

Appendix 2: Data extraction table

Study	Study Design	Domain of main outcome	Study objectives	Study population	Key outcome(s) measured	Key results	MMAT Score
Alexander et al (1988)	Case-control	MU	To describe the ability of a group of patients with AMD and low VA to perform a few simple visual tasks.	100 people with AMD (92% nAMD, duration not stated), and 11 visually healthy controls aged between 70 and 80 (no mean given).	Ability to: tell time, distinguish colours, household products and facial expressions.	48% could tell time at 1.5m 70% were able to identify correctly four colours 32% were unable to correctly identify four household products 26% correctly identified facial expressions on four photographs	4
Alexander et al (2014a)	Case-control	M	To determine how AMD and changes in ambient light affect the control of foot placement while walking	10 people with AMD (mean age 82.7, SD 7.4, type and duration of AMD not stated) and 11 visually healthy controls (mean age 74.1, SD 6.6).	Performance of precision walking task.	AMD subjects walked significantly slower than controls in dim lighting but not in normal lighting or after a sudden light reduction.	4
Alexander et al. (2014b)	Case-control	M	To determine how AMD and changes in ambient light affect ability to negotiate a curb while walking.	10 people with AMD (mean age 82.7, SD 7.4, type and duration of AMD not stated) and 11 visually healthy controls (mean age 74.1, SD 6.6).	Performance of curb negotiation task.	Curb ascent: People with AMD walked slower regardless of lighting condition. In sudden reduction of light condition, people with AMD took longer to initiate movement than controls. Curb descent: In dim and sudden reduction of light condition people with AMD used more 'shuffle steps' than controls (slowly inching foot towards curb edge before stepping down).	3
Aspinall et al (2014)	Case-control	M	To examine gaze function and pupil diameter during navigation in patients with AMD	34 people with AMD (mean age 80, SD 6.6, type and duration of AMD not stated) and 23 visually healthy controls (mean age 76, SD 8.0).	Behaviour (comments, button presses, fixation count and duration, and pupil diameter) while watching a movie clip of a journey through a university building.	Comments similar in both groups but reported more frequently by AMD group. Button presses similar in both groups. Fixation count was higher in AMD group during parts of the journey identified as 'difficult'. Pupil diameter greater in AMD group throughout task.	3
Augustin et al (2007)	Cross sectional	D	To estimate the prevalence rates of depression and anxiety in patients with wet age-related macular degeneration (AMD) and the relationship with visual acuity and to develop a simple algorithm for depression screening.	336 people with nAMD (mean age 77, average time since diagnosis 2.3 years).	Hospital Anxiety and Depression Scale (HADS).	Prevalence of depression varied from 0% in the best VA group, to 7.6% in the worst VA group. Total depression scores strongly associated with VA loss, whilst total anxiety scores not associated with VA loss. Responses to 2 HADS items ('I still enjoy things I used to enjoy', and 'I can enjoy a good book or radio or television program') identified 95% of severely to moderately depressed patients.	4
Backman & Williams (2002)	Case series	ADL	Not stated implicitly. Authors interested in providing information to people with AMD on the causes and effects of the condition.	52 people with AMD (type not stated, duration of 5 years or less for 34 participants) aged between 42 and 95 (no mean given).	National Eye Institute Visual Functioning Questionnaire (NEI-VFQ). Activities of Daily Vision Scale (ADVS).	Difficulties reported with driving, navigation, facial recognition, noticing objects around them or on a crowded shelf, reading, watching TV, doing hobbies and using low vision aids. Relatively less difficulties were reported with personal tasks such as dressing, personal grooming and socialising. Most tried to maintain privacy and independence.	2

Banerjee et al (2007)	Cross sectional	D	To estimate depression in patients with AMD and study the relationships among depression, VA and disability.	53 people with AMD (10 nAMD, 43 dry AMD, mean duration of 44 months for depressed group and 59 for non depressed group), mean age 69 (SD 8.65).	Depression and disability measures: fourth edition of Diagnostic and Statistical Manual of mental disorders (DSM-IV), Geriatric Depression Scale (GDS), Structured Clinical Interview for DSM-IV Axis -I Disorders, Clinical Version (SCID-CV), World Health Organisation Disability Assessment Schedule-II (WHODAS-II) and Daily Living Tasks dependent on Vision scale (DLTV).	26% of participants met DSM-IV criteria for diagnosis of depressive disorder. Depressed participants had greater levels of disability than non-depressed participants.	4
Bansback et al (2007)	Cross sectional	U	To determine whether contribution of contrast sensitivity explains HRQoL and health utilities over and above that of VA.	209 people with AMD (80% nAMD, 20% dry AMD, mean duration of 3.7 years), aged between 43 and 96 (mean 80, SD 7.5).	Standard vision tests and VF-14, health utilities index (HUI3) and time trade off (TTO).	Contrast sensitivity appears to be better related to HRQoL and health utility than VA.	3
Bass et al (2004)	Cross sectional	U	To measure the preference value that patients with subfoveal CNV assigned to their health and vision status, in order to improve understanding and awareness of the impact of subfoveal choroidal neovascularisation (CNV) on health-related quality of life.	792 people with nAMD (duration not stated), median age 75.	Preference value scale designed by authors.	People with poorer VA and greater evidence of dysfunction had lower preference value scores.	4
Berdeaux et al (2005)	Cross sectional	V	To evaluate relative impact of best and worst eye on vision-related QoL in patients suffering from AMD.	114 people with nAMD (duration not stated), mean age 76.5.	NEI-VFQ 39	Worst eye VA and best eye VA contributed independently to vision related QoL.	4
Bordier et al (2011)	Case-control	S	To examine further the effect of background attenuation on the bandwidth for image recognition in macular pathology, specifically to test if the bandwidth advantage for segmented images is specific to observers with AMD or if the phenomenon can also be demonstrated in the central vision of young and older observers; whether this phenomenon is present in the normal peripheral visual field.	14 people with AMD (9 with nAMD, 3 with dry AMD and 2 not recorded, mean age 82, SD 5.4, duration not stated), 20 older controls (mean age 72, SD 7.7), and 13 young controls (mean age 25, SD 3.2).	Image recognition task with progressively low-pass filtered images, presented in order of increasing bandwidth; half the series were presented with a darkened background.	The critical bandwidth for image recognition was reduced by darkening image background for younger and older control groups as well as those with AMD. People with AMD tended to recognise more images at full bandwidth if their background was darkened.	2
Boucart et al (2008a)	Case-control	S	To investigate how photographs of real-world scenes are perceived by people with low vision.	15 people with AMD (8 nAMD and 7 with dry AMD, duration not stated) aged between 71 and 91 (mean 80), and 11 controls aged between 70 and 82 (mean 77).	Recognition task comparing coloured versus achromatic scenes, and isolated objects versus objects within scenes.	Colour versus achromatic images task: controls performance was equivalent for colour and achromatic pictures, whilst colour facilitated performance in people with AMD. Isolated objects versus objects within scenes: control performance was equivalent under both conditions, people with AMD categorised isolated objects more accurately than those within scenes.	2

