC values have the potential to reflect subclinical brain damage, perhaps with tolerance at a certain point to recurring subconcussive impacts.

**Treatment Switching Outcomes in Patients With Macular Edema**

Ip and coauthors for the SCORE2 Investigator Group evaluate if switching treatment after a poor response to bevacizumab or aflibercept in patients with macular edema is associated with improvement in visual acuity or central subfield thickness. In this secondary analysis of a nonrandomized clinical trial in which 49 patients with central retinal or hemiretinal vein occlusion responded poorly to treatment with bevacizumab or aflibercept, eyes with treatment switched from bevacizumab to aflibercept at month 6 showed improvement in visual acuity and central subfield thickness at month 12. Few eyes had a poor response to aflibercept, and therefore, treatment was switched to dexamethasone in few. These results suggest eyes with central retinal or hemiretinal vein occlusion that have a poor response to bevacizumab may benefit after switching to aflibercept treatment; however, the small sample size and lack of controls in this study preclude definitive conclusions.

**New Onset vs Resolution of Diplopia**

Hatt and coauthors investigate if epiretinal membrane peeling results in resolution of diplopia in patients who have preoperative diplopia and/or new-onset diplopia in patients who do not. In this cohort study, 33% of patients with central-peripheral rivalry-type diplopia before epiretinal membrane peeling had resolution of diplopia postoperatively and 19% of patients with no diplopia before epiretinal membrane peeling had new-onset central-peripheral rivalry-type diplopia postoperatively. The findings suggest epiretinal membrane peeling may lead to resolution of diplopia in some patients but new-onset diplopia in others.

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