

Retina Specialist Guide for VEGF Adherence Techniques

Effective retention of patients with retinal disease hinges on clear education, structured follow-up systems, and communication that elicits patients' own motivations for preserving vision.

Framing ongoing care

Emphasize that retinal disease is often chronic and asymptomatic until late, so missed visits may lead to silent progression.

Normalize long-term monitoring: compare to "blood pressure check for the retina" or "diabetes of the eye" needing routine surveillance.

Connect follow-up to outcomes that patients care about (reading, driving, independence), not just anatomic or OCT endpoints.

Patient education essentials

- Use plain-language scripts that explain diagnosis, treatment options, and what happens without treatment, and reinforce verbally and in writing or through handouts/videos.
- Allay fear of blindness by clearly emphasizing that we currently have tools that have potential to not only maintain vision but also improve vision and prevent blindness, but they must return for care so we can use those tools.
- Show patients images of their own eyes to engage them in the process from the beginning. Images can highlight improvements gained over time with treatment.
- Highlight that retinal conditions can worsen without symptoms, and that timely visits reduce risk of vision loss when identified and treated early.
- For intravitreal injection regimens, clarify the treatment phases (loading, maintenance, possible treat and extend), expected visit frequency, and typical side effects, reassuring that injections are commonly well tolerated and strongly associated with stabilizing vision.

Structuring the visit to support adherence

- Involve family members when possible; family members are sometimes essential to getting the patient to maintain follow-up visits and treatment adherence.
- Routinely assess adherence to visits, medications, and home monitoring; document missed appointments and reasons as a vital sign for vision risk.
- Simplify regimens when possible (e.g., minimizing number of visits, using long-acting therapies) because complex dosing schedules and side effects correlate with lower adherence.
- Build reminder and recall systems: automated texts/calls, next appointment scheduled before leaving, and active tracking of no-shows with prompt outreach.

MOTIVATIONAL INTERVIEWING: PRACTICAL MICRO-SKILLS

Evidence from glaucoma demonstrates that brief, structured motivational interviewing delivered in busy clinics is feasible, increases readiness for change, and can improve medication adherence.

Engage with empathy

Use open questions: "How are you managing with these appointments and injections?"

Reflect and validate: "It sounds like it's hard to get here every month with your work schedule; a lot of people struggle with that."

Focus on what matters to the patient

Ask, "What worries you most about your vision over the next few years?" to link care to valued activities (e.g., driving grandchildren).

Summarize both sides of ambivalence: "Part of you is tired of injections, and another part is worried about losing reading vision."

Elicit change talk and plan collaboratively

Use scaling: "On a scale from 0 to 10, how important is it to you to keep every retina appointment over the next 6 months?"; follow with, "Why are you at a 6 and not a 2?" to elicit patient arguments for adherence.

Ask for specific steps: "What would make it easier to get here on time?" and co-design solutions (ride support, caregiver reminders, aligning with other medical visits).

SYSTEM-LEVEL AND TEAM STRATEGIES

- Train technicians or educators to provide retinal education and motivational interview-informed coaching.
- Use risk stratified follow-up: flag patients with previous no shows, low health literacy, or limited support for enhanced contact (extra reminder calls, shorter intervals, social work referral), consistent with recommendations to closely monitor patients with higher risk.
- Regularly audit adherence to injection and follow-up schedules and feedback data to clinicians to refine processes, echoing calls in ophthalmic adherence and retinal care literature to strengthen systems for engagement and monitoring.