Age-related macular degeneration (AMD) is a progressive eye condition caused by the gradual deterioration of the macula, which is the area of the retina responsible for central vision. AMD is the most common cause of significant irreversible vision loss among the elderly in developed countries (Javitt et al., 2003). According to a meta-analysis of studies conducted between 1970–2013, the global prevalence of AMD was reported to be 8.69% among adults ages 45–85 years, but the country-specific prevalence can be as high as 30–40% (Augood et al., 2006; Wong et al., 2014). In addition to the high prevalence of the condition, AMD is also associated with severe disability and has a major impact on the quality of life and emotional well-being of an affected individual (Hassell et al., 2006). AMD is classified into two stages: early AMD and late AMD. Late AMD is the advanced stage of AMD, which is further subclassified into dry AMD (geographic atrophy) and wet AMD (neovascular) (Korb et al., 2014; van Leeuwen et al., 2003).

This report provides an overview of the risk factors, comorbidities, and the global and historical trends for AMD in the seven major markets (7MM) (US, France, Germany, Italy, Spain, UK, and Japan). It includes a 10-year epidemiological forecast for the total prevalent cases of AMD segmented by sex and age (50–59 years, 60–69 years, 70–79 years, and ≥80 years) in these markets. Additionally, GlobalData epidemiologists provide the total prevalent cases of AMD segmented by AMD stages: early AMD and late AMD, as well as the late AMD subtypes: dry AMD and wet AMD.

As shown in below figure, the total prevalent cases of AMD in the 7MM will increase from 55,770,401 cases in 2013 to 66,069,370 cases in 2023, at a growth rate of 18.5% over the forecast period. Throughout the forecast period, the US will have the highest number of total prevalent cases of AMD, followed by Japan. The total prevalent cases of AMD in the US and Japan markets combined will constitute more than 50% of the total prevalent cases of AMD in the 7MM. GlobalData epidemiologists attribute the growth in the total prevalent cases of AMD in the 7MM to the changing population demographics in the respective markets.

### 7MM, Total Prevalent Cases of AMD, Ages ≥50 Years, Both Sexes, N, 2013 and 2023

<table>
<thead>
<tr>
<th>Market</th>
<th>2013</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>12,236,772</td>
<td>15,770,401</td>
</tr>
<tr>
<td>Japan</td>
<td>9,337,633</td>
<td>11,120,702</td>
</tr>
<tr>
<td>Italy</td>
<td>8,205,638</td>
<td>9,975,675</td>
</tr>
<tr>
<td>France</td>
<td>7,124,707</td>
<td>8,920,301</td>
</tr>
<tr>
<td>UK</td>
<td>6,946,875</td>
<td>8,371,274</td>
</tr>
<tr>
<td>Spain</td>
<td>5,311,000</td>
<td>6,466,875</td>
</tr>
</tbody>
</table>

Source: GlobalData; Augood et al., 2006; Klein et al., 2011; Korb et al., 2014; Oshima et al., 2001

5EU = France, Germany, Italy, Spain, and UK; 7MM = US, 5EU, and Japan
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2 Introduction

2.1 Catalyst

Age-related macular degeneration (AMD) is a progressive eye condition caused by the gradual deterioration of the macula, which is the area of the retina responsible for central vision. AMD is the most common cause of significant irreversible vision loss among the elderly in developed countries (Javitt et al., 2003). According to a meta-analysis of studies conducted between 1970–2013, the global prevalence of AMD was reported to be 8.69% among adults ages 45–85 years, but the country-specific prevalence can be as high as 30–40% (Augood et al., 2006; Wong et al., 2014). AMD is classified into two stages: early AMD and late AMD. Late AMD is the advanced stage of AMD, which is further subclassified as dry AMD (geographic atrophy) and wet AMD (neovascular) (Korb et al., 2014; van Leeuwen et al., 2003).

- This report provides an overview of the risk factors, comorbidities, and the global and historical trends for AMD in the seven major markets (7MM) (US, France, Germany, Italy, Spain, UK, and Japan). It includes a 10-year epidemiological forecast for the total prevalent cases of AMD segmented by sex and age (50–59 years, 60–69 years, 70–79 years, and ≥80 years) in these markets.

- GlobalData epidemiologists forecast that the total prevalent cases of AMD in the 7MM will increase by 18.5% during the forecast period, from 55,770,401 cases in 2013 to 66,069,370 cases in 2023.

- GlobalData’s epidemiological analysis is supported by the use of total prevalence data from epidemiological studies published in peer-reviewed journals. GlobalData epidemiologists used uniform methodology across the markets to forecast the total prevalent cases of AMD; GlobalData epidemiologists segmented AMD by stages (early AMD and late AMD, and the late AMD subtypes: dry AMD and wet AMD), which allows for a meaningful comparison of the disease populations between markets.
2.3 Upcoming Reports

Appendix

4.3 About GlobalData

GlobalData is a leading global provider of business intelligence in the healthcare industry. GlobalData provides its clients with up-to-date information and analysis on the latest developments in drug research, disease analysis, and clinical research and development. Our integrated business intelligence solutions include a range of interactive online databases, analytical tools, reports, and forecasts. Our analysis is supported by a 24/7 client support and analyst team.

GlobalData has offices in New York, San Francisco, Boston, London, India, Korea, Japan, Singapore, and Australia.

4.4 About EpiCast

EpiCast is a series of premier epidemiology reports written and developed by Master’s- and PhD-level epidemiologists.

EpiCast Reports

EpiCast Reports are in-depth, high quality, transparent, and market-driven, providing expert analysis of epidemiological trends and forecasting of patient populations for major markets. Specifically, the reports identify disease trends over a 10-year forecast period in six to eight major markets (US, France, Germany, Italy, Spain, UK, and Japan). Additional countries, such as Canada, Brazil, China, and India, are covered in these reports if their markets are highly relevant.
4.5 Disclaimer

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