Boucart et al (2008b)	Case-control	F	To evaluate the capabilities of AMD pxs to recognise facial emotion in novel faces.	17 people with AMD (9 nAMD, 8 dry AMD, duration not stated) aged between 71 and 91 (mean 80), and 6 controls aged between 69 and 80 (mean 75).	Tasks detecting whether a face had an expression or not, and categorising facial expressions as happy/angry/neutral.	People with AMD performed worse than controls when categorising whether faces had expressions or not, but performed similarly to controls when categorising expressions.	4
Boucart et al (2013)	Case-control	S	To investigate whether contextual information provides additional cues in cases of image degradation due to impaired central vision, and whether people with AMD are able to explicitly associate an object and its background.	22 people with nAMD (duration not stated) aged between 61 and 87 (mean 78, SD 7), and 18 controls aged between 64 and 89 (mean 76, SD 5).	Object detection task: identifying an object set on a background that is either consistent with its context or not. Congruency task: determining whether foreground object is consistent with background.	People with AMD performed better when target object was consistent with background, but performed no better than chance in congruency task.	3
Brody et al (2001)	Cross sectional	D	To examine the prevalence of depressive disorders in community dwelling adults with advanced AMD and the relationship in this population between depression, VA, number of comorbid medical conditions, disability caused by vision loss as measured by NEIVFQ and SIPV and SIP.	151 people with both types of AMD (no breakdown or duration reported) with a mean age of 80.	Structured clinical interview (SCID-IV), geriatric depression scale, NEI-VFQ, vision specific sickness impact profile (SIPV) and sickness impact profile 68 (SIP).	32.5% of participants met the SCID-IV criteria for depressive disorder; this rate is twice that found in community dwelling elderly.	4
Brown et al (1986)	Case-control	M	To investigate whether mobility performance can be predicted from measures of visual function.	10 people with dry AMD (duration not stated) aged between 61 and 80 (mean 72), and 8 controls aged between 62 and 70 (mean 67).	Path navigation under different luminance levels.	People with AMD performed worse than controls in the lowest light condition, but there was no significant difference between the groups in higher light conditions. Vision variables, such as VA, can be used to predict mobility performance, such as average speed.	3
Brown et al (2000)	Cross sectional	U	To ascertain utility values associated with AMD and varying degrees of visual loss.	72 people with AMD (16 with bilateral dry AMD, 25 with nAMD, and 31 with dry or nAMD, duration of 1 year or less (49%) or longer than 1 year (51%)) aged between 54 and 85 (mean 74).	Utility values: time trade off and standard gamble.	Substantial decreases in utility values were found amongst people with AMD, these were worse with progressive VA loss; those with milder VA loss were willing to trade 11% of remaining lifetime, whilst those with the most severe VA loss were willing to trade 60% of their remaining lifetime in return for perfect vision in each eye.	4
Brown et al (2002)	Cross sectional	U	To compare the quality of life in patients with VA loss occurring secondary to diabetic retinopathy (DR) with VA loss occurring secondary to ARMD.	263 people with both types of AMD (no breakdown, mean duration of VA loss 2.1 years (SD 2.2), mean age 73.2 (SD 9.8)), , 354 people with DR (mean duration of VA loss 2.5 years (SD 4.0), mean age 62 (SD 11.8)).	Time trade off (TTO).	QoL is similar for equivalent levels of VA in DR and AMD.	4
Bullimore et al (1991)	Case-control	F	To quantify the level of face recognition impairment in ARM subjects by comparing face recognition ability with several clinical tests of visual function: contrast sensitivity for both gratings and edge targets, grating acuity, letter chart acuity and word reading acuity.	15 people with AMD (type and duration not reported), aged between 62 and 96, and 4 controls aged between 62 and 75.	Facial identity recognition and expression recognition task.	Face recognition performance was most closely related to word-reading acuity and least closely related to contrast sensitivity. In advanced AMD, identity recognition performance was poorer than facial facial expression recognition.	2

Burton et al (2015)	Qualitative	Q	To investigate the experiences of an older couple living together with AMD and explore how Galvin and Todres' conceptual framework can be used to make sense of their experiences.	Two people (a married couple) both with AMD (one with dry AMD diagnosed 22 years ago, and one with unilateral dry and nAMD diagnosed recently).	Open ended questions about diagnosis, daily activities, relationships and thoughts about the future.	Three themes identified: disruption of vision impairment, managing mutual deterioration and resilience through togetherness.	2
Butt et al (2013)	Cross sectional	U	To test if utility values for health states associated with AMD elicited directly from patients were different from those calculated from public tariffs.	58 people with AMD (79% nAMD, mean duration 7 years (SD 6.2)), mean age 84 (SD 6.5).	Generic-preference based HRQoL questionnaires (EQ-5D and SF-6D), TTO and visual analogue scale (VAS).	Utility values from people with AMD were significantly worse than those derived from public tariffs.	3
Cahill et al (2005)	Cross sectional	ADL	To determine the QoL of patients with bilateral severe AMD before macular translocation with 360° peripheral retinectomy.	70 people with bilateral nAMD (mean duration of vision loss in second eye 13.5 weeks (SD 11.2), mean age 76 (SD 5.7).	NEI-VFQ 25 and SF-12.	Certain activities assessed by NEI-VFQ (general vision, distance tasks, near tasks, dependency, role difficulties, mental health, social function) worsened with increasing age and duration of vision loss, and improved with better VA and reading speed. Vision-related QoL in this group appears to be similar to people with low vision but worse than people without eye disease and people with AMD of varying severity.	4
Casten et al (2002)	Cross sectional	D	To examine relationships among vision impairment, depression, and disability among older people with AMD.	114 people with AMD (type and duration not reported), mean age 80 (SD 6.4).	Center for Epidemiological Studies- Depression scale (CES-D).	43% of participants met criteria for syndromal depression. These participants had worse vision-specific and general function.	4
Cavar et al (2014)	Case-control	A	To determine the relationship between the risk factors (age, obesity, hypertension, hyperlipidemia, smoking, consumption of alcohol and drugs, positive family history, and exposure to sunlight), coping with stress, psychological well-being and ARMD.	40 people with AMD (type and duration not reported) and 63 controls aged between 55 and 84 (mean 64, SD 9.8)	Questionnaire on general information, Coping Experience to Problems (COPE) questionnaire, General Health Questionnaire (GHQ).	People with AMD scored poorer in the COPE questionnaire than the control group; this difference was significant for 'emotions' subscale. People with AMD scored significantly poorer than controls for 'social dysfunction' subscale of GHQ.	4
Chia et al (2004)	Cross sectional	V	To assess the impact of visual impairment on health-related quality of life (HRQoL) in an older population and compare it with the impact of major medical conditions.	3154 people (population based), 99 of whom had AMD (type and duration not reported), aged between 49 and 98 (mean 66.7).	SF-36.	People with AMD and people with cataracts scored worse on SF-36 than those without visual impairment. No significant differences was found between scores for people with AMD and scores for people with cataract.	4
Cimarolli et al (2012)	Qualitative	Q	To provide an in-depth assessment of challenges faced by older adults with recent vision loss and to determine changes in the nature of these challenges over time for the purpose of informing the design of vision rehabilitation services.	364 people with AMD (type and duration not reported), mean age 82.8 (SD 6.3).	Interviews conducted at baseline, one year and two years. Open ended interview questions assessing challenges faced due to vision loss in 3 domains: functional, social and psychological.	Over 2 years, functional challenges increased (reflecting the progressive nature of AMD), social challenges remained stable, and psychological challenges decreased (reflecting adjustment to psychological challenges).	3

Clemons et al (2003)	Cohort	V	To describe the vision-targeted, health-related quality of life, measured with the NEI-VFQ in pxs with ARMD, cataract, or reduced VA; to determine the relationship between NEI-VFQ subscale scores and clinical measures of visual function; and to assess the internal consistency and reliability of the NEI-VFQ subscales.	4077 people with both types of AMD (no breakdown and duration not reported), mean age 74 (SD 5).	NEI-VFQ.	Overall scores and subscale scores worsened with increasing severity of AMD.	4
Coleman et al (2010)	Cohort	V	To assess vision-specific quality of life, based on abbreviated surveys derived from the NEI-VFQ in a cohort of US women who participated in the Study of Osteoporotic Fractures.	671 women with AMD (90 with nAMD) and 1003 women without AMD aged between 65 and 92 (mean 78.2, SD 3.6) at end of study.	NEI-VFQ conducted at start and end of study (5 years apart).	NEI-VFQ scores showed greatest declines in people who progressed from early or no AMD to late AMD between visits, and shows who had late AMD at both visits.	3
Cruess et al (2007)	Cross sectional	V	To assess the burden of nAMD in the Canadian population.	67 people with nAMD (duration not reported) aged between 58 and 90 (mean 78.8, SD 7.6), and 99 controls aged between 50 and 87 (mean 61.7, SD 8.5).	NEI-VFQ, EQ-5D, HADS, health care resource utilisation.	People with nAMD reported worse visual function and wellbeing, more depressive symptoms, higher need for assistance with activities of daily living, and higher falls rates than controls. No difference in anxiety symptoms was found between the groups.	4
Curriero et al (2013)	Case-control	M	To determine whether decreased VA from age-related macular degeneration and visual field loss from glaucoma are associated with restricted travel patterns in older adults.	60 people with both types of AMD (no breakdown and duration not reported), mean age 74.4 (SD 5), 74 people with glaucoma (mean age 70.5, SD 5.3) and 59 controls (mean age 69.6, SD 5.2).	Participants' travel patterns were recorded using a cellular tracking device.	Although no significant difference was found in travel patterns between the groups, when comparing people with AMD and controls, average excursion size and span decreased by about a quarter of a mile per line of better eye VA loss.	4
Davis et al (1995)	Case-control	A	To study psychosocial adjustment to ARMD by comparing responses of subjects with the condition to controls on 4 psychosocial scales: life satisfaction, daily hassles, social support, and self-esteem.	30 people with AMD (type not reported, mean duration of vision loss 9.5 years, range 3-44) aged between 67 and 96 (mean 81.4, SD 6.5) and 30 age-matched (± 3 years) controls.	Modified Life Satisfaction Index- Well-Being (LSI-W), modified Social Support Scale (SSS), Revised Feelings of Inadequacy Scale (RFIS), revised Hassles Scale (HS) and Self-Care Assessment Schedule Scale (SCAS).	People with AMD reported worse life satisfaction, social support, and severity of hassles, but not self-esteem, self-care, frequency or intensity of hassles.	3
Decarlo et al (2003)	Cross sectional	M	To characterize the driving habits of persons with age-related maculopathy who present to a low-vision rehabilitation clinic and to examine how driving status relates to vision-specific health-related quality of life.	126 people with AMD: 96 non-drivers (50% nAMD, mean duration 6 years, SD 4, mean age 80, SD 7) and 30 drivers (53% nAMD, duration 5 years, SD 4, mean age 76, SD 7).	Driving Habits Questionnaire, NEI-VFQ and Life Space Questionnaire.	Of the non-drivers, 85% has ceased due to vision. Of the current drivers, only 23% met state vision standard for driver licensure. Over 50% of the drivers had difficulty with, or avoided driving in rain, at night, on motorways, in heavy traffic or during rush hour because of their vision.	4

Dong et al (2004)	Cross sectional	V	To describe the effect of subfoveal choroidal neovascularisation on HRQoL of pxs at enrollment in 2 RCTs; to examine the relation of VA to HRQoL; to compare HRQoL scores between participants with unilateral and bilateral CNV independent of other characteristics.	789 people with nAMD (duration not reported) with either new subfoveal CNV (median age 77) or predominantly haemorrhagic CNV (median age 79).	NEI-VFQ, SF-36, HADS, SST Vision Preference Value Scale.	Participants reported poor visual function as measured by NEI-VFQ. Better eye VA was strongly associated with NEI-VFQ scores.	4
Elliott et al (1995)	Case-control	M	To investigate changes in mobility with loss of visual capacity, to determine correlates of mobility performance and to suggest possible rehabilitation strategies for improved orientation and mobility training for individuals with low vision.	16 people with AMD (type and duration not reported), mean age 73.9 (SD 7.4) and 19 controls (mean age 69.1 (SD 5.5).	Balance control during normal standing, and while input from the kinesthetic (by standing on foam) and/or visual systems (by closing eyes) were disrupted.	No significant difference was found between between ARM group and controls in normal standing condition and eyes closed condition (i.e. when one or less system disrupted). This suggests that in normal standing condition, kinesthetic and vestibular systems compensate for lack of information from visual system in people with AMD. However, when input from kinesthetic system significantly disrupted (i.e. by standing on foam), there is too much to disruption to compensate for and the balance control of people with AMD was significantly poorer than controls.	4
Eramudugolla et al (2013)	Cross sectional	D	To examine the prevalence of co-morbid age-related eye disease and symptoms of depression and anxiety in late life, and the relative roles of visual function and disease in explaining symptoms of depression and anxiety.	Community-based sample of 662 people aged between 70 and 95, 19 with AMD alone (type and duration not reported) and 51 with co-morbid eye diseases.	Goldberg Anxiety and Depression Scales (GADS).	People with eye disease reported depressive symptoms more than those without and people with multiple eye diseases were more likely to report higher levels of depressive symptoms.	3
Espallargues et al (2005)	Cross sectional	U	To estimate health status utility values in patients with age-related macular degeneration associated with visual impairments, by using preference-based measures of health.	209 people with AMD (79% nAMD, mean duration 43.9 months, SD 38.7) aged between 43 and 96 (mean 79.6, SD 7.5).	Visual function index (VF-14), EQ-5D, SF-6D, HUI-3 and TTO.	HUI-3 had larger and more significant correlations with visual function tests and VF-14 than any of the other preference-based measures.	2
Esteban et al (2007)	Cross sectional	V	To estimate the prevalence of visual impairment (VI) in a population sample of older adults of the province of Cuenca, Spain and to evaluate the impact of VI on HRQoL in this population group.	1,144 people (population based sample, unclear how many with AMD), aged between 65 and 97 (mean age 73.7).	VF-14 and SF-12.	VF-14 scores decreased with each level of VA loss. Visual impairment, cataract and diabetic retinopathy predicted VF-14 score in both genders, late ARM predicted VF-14 score in females.	3
Fletcher et al (2008)	Case report	ADL	Not explicitly stated.	One person with nAMD in one eye and dry AMD in one eye (duration not reported) aged 79.	Case report.	The patient had extensive vision loss from nAMD in one eye and a ring scotoma from geographic atrophy in his other eye. Despite maintaining sufficient VA to meet standards for driving, he had ceased driving, and reported difficulties with reading, writing, and following the ball in golf.	2

Geruschat et al (2006)	Case-control	M	To assess the gaze behaviour of the visually impaired during the activity of crossing the street and to compare this with gaze behaviour among those who are fully sighted; whether a person's crossing strategy (revealed by the time of crossing relative to the status of the traffic light) can be determined from gaze behaviour.	9 people with AMD (type and duration not stated) aged between 71 and 86 (mean 78.7, SD 6), 12 people with glaucoma aged between 42 and 76 (mean 63.9, SD 12.7), and 12 controls aged between 23 and 79 (mean 58.6, SD 24.1).	Gaze tracked as participants crossed at two unfamiliar intersections.	For controls, street crossing behaviour corresponded with gaze behaviour: those who crossed with the traffic lights fixated on the lights and those who crossed early fixated on vehicles. People with eye disease (AMD or glaucoma) fixated on vehicles, regardless of crossing strategy.	2
Geruschat et al (2011)	Case-control	M	To evaluate the effect of 2 types of vision loss (central or peripheral) on the ability to detect gaps in traffic.	10 people with AMD (type and duration not reported), mean age 80 (SD 8.3), 9 people with glaucoma and 8 with retinitis pigmentosa (mean age 56, SD 16), and 14 controls (mean age 68, SD 12.5).	Traffic gap detection task.	No difference was found between the 3 groups in identification of crossable gaps in traffic, however, road crossing latency and safety margins were worst for people with AMD.	3
Gopinath et al (2013)	Cohort	A	To assess the prospective association between AMD and impaired activities of daily living (ADL) among a large cohort of older adults.	761 people aged 60+ (age not reported), 94 of whom had AMD (type and duration not reported).	Older American Resources and Sources (OARS) ADL scale.	Having AMD increased risk of developing impaired ADL over a 5 year period.	4
Hassan & Snyder (2012)	Case-control	M	To determine whether street crossing decisions of subjects with AMD were as accurate and precise as those made by young and older subjects with normal vision.	13 people with AMD (type and duration not reported), mean age 78.7 (SD 7.5), 20 older controls (mean age 79.1, SD 7.9), and 20 younger controls (mean age 25.3, SD 2.2).	Street crossing decision making precision and accuracy.	Street crossing precision was not significantly affected by age or mild central vision loss. Street crossing accuracy was affected by age but not by mild central vision loss.	3
Hassan et al (2002)	Case-control	M	To investigate the effects of ARMD on mobility performance and to identify the vision determinants of mobility in subjects with ARMD.	21 people with AMD (type and duration not reported) aged between 66 and 87 (mean 79.7, SD 5.3), and 11 controls aged between 66 and 86 (mean 77.1, SD 6.7).	Walking speed and number of obstacle contacts made on 79m indoor mobility course.	People with AMD did not exhibit poorer performance (speed and contact with obstacles) than controls on the mobility course. The most significant predictor of mobility performance was size of binocular central scotoma.	4
Hassan et al (2005)	Case-control	M	To compare head movement behaviour of visually impaired pedestrians with fully sighted pedestrians at two types of complex intersections: a plus intersection and a roundabout. To evaluate how many visually impaired subjects relative to fully sighted subjects demonstrated head movement behaviour consistent with maximising safety as following street crossing safety recommendations set forth by National Highway Traffic Safety Administration.	11 people with AMD (type and duration not reported), median age 79.5 (IQR 71.3-83.8), 10 people with glaucoma (median age 63.2, IQR 52.7-72.3), and 12 controls (median age 69.8, IQR 40.1-78.1).	Head movement behaviour as approaching and crossing at cross junction and roundabout.	More people with visual impairment showed less safe head movement behaviour than controls.	3

Hassell et al (2006)	Cross sectional	V	To describe the impact of age-related macular degeneration on quality of life and explore the association with vision, health and demographic variables.	106 people with AMD (type not reported, median duration 2 years).	Impact of Vision Impairment questionnaire (IVI).	People with AMD reported at least 'a little' concern on 23 of the 32 IVI items.	4
Hochberg et al (2012)	Cross sectional	ADL	To determine if glaucoma and/or AMD are associated with disability in instrumental activities of daily living (IADLS).	47 people with AMD (type and duration not reported), median age 75.1 (IQR 70.9-78.3), 84 people with glaucoma (median age 70.6, IQR 66.4-74.5) and 60 controls (median age 69.4, IQR 65.2-72.8).	IADL disability questionnaire.	44.7% of people with AMD reported disability in one or more IADLs, compared with 25% of people with glaucoma and 18.3% of controls; the most frequently reported IADL disabilities were meal preparation, grocery shopping, and travelling.	4
Ivanoff et al (2000)	Cross sectional	ADL	To describe disability in activities of daily living and how it relates to visual impairment, focussing on AMD.	617 people, all aged 85, 143 of whom had AMD (type and duration not reported).	ADL questionnaire.	People with visual impairment (with and without AMD) reported more disability in ADLs than those without visual impairment; risk of developing ADL disability increased with deterioration in VA (weak relationship indicates people adapt to impairment).	3
Jacko et al (2000)	Case-control	C	To characterise the search and selection strategies of computer users with AMD.	5 people with AMD (type and duration not reported) aged between 63 and 83 (mean 77).	Computer icon matching task.	Icon size and number of icons affect icon identification time.	3
Jacko et al (2001)	Case-control	C	To derive empirical knowledge of the visual search strategies of computer users who have AMD.	5 people with AMD (type and duration not reported) aged between 63 and 83 (mean 77) and 5 young controls aged between 22 and 32 (mean 26.2).	Eye movements recorded as participants perform computer icon matching task.	Differences in strategies used appear to exist between people with AMD and people without AMD; background colour, number of icons and icon size can affect the interactions.	2
Jacko et al (2002)	Case-control	C	To derive empirical knowledge of the visual search strategies of computer users who suffer from AMD; to compare the search and selection strategies of AMD and fully sighted users.	5 people* with AMD (type and duration not reported) aged between 63 and 83 (mean 77) and 5 young controls aged between 22 and 32 (mean 26.2). *1 person with AMD did not complete the task.	Computer icon matching task.	Icon size, number of icons and background colour affected task performance. Scan time was longer for people with AMD, but scan length did not differ between the groups.	2
Jacko et al (2005)	Case-control	C	To examine the effect of AMD on the performance of older adults when completing a simple computer-based task.	6 people with dry AMD and 6 controls all aged between 62 and 80 (mean 73.3).	Drag-and-drop task with multimodal feedback.	People with AMD exhibited less efficient drag-and-drop performance than people without AMD. Non-visual feedback (alongside visual feedback), especially auditory feedback, improved task performance in those with and without AMD.	3
Jivraj et al (2013)	Cross sectional	D	To identify the point prevalence of depressive symptoms, QoL impairment, and demographic parameters associated with depression in patients with AMD attending a retina clinic in Edmonton, Alberta.	94 people with AMD (7 with dry AMD, 46 with unilateral nAMD, and 41 with bilateral nAMD, mean duration 4.1 years (SD 3.5), mean age 80.4 (SD 6.8).	Centre for Epidemiological Studies Depression Scale (CES-D) and NEI-VFQ.	21.3% of participants exhibited severe symptoms of depression. NEI-VFQ scores worsened with worsening severity of AMD. Significant differences in some NEI-VFQ subscale scores were found between depressed and non-depressed participants.	4
Johnson et al (2014)	Case report	D	Not explicitly stated.	One 80 year old with a 'multi-year history' of nAMD.	Case report.	This patient stated during her ophthalmological evaluation that she 'wanted to die' and reported suicidal plans. These were not noted in patient records or discussed with another eyecare professional at the time. Later on, the clinician phoned the patient and discussed suicide prevention.	3

Kleinschmidt (1999)	Qualitative	Q	To explore successful adjustment to vision loss from the perspectives of those who have accomplished it.	12 people with AMD (type not reported, mean duration 6.7 years) aged between 68 and 93 (mean 79.6).	Open ended questionnaire.	The meaning of 'good adjustment' is described as 'a positive view of ability to function and, more generally, a positive attitude or outlook'. Themes were identified as prior life experiences, internal and external resources.	3
Knudtson et al (2005)	Cross sectional	ADL	To examine the associations of measures of quality of life (Medical Outcomes Study Short Form Health Survey SF-36) and functional activities (ADL, IADL and visual function) in persons with and without age-related eye diseases.	2,670 people (number with AMD not clear due to missing information, type and duration not reported) with no eye disease (n=1,444, mean age 64.4), any eye disease unilaterally (n=426, mean age 70.4), or bilateral eye disease (n=641, mean age 75.7).	Interview including Medical Outcomes Study Short Form Health Survey (SF-36), activities of daily living (ADL) and instrumental activities of daily living (IADL) and visual function questionnaires.	SF-36 scores were poorer for people with age-related eye disease, and poorer for those with bilateral disease than unilateral disease. These scores appear to be explained by visual acuity and comorbid conditions rather than the presence of eye disease in itself.	4
Kotecha et al (2013)	Case-control	M	To investigate the effects of a secondary task on standing balance in pxs with glaucoma or AMD compared with age-similar control subjects.	12 people with AMD (type and duration not reported), mean age 72.2 (SD 5.3), 12 people with glaucoma (mean age 69.2, SD 4.3), 12 controls (mean age 66.2, SD 6.4).	Posturography under 2 standing conditions (eyes open on a firm surface and a foam-rubber surface) and during 2 tasks (quiet standing and whilst undertaking a mental arithmetic task).	Performing concurrent task whilst standing increased postural instability in all groups; this appeared to be worse in AMD group compared with control group in both standing conditions.	4
Kuyk & Elliott (1999)	Case-control	M	To determine the effects of reducing light level on mobility performance in persons with ARMD and how performance relates to measures of visual sensory and perceptual function.	41 people with AMD (type and duration not stated), mean age 72.8 (SD 6.09).	Mobility performance under photopic and mesopic lighting conditions on a laboratory obstacle course and 2 real-world courses, an indoor hallway and an outdoor residential route.	Reducing light level increased time taken to complete courses and the number of errors made within the courses. Visual field and contrast sensitivity were more important predictors of obstacle course performance.	4
Lamoureux et al (2011)	Cross sectional	V	To assess to impact of early and late age-related macular degeneration on vision-specific functioning in Singapore Malays.	3,252 people, 182 of whom had AMD (type and duration not reported) aged between 40 and 80 years.	Modified VF-11 scale.	Late AMD was associated with poor self-reported visual function, whilst early AMD, drusen or RPE abnormalities were not independently associated with self-reported visual function.	4
Lin & Yu (2012)	Cross sectional	V	To evaluate the relationship between visual impairment and HRQoL by identifying factors that affect the EQ-5D index score and the VFQ global scores, and to determine whether VFQ-25 and EQ-5D scores are correlated.	318 people, 51 of whom had AMD (type and duration not reported), median aged 74 (IRQ 66-79).	NEI-VFQ and EQ-5D.	Correlation between the two questionnaires was weak-moderate. Scores for both increased with improvement in VA and mean deviation (MD).	4
Lopez-Miguel et al (2013)	Cross sectional	V	To evaluate the patient-reported outcomes in AMD patients by using instruments for eliciting health status and vision specific issues.	34 people with AMD (type and duration not reported) aged between 70 and 92 (mean 82.5, SD 5.2).	NEI-VFQ and SF-12.	Self-reported visual function is severely affected in people with AMD. Results from this study are comparable with those from other studies using NEI-VFQ.	4

Lotery et al (2007)	Cross sectional	V	The International AMD Burden of Illness Study aimed to document the humanistic and economic impacts of NV-AMD through a simultaneous assessment of patients and a similar group of subjects not affected by the disease in five countries. This article reports the humanistic burden of NV-AMD and related resource utilisation in patients and controls from the UK cohort included in the international study.	75 people with nAMD (duration not reported) aged between 60 and 92 (mean 79.6, SD 6.4) and 91 controls aged between 50 and 86 (mean 65.3, SD 8.5).	NEI-VFQ, EQ-5D, HADS, health care resource utilisation (HRU).	People with AMD had poorer self-reported visual function and wellbeing, higher depression scores and greater need for assistance with activities of daily living than controls.	4
Lovie-Kitchin & Brown (1986)	Case-control	M	To determine the effect of age and ARM on the ability to perceive and react to red lights that simulated red traffic signals.	8 people with dry AMD (duration not reported) aged between 70 and 85 (mean 76.5), 10 people with preARM (normal visual acuity with retinal drusen and/or macular pigment changes) aged between 56 and 73 (mean 64.6), 11 older controls aged between 59 and 66 (mean 63.5) and 10 younger controls aged between 19 and 37 (mean 27.6).	Reaction times to red lights of same size and chromaticity as traffic signals under photopic and mesopic conditions and with central and eccentric fixation.	People with AMD had slower reaction times to the lights than the older controls, and people with preARM had results between those of these two groups (i.e. slower than the older controls but faster than people with AMD).	3
Maguire et al (2004) Complications of Age-Related Macular Degeneration Prevention Trial Research Group.	Cross sectional	V	To describe characteristics of participants in the Complications of Age-Related Macular Degeneration Trial (CAPT) at baseline and to investigate associations among visual function, fundus features and vision-related quality of life.	1052 people with dry AMD (duration not reported), mean aged 71 (SD 7.6).	NEI-VFQ.	NEI-VFQ scores were associated with measures of visual function but not with fundus features.	4
Mangione et al (1999)	Cross sectional	ADL	To describe the influence of age-related maculopathy on visual functioning and health-related quality of life.	201 people with AMD (64% dry both eyes, 31% unilateral nAMD and 5% bilateral nAMD), duration not reported, mean age 71 (SD 10).	Interview including ADL scale and SF-36.	Severity of nAMD was associated with poorer ADL scores, and was most significant for near vision and driving related activities. SF-36 scores were not significantly correlated with AMD severity. Self-reported visual function was more accurately represented by VA than by observed clinical severity.	3
Marback et al (2007)	Cross sectional	V	To evaluate the quality of life for persons affected by AMD that results in monocular or binocular legal blindness.	54 people with monocular legal blindness resulting from AMD (type and duration not reported, aged between 51 and 87, mean 74.6, SD 7.3), 54 people with binocular blindness resulting from AMD (type and duration not reported, aged between 54 and 87, mean 75.6, SD 6.3) and 40 controls aged between 50 and 81 (mean 65.7, SD 7.6).	NEI-VFQ.	Both visual impairment groups had poorer NEI-VFQ scores than the control group; those with binocular blindness scored worse than those with monocular blindness.	4

Mathew et al (2010)	Cross sectional	D	To examine QoL and associated factors in people with AMD.	145 people with AMD (type and duration not reported), mean age 78 (SD 7.7) and 104 controls, mean age 78.1 (SD 5.8).	Goldberg Anxiety and Depression scale (GAD), Medical Outcomes Study Short Form (SF-36) and questions relating to assistance required for activities of daily living.	People with AMD scored worse than controls on GAD scale and SF-36, and more people with AMD required assistance with at least one activity of daily living than controls.	4
McCloud et al (2014)	Qualitative	Q	To understand people's experience with AMD in light of new treatment successes.	34 people with AMD (6 with dry AMD and 28 with nAMD, 7 with duration less than 2 years, and 27 with duration longer than 2 years.	Focus groups or single in-depth interviews.	Four major themes emerged: cautious optimism, enduring, adaptation and profound loss.	4
McGwin Jr et al (2013)	Cohort	M	To examine associations between Motor Vehicle and Collision involvement and AMD presence and severity.	142 people with AMD (type and duration not stated) and 63 controls, mean age 72.7 (SD 6.8).	Motor Vehicle Collision rates (from state records) and Driving Habits Questionnaire.	Motor Vehicle Collision rates highest for controls, declining for those with early and intermediate AMD, and then increasing for those with advanced AMD (although noted that sample size for advanced AMD group significantly smaller than other groups).	4
Moore & Miller (2003)	Qualitative	Q	To gain an understanding of the experience of severe visual impairment from the perspective of older men with macular degeneration.	8 people with AMD (type not reported, duration of 6 months to 25 years) aged between 68 and 87.	Unstructured, nondirective interview. Participants asked 'Tell me about your experience of living everyday with changes in your vision due to macular degeneration?' and asked to discuss thoughts until nothing more to say.	Six central themes emerged: abilities and inabilities, cherishing of independence, creating strategies, acknowledging the progression of visual impairment, confronting uncertainties and fears, and persisting with hope and optimism.	2
Moore & Miller (2005)	Qualitative	Q	To present findings from a secondary analysis that explored the driving strategies used by older adults diagnosed with macular degeneration.	16 people with AMD (type not reported, duration of 6 months to 25 years) aged between 63 and 87 years.	Secondary analysis of qualitative data. Participants initially asked 'Tell me about your experience of living everyday with changes in your vision due to macular degeneration?'. All data relating to driving were retrieved for analysis.	Two central themes were identified: strategies used while driving (using caution, using memory, guessing, using a copilot, increasing visual field, and using a visual aid) and strategies used to continue driving (self-regulating driving activities, believing in driving capabilities, fulfilling desire to drive, circumventing the law, denying driving difficulties, and using visual markers).	2
Moore (2000)	Qualitative	Q	To uncover the meaning of severe visual impairment to older women diagnosed with macular degeneration.	8 people with AMD (type not reported, duration for first eye between 6 months and 20 years, duration for second eye 6 months to 12 years) aged between 63 and 85 (mean 75.4)	Unstructured, nondirective interview. Participants asked 'Tell me about your experience of living everyday with changes in your vision due to macular degeneration?' and asked to discuss thoughts until nothing more to say.	Three central themes emerged: embracing a realistic awareness with steadfast positivism, making personal discoveries amidst enveloping losses, and persisting toward an unfolding way of being in the world.	4
Musel et al (2011)	Case-control	S	To investigate the residual abilities in AMD patients to process spatial frequencies in natural environments.	Experiment 1: 12 people with nAMD (duration not reported), mean age 75 years (SD 6) and 12 controls, mean age 76 (SD 7). Experiment 2: 10 people with nAMD (duration not reported), mean age 72 (SD 6) and 10 controls, mean age 72 (SD 6).	Ability to categorise indoor vs. outdoor scenes at high spatial frequency (HSF) and low spatial frequency (LSF).	Experiment 1: People with AMD made more no-reponses to categorise HSF than LSF scenes, irrespective of scene category. They also had longer reaction times to categorise HSF than LSF scenes but only for indoor scenes. Experiment 2: People with AMD made the pattern of errors as in Experiment 1, and this time took longer to categorise HSF than LSF scenes, regardless of scene category.	4

Owsley et al (2006)	Qualitative	Q	To identify content areas characterising emotional issues faced by persons with AMD.	53 people with AMD (type and duration not reported) in 6 focus groups.	Focus groups followed by telephone interview 6 months later.	Twice as many comments conveyed negative emotions (for example frustration, fear, sadness and inadequacy) than positive emotions (for example gratitude and hope).	4
Popescu et al (2011)	Cross sectional	M	To comprehensively examine several measures of mobility performance (such as life space, balance, TUG, driving status, falls) in people with one of three common age-related conditions (AMD, Fuch's corneal dystrophy and glaucoma) compared to a control group. To determine whether any relationships between eye disease and mobility were primarily explained by VA, CS or visual field.	68 people with AMD (type and duration not reported), mean age 82.6 (SD 5.8), 49 people with Fuchs' corneal dystrophy, mean age 79.4 (SD 7.3), 82 people with glaucoma, mean age 76.5 (SD 7.4), and 73 controls, mean age 72.8 (SD 4.6).	Life Space Assessment questionnaire, one-legged balance test, TUG, Geriatric Depression 15-Item Scale and questions about current driving status and use of public transport, falls and fall-related injuries.	People with AMD had the lowest life-space scores and were least likely to drive.	4
Popescu et al (2012)	Case-control	MU	To examine the relationship between patients with different types of visually impairing eye disease and depression. To examine whether reduced mobility mediated these relationships.	81 people with AMD (type and duration not reported), mean age 82.4 (SD 5.9), 55 people with Fuchs' corneal dystrophy, mean age 79.1 (SD 7.2), 91 people with glaucoma, mean age 76.4 (SD 7.6) and 88 controls, mean age 73.1 (SD 4.5).	Life Space Assessment questionnaire, Geriatric Depression 15-Item Scale, participants asked if they limited activities due to fear of falling.	78 people in the cohort met criteria for depression. All of the eye disease groups were more likely to be depressed than the control group; AMD and Fuchs' corneal dystrophy had the strongest relationships with depression. The relationship between eye disease and depression appeared to be mediated by limited life space and activities due to fear of falling.	4
Rovner & Casten (2001)	Cohort	D	To investigate incidence rate of depression and its risk factors and consequences in a 6 month longitudinal study.	51 people with bilateral nAMD, second eye onset 6 weeks prior to first interview, mean age 81.3 (6.4).	CES-D Scale, Neuroticism, Extraversion, Openness Five Factor Inventory (NEO-FFI) Forms S and R for participants and informants (family members) respectively, Functional Vision Screening Questionnaire.	Baseline rate of depression was 23% and 6 month incidence rate was 28%. Self-rated and informant-rated neuroticism were strongest risk factors for depression. People who developed depression were more likely to become disabled in visual function, regardless of change in VA.	4
Rovner & Casten (2002)	Longitudinal	D	To investigate the interrelationships of disease severity, disability and depression and focus on loss of valued activities as an emblematic disabling consequence of AMD.	51 people with bilateral nAMD, second eye onset 6 weeks prior to first interview, mean age 81.3 (6.4).	CES-D Scale, Index of Affective Suffering (IAS), Revised NEO-FFI Form S, questions about activity loss.	Loss of valued activities appeared to mediate the relationship between VA and affective suffering.	4
Rovner et al (2002)	Cohort	D	To report the prevalence rate of depression in older patients with recent vision loss due to AMD and to describe the effect of depression on self-reported vision function during 6 months.	51 people with nAMD, onset within 6 weeks, mean age 81.3 (SD 6.4).	CES-D Scale, Functional Vision Screening Questionnaire, Community Disability Scale.	33% of participants were depressed at baseline; these participants had worse VA and greater disability than nondepressed participants. Decline in self-reported visual function was predicted by increase in depressive symptoms over time, regardless of VA changes or medical status.	4

Rovner et al (2006)	Cross sectional	D	To evaluate the impact of minimal depression on subjective and objective visual function measures in AMD.	206 people with nAMD, onset within 6 months, mean aged 81.2 (SD 5.8).	Structured Interview Guide for Hamilton Depression Rating Scale, NEI-VFQ, Social Problem-Solving Inventory (Short Form) and performance-based visual function (Melbourne Low Vision Index: writing mock cheque, pouring water and identifying lifesize pictures of common household objects).	Minimally depressed participants had worse self-reported visual function and worse problem-solving skills than those who were not depressed.	4
Rovner et al (2011)	Longitudinal	D	To investigate the effect of coping strategies, depression, physical health and cognition on NEI-VFQ scores obtained at baseline in a sample of older patients with AMD enrolled in the Improving Function in AMD trial.	241 people with AMD (type and duration not reported), mean age 82.8 (SD 6.9).	Patient Health Questionnaire-9 (PHQ-9), Animal Fluency Test, NEI-VFQ and Optimisation in Primary and Secondary Control Scale (OPS).	Better scores on the cognitive task were associated with less perceived difficulties with visual function.	4
Rovner et al (2014)	Cross sectional	V	To determine whether personality traits influence self-reported functional vision in patients with AMD.	182 people with AMD (type and duration not reported), mean age 84.1 (SD 6.7).	NEI-VFQ, PHQ-9 and revised NEO-FFI.	Visual acuity and neuroticism were independently associated with self-reported difficulty with distance and near activities.	4
Ruiz-Moreno et al (2008)	Cross sectional	V	To describe the impact of bilateral nAMD on patients' functioning, health related QoL and overall economic burden of the disease.	89 people with nAMD aged between 53 and 92 (mean 76.2) and 96 controls aged between 50 and 88 (mean 61.9).	NEI-VFQ, EQ-5D and HADS.	People with nAMD had significantly worse NEI-VFQ scores than controls; these scores decreased significantly with decline in VA.	4
Sahel et al (2007)	Cross sectional	V	To assess the impact of best-eye and worst-eye VA on HRQoL and utility in patients with wet AMD.	360 people with nAMD (mean duration 2.3 years) aged between 51 and 96 (mean 77, SD 8).	NEI-VFQ, Macular Disease Quality of Life (MacDQoL) Scale and HUI3.	Best-eye VA and worst-eye VA each correlated independently with QoL.	4
Schilling et al (2006)	Longitudinal	A	To explore adaptation of positive affect (PA) and negative affect (NA) under the health condition of AMD with a research design based on a 1 year observation period with 5 measurement points conducted in 3 month intervals.	90 people with AMD (type not reported, mean duration 45.5 months, SD 37.9), mean age 79.5 (SD 6.6).	Positive and Negative Affect Schedules (PANAS).	Positive affect appears to decline over first 2 years of disease, stabilising after this, ending in constant decline after about 6 years. Negative affect appeared to be more stable across measurement occasions.	4
Schilling et al (2013)	Longitudinal	A	By use of a vision-specific control strategy assessment applied to AMD individuals over 2 years, to add empirical evidence of change to the life-span theory of control by providing a detailed description of the observed change dynamics in control.	364 people with AMD (type and duration not reported), aged between 65 and 98 (mean 83) at baseline.	Vision specific version of Optimisation in Primary and Secondary Control Scale (OPS), OARS Multidimensional Functional Assessment Questionnaire and CES-D.	Compensatory primary control increased as activities of daily living deteriorated, until a point was reached at which compensatory primary control plateaued. All other strategies declined as activities of daily living deteriorated.	4

Scilley et al (2002)	Cross sectional	ADL	To determine whether early ARM is associated with visual difficulty in daily activities beyond the difficulty that would be expected based on normal retinal aging; to determine whether scotopic sensitivity and VA are associated with visual difficulties in these older adults.	92 people with dry AMD (duration not reported) grouped by status of fellow eye: VA in fellow eye 20/60 or better median age 71 (IQR 66-75), VA in fellow eye worse than 20/60 median age 75 (IQR 69-83), and 55 controls, median age 68 (IQR 57-74).	Scotopic light sensitivity, Activities of Daily Vision Scale (ADVS).	Self-reported difficulty in activities was highest in those with early ARM and poor vision in fellow eye, followed by early ARM and better vision in fellow, then controls. Self-reported difficulty in night driving was linked to scotopic sensitivity impairment.	4
Scott et al (2002a)	Case series	C	To investigate the impact of visual function parameters on computer task performance in patients with AMD.	18 people with AMD (12 bilateral nAMD, 1 bilateral dry, 5 unilateral nAMD with dry AMD in the fellow eye, duration not reported) aged between 67 and 89 (mean 81, SD 6).	Computer icon identification tasks.	VA, contrast sensitivity and colour vision defects were strongest predictors of computer task performance.	4
Scott et al (2002b)	Case series	C	To investigate the impact of graphical user interface screen features on computer task performance in patients with age-related macular degeneration.	18 people with AMD (type and duration not reported).	Computer icon identification tasks where size of icons, set size and background colour were varied.	Icon size and set size were significantly associated with computer task accuracy.	4
Seiple et al (2013)	Case-control	F	Based on the evidence of abnormal eye movements by patients with AMD, to explore whether abnormal fixation patterns occur when these patients view an image of a face.	9 people with AMD (7 nAMD, 2 dry AMD, duration not reported) aged between 61 and 87 (mean 75) and 9 controls.	SLO of fundus movements recorded while participants viewed an image of a face.	People with AMD fixated less on internal facial features (eyes, nose and mouth) and more on external features than controls. Controls made fewer and shorter saccades than AMD group.	3
Seland et al (2011)	Cross sectional	V	To determine the prevalence of visual impairment (VI) in populations 65 years or older from six European countries and describe the association with vision-related QoL.	4,166 people, QoL data available for 4,133 of these (2,194 with AMD, type and duration not reported), mean age 73.2 (SD 5.6).	NEI-VFQ.	QoL scores were strongly associated with VA and presence of bilateral AMD; scores were lowest in those with late AMD, and were not related to early AMD.	4
Sengupta et al (2014)	Cross sectional	M	To determine if central vision loss is associated with driving cessation, driving restriction, or other-driver preference.	64 people with AMD (47% dry AMD, 53% nAMD, duration not reported), mean age 74.8 (SD 4.98) and 58 controls (mean age 69.8, SD 5.29).	Salisbury Eye Evaluation Driving Study questionnaire, driver preference ascertained and Geriatric Depression Scale Short Form.	One in four people with AMD had stopped driving; driving cessation became more common with worse VA and contrast sensitivity. Of those who continued to drive, people with AMD were significantly more likely to prefer someone else to drive, and to self-regulate driving (avoiding night driving, unfamiliar areas and long distances).	4
Siaudvytyte et al (2012)	Cross sectional	V	To evaluate the quality of life in persons affected by AMD.	70 people with AMD (type and duration not reported), mean age 68 (SD 8.9) and 70 controls, mean age 61 (SD 5.3).	HADS and Vision Functioning Questionnaire.	People with AMD scored worse than controls on HADS and Vision Functioning Questionnaire; differences were found between binocular and monocular AMD for self-reported performances of certain activities (near and far vision, colour vision and social functioning).	3
Smith (2008)	Qualitative	Q	To elucidate how a woman with AMD adapted to the challenges that she faced in performing everyday activities.	1 person aged 81 with nAMD of 4 year duration.	Questions about adaptations made in day-to-day life.	Three themes emerged: attitude (acceptance, positivism, independence, altruism and faith), modification of tasks (using other senses or memory, residual vision, and assistive devices to perform everyday activities), and social support (help from other, the blindness system and peers).	3

Soubrane et al (2007)	Cross sectional	V	To describe the burden of bilateral nAMD on patient-reported functioning and health resource utilisation.	401 people with nAMD (duration not reported) aged between 53 and 95, mean 78.1 (SD 6.9) and 471 controls aged between 50 and 88, mean 63.8 (SD 8.4).	NEI-VFQ, EQ-5D, HADS, HRU and specific questions to assess occurrence of accidents and falls, and related falls and fractures.	People with AMD reported worse vision-related functioning and wellbeing, more anxiety and depression, and higher falls rates and requirement for assistance with activities of daily living than controls.	4
Spaulding et al (1994)	Case-control	M	To evaluate gait adaptations to altered surface characteristics and high and low ambient light conditions by subjects with ARM.	20 people with AMD (type and duration not reported), mean age 73.9 (SD 7.2) and 20 controls, mean age 70.3 (SD 5.5).	Walk along 6 metre path, along which 1 of 3 altered surfaces (compliant, uneven or shiny) were encountered.	People with AMD walked more cautiously than controls when walking on altered surfaces and made adjustments above and beyond those made by controls in order to maintain safe mobility.	4
Spaulding et al (1995)	Case-control	M	To evaluate the gait responses of individuals with low vision compared to those of normal visioned individuals when their vision is challenged by extreme levels of light.	19 people with AMD (type and duration not reported), mean age 73.9 (SD 7.2) and 20 controls, mean age 70.3 (SD 5.5).	Walk along flat, unobstructed path immediately after light level changed.	People with AMD walked slower and more cautiously than controls regardless of light level. People with AMD kept their head low during high light, whilst both groups kept their head low during low light.	3
Stanford et al (2009)	Qualitative	Q	To describe longitudinally the psychosocial adjustment to visual impairment of patients with age-related macular degeneration.	226 people with AMD (type and duration not reported), mean age 81.6.	Weekly diaries in which participants were instructed to record social interaction, general health status and visual problems along with details of 'happy' and 'sad' events.	Over 12 months, vision related to daily life appeared to decline with little or no adjustment to AMD.	4
Stein et al (2003)	Cross sectional	U	To evaluate the quality of life of patients with AMD through the use of utility evaluation, and assess whether clinicians and healthy volunteers appreciate the impact of AMD on HRQoL.	115 people with AMD (type and duration not reported), mean age 75.1 (SD 7.92), 142 members of the general public, mean age 44.3 (SD 13.32) and 62 clinicians, mean age 29 (SD 7.32).	TTO.	Significant differences were found between people with AMD (grouped in mild, moderate and severe) and members of the general public and clinicians who were instructed to assume that they had each severity of AMD, with people without AMD underestimating impact of AMD on patients. People with severe AMD had lower utility scores than those with mild AMD.	4
Stevenson et al (2004)	Cross sectional	ADL	To study the relation between visual impairment and ability to care for oneself or a dependent in older people with AMD.	199 people with AMD (type and duration not reported), mean age 74 (SD 9).	SF-36, Daily Living Tasks Dependent on Vision (DLTV) questionnaire and questionnaire about ability to care for self and others.	Ability to care self and others strongly related to self-reported visual functioning and QoL.	4
Sun et al (2007)	Cross sectional	D	To examine the association between AMD and depressive symptoms.	2,194 people, 367 with AMD (type and duration not reported), mean age 78.4.	CES-D.	No association was found between AMD and depressive symptoms.	4
Szabo et al (2008)	Cross sectional	M	To determine whether older women with exudative AMD are at greater risk of falls.	115 people with nAMD (mean duration 26 months) aged between 70 and 92 (mean 81.3) and 54 controls aged between 71 and 88 (mean 77.5).	Fall risk index score from short form physiological profile assessment (PPA) including CS, proprioception, quadriceps strength, simple reaction time and postural sway, interview to evaluate behavioural risk factors for falling, physical activities scale for the elderly (PASE), fear of falling quantified using activities-specific balance confidence (ABC) scale, NEI-VFQ.	People with AMD had greater fall risk than comparison cohort; this risk increased with age.	4

Szabo et al (2010)	Cohort	M	To determine whether older women with nAMD are at an increased risk of falls or injurious falls.	114 people with nAMD (duration not stated) aged between 70 and 92 (mean 81.2) and 132 controls aged between 70 and 92 (mean 76.3).	Physical activities scale for the elderly (PASE), Barthel index evaluated independent activities of daily living and mobility, ABC scale, NEI-VFQ.	People with AMD fell twice as often (falls per year) than controls, and had almost twice the risk of injurious falls than controls.	4
Szlyk et al (1995)	Case-control	M	To determine the effects of age and central vision loss on driving skills.	10 people with AMD (type and duration not reported), mean age 75.7 (SD 4.5), 11 elderly controls, mean age 71 years (SD 8.3) and 29 young controls aged between 19 and 62, mean age 38.9 (SD 12.4).	Interactive driving simulator, on-road driving test and self-reported frequency of real-world accident and convictions for traffic violations.	Although people with AMD performed worst on the driving simulator and the on-road driving test, they were involved in less real-world accidents and had less convictions for traffic violations than controls, perhaps due to risk aversion.	3
Tejeria et al (2002)	Cross sectional	F	To explore relations between tasks of familiar face recognition (FFR) and discrimination of face expression difference (FED), perceived disability in face recognition and standard clinical measures of visual function; to determine to what extent performance in the face recognition tasks can be improved using a bioptic device.	30 people with AMD (type and duration not reported) aged between 66 and 90 (mean 81.5).	FFR: identification of images of famous people. FED: discrimination of facial expression. Self-rated disability in FR questionnaire.	Self-rated disability did not correlate with performance on either FR task, although questionnaire item on familiar face recognition did correlate with FFR performance. FFR was related most closely to distance VA. FED was most closely related to continuous text reading acuity.	4
Thibaut et al (2014)	Case-control	S	To compare scene gist recognition in central and in peripheral vision in people with central vision loss and normally sighted age-matched observers.	21 people with nAMD (duration not reported) aged between 66 and 89 (mean age 79, SD 5.7) and 15 controls aged between 66 and 83 (mean age 74.6, SD 6).	Natural vs. urban scene categorisation task with images presented randomly at one of 5 spatial locations on screen.	People with AMD showed poorer performance than controls at all spatial locations; whilst controls performed better for images presented in central locations than those presented peripherally, people with AMD did not.	3
Timberlake et al (2011)	Case-control	H	To investigate changes in reach-to-grasp movement dynamics and to relate those changes to the characteristics of subjects' preferred retinal loci, scotomas, and VAs.	10 people with AMD (type and duration not reported), mean age 81.4 and 10 controls, mean age 78.3.	Reach and grasp task.	People with AMD showed longer hand movement duration, lower maximum velocities and longer visual reaction times than controls. Maximum grip aperture (of block) decreased with increasing PRL area, and visual reaction time increased with decreasing VA.	4
Timberlake et al (2013)	Case-control	H	To elucidate the roles of the fovea in normally sighted individuals and the fPRL in those with macular scotomas from AMD in handwriting; and to determine whether the pen tip retinal location is the same as the fingertip retinal location during tracing.	8 people with AMD (type and duration not reported) aged between 74 and 88 (mean age 80.3) and 7 controls aged between 74 and 89 (mean 78.7).	Word writing task while observing hand, pen and text in a SLO.	Poor handwriting performance in people with macula scotomas appears to be due to difficulties placing letters in appropriate location due to reduced VA and scotoma obscuration of the location.	3
Tolman et al (2005)	Cross sectional	A	To examine psychosocial adaptation to vision loss and its relationship to depressive symptomatology in legally blind older adults with ARMD.	144 people with AMD (type and duration not reported) aged between 65 and 95 (mean age 81.58, SD 6.24).	Short Portable Mental Status Questionnaire (SPMSQ), short form of Geriatric Depression Scale (GDS-SF), Adaptation to Vision Loss (AVL) scale).	People with AMD who reported poor adaptation to vision loss also reported more depressive symptoms than those who reported more successful adaptation.	4

Tran et al (2010)	Case-control	S	To assess the scene gist recognition in eyes with AMD and to study the relationship between scene recognition and macular function.	27 people with AMD (17 with nAMD and 10 with dry AMD, duration not reported) aged between 59 and 91, mean 79 (SD 7.5) and 17 controls, mean age 74 (SD 8.5).	Scene categorisation task (natural vs. urban and indoor vs. outdoor).	Performance amongst people with AMD was poorer than that of controls.	3
Tran et al (2011)	Case-control	S	To investigate impairment in discriminating a figure from its background and to study its relation to VA and lesion size in patients with nAMD.	17 people with nAMD (duration not reported) aged between 60 and 92 (mean reported as 77 and 81 at different parts of article) and 17 controls, mean age 74.5 (SD 7.2).	Object discrimination task.	People with AMD performed worse than controls; people with AMD detected the target best when it was isolated from its background.	3
Tran et al (2012)	Case-control	S	To investigate to effect of contrast on scene perception in people with AMD and to examine the relationship between task performance and macular function.	19 people with nAMD (duration not reported) aged between 59 and 91, mean 79 (SD 8) and 16 controls aged between 65 and 85, mean 75 (SD 8.5).	Detection of an animal in a natural scene at varying levels of contrast.	People with AMD showed a larger deterioration in performance at lower contrast levels than controls.	3
Tran et al (2014)	Case-control	S	To investigate the effect of AMD on memory for spatial representations in realistic environments.	19 people with AMD (12 with nAMD and 7 with dry AMD) aged between 59 and 91, mean 79 (SD 8) and 13 controls aged between 59 and 81, mean 73.	Matching viewpoint of scene to that of initially presented scene.	Both people with AMD and controls showed systematic biases toward middle view of range; this bias was stronger for people with AMD.	4
van Landingham et al (2014)	Cross sectional	M	To determine if AMD and AMD-related vision loss are associated with fear of falling.	65 people with AMD (type and duration not reported), median age 75.9 (IQR 71.9-78.3) and 60 controls, median age 69.4 (IQR 65.2-72.8).	University of Illinois at Chicago Fear of Falling Questionnaire.	AMD, VA and CS were associated with fear of falling; relationship was stronger for VA and CS than for AMD.	4
Wahl et al (2003)	Cross sectional	A	To examine whether there are differences in control strategies as in basic versus expanded outcomes between visually impaired adults and unimpaired older adults; and to examine the kind of relations that exist between control strategies and basic versus expanded outcomes in visually impaired older adults.	90 people with AMD (type and duration not reported), mean age 79.5 (SD 6.6) and 35 controls, mean age 72.2 (SD 9).	OPS, PANAS, AVL, Scales of Psychological Well-Being and ADL/IADL competence assessed.	People with AMD had higher levels of compensatory primary control than controls; large differences were found between ADL/IADL competence between those with AMD and those without.	4
Wahl et al (2004)	Cross sectional	A	To examine the effect of primary and secondary control on 3 major outcomes experienced by visually impaired older adults: functional ability, adaptation to vision loss and positive affect.	90 people with AMD (type and duration not reported) aged between 61 and 93 (mean 79.5).	OPS, modified Multilevel Assessment Instrument, AVL and PANAS.	Selective primary control was positively related to ADL/IADL ability. Compensatory primary control and selective secondary control were positively related to positive affect. ADL/IADL ability was related to adaptation to vision loss.	4

Wahl et al (2005)	Longitudal	A	To test the assumption that: the experience of AMD places limits on exerting what the life span theory of control has coined selective control and compensatory control efforts should gain in importance over time.	90 people with AMD (type and duration not reported), mean age 79.5.	OPS, modified Multilevel Assessment Instrument and PANAS.	Selective control strategies decreased over time. Higher selective control at earlier timepoint predicted higher functional ability and positive affect at later timepoint.	4
Wahl et al (2007)	Longitudal	A	To apply the life-span theory of control proposed by Heckhausen and Schulz to study the change in use of control strategies related to AMD.	90 people with AMD (type not reported, mean duration 49.6 months, SD 46.4 at start of study).	OPS, self-reported time since diagnosis and modified Multilevel Assessment Instrument.	Compensatory primary control increased shortly after diagnosis. Increase in compensatory secondary control was related to functional loss in IADLs.	4
Wang et al (2012)	Cross sectional	M	To determine whether patients with age-related eye disease are more likely to limit their activities due to a fear of falling.	93 people with AMD (type and duration not reported, mean age 83, SD 6), 57 people with Fuchs' corneal dystrophy (mean age 79, SD 7), 98 people with glaucoma (mean age 77, SD 8) and 97 controls (mean age 73, SD 5).	Self-reported falls in the past year, Life Space Assessment questionnaire, one-legged balance test, Geriatric Depression Scale and participants asked if limited activities due to fear of falling.	Up to one half of people with eye disease reported activity limitation due to fear of falling, compared with 16% of controls.	4
Williams et al (1998)	Cross sectional	V	To demonstrate the impact of AMD on QoL, emotional distress, and functional level.	86 people with AMD (type not reported, mean duration 5.9 years, SD 6.2) aged between 63 and 91 (mean 78.7, SD 6.3).	Quality of Well-Being (QWB) scale, Profile of Mood States (POMS) and IADL Index.	People with AMD had worse QoL, greater psychological distress and greater disability in carrying out activities of daily living than that of other elderly samples.	4
Wong et al (2004)	Qualitative	Q	To conduct in-depth individual interviews to explore a range of issues and perspectives, making sense of individual experiences, and to understand the specific needs of people with ARMD.	15 people with AMD (type not reported, duration of 6 months to 7 years) aged between 60 and 85 (mean 77).	In-depth semi-structured interviews with questions asked about participants' experience with AMD within broader social and psychological context.	Limitations associated with AMD depended on visual impairment. Understanding the condition, social resources and responses of society can all affect a person's ability to cope.	3
Wood et al (2009)	Case control	M	To assess the postural stability and gait characteristics of adults with ARM and to identify the visual factors associated with postural stability and gait in this clinical population.	80 people with AMD (type and duration not reported) aged between 59 and 95 (mean 77.18, SD 6.89).	Postural sway assessment, gait assessment and physical function questionnaire.	Poorer visual function was associated with postural instability and gait adaptations, such as shorter steps steps, wider stance, slower walking speed and more time with both feet on the ground.	4
Wood et al (2011)	Longitudinal	M	To better understand the prospective injury risk from falls and non-fall-related causes over a 12-month follow-up period in a sample of older adults with a range of levels of visual impairment due to AMD.	76 people with AMD (type and duration not reported) aged between 59 and 95 (mean 77, SD 6.9).	Falls and injury diary.	Increasing visual impairment was associated with higher incidence of falls and injuries.	4
Yanagi et al (2011)	Cross sectional	U	To investigate utility values associated with bilateral AMD among Japanese elderly patients and the impact of the disease in their QoL using preference-based techniques.	50 people with nAMD (duration not reported) aged between 59 and 91 (mean 75.9).	Time trade off and standard gamble.	AMD causes substantial deterioration in utility values; TTO values correlated with better eye VA.	4

Domains of main outcomes: A = Adaptation, ADL = Activities of Daily Living, C = Computer use, D = Depression, F = Faces, H = Hand-eye coordination, M = Mobility, MU = Multiple, Q = Qualitative, S = Scene viewing, U = Utility values, V = Visual function (patient-reported)