An evaluation of treatment response and symptom progression in four hundred patients with visual snow syndrome

Supplementary material

- Clinical criteria for the definition of VSS and online survey used for diagnosis are shown respectively in sections A and B of this supplementary material.
- The treatment questionnaire and the 30-day diary are outlined respectively in sections
 C and D.
- eTable1 represents the results from the binary logistic regression analysis to predict
 the effect of clinical VSS variables on the likelihood of having any kind of response
 to medication.

A) Clinical criteria for the definition of the visual snow syndrome

A Visual snow: dynamic, continuous, tiny dots in the entire visual field lasting longer than 3 months.

The dots are usually black/grey on white background and grey/white on black background; however they can also be transparent, white flashing or coloured.

B Presence of at least two additional visual symptoms of the four following categories:

- (i) Palinopsia. At least one of the following: afterimages or trailing of moving objects.

 After images should be different from retinal afterimages, which occur only when staring at a high contrast image and are in complementary colour.
- (ii) Enhanced entoptic phenomena. At least one of the following: excessive floaters in both eyes, excessive blue field entoptic phenomenon, self-light of the eye, or spontaneous photopsia.

Entoptic phenomena arise from the structure of the visual system itself. The blue field entoptic phenomenon is described as uncountable little grey/white/black dots or rings shooting over visual field in both eyes when looking at homogeneous bright surfaces, such as the blue sky; self-light of the eye is described as coloured waves or clouds when closing the eyes in the dark; spontaneous photopsia is characterized by bright flashes of light.

- (iii) Photophobia.
- (iv) Nyctalopia.

C Symptoms are not consistent with typical migraine visual aura.

As defined by the International Headache Society in the International Classification of Headache Disorders [12].

D Symptoms are not better explained by another disorder.

Normal ophthalmology tests (best corrected visual acuity, dilated fundus exam, visual field and electroretinogram); not caused by previous intake of psychotropic drugs.

B) Online survey

Name

Address

Date of Birth (Day/Month/Year)

Telephone number

- 1) Please make a brief statement that you are willing to be contacted for research. This is a European data protection issue. example: "Yes, please keep my contact details and you may contact me for research purposes."
- 2) Brief description of all symptoms you relate to visual snow syndrome.
- 3) Date or age when your symptoms started.
- 4) Visual snow: what type
- black and white (i.e. only black dots on white background, white dots on black background)
- clear (i.e. colour of the background)
- flashing (i.e. always white, brighter than background)
- coloured
- all of these
- 5) Other symptoms (please only answer yes or no)
- After images
- Trailing of images in the vision
- Blue field entoptic phenomenon (i.e. white squiggly lines moving pulsating on the blue sky)
- Floaters in vision
- Coloured clouds or waves with eyes closed
- Flashes of light
- Impaired night vision
- Sensitive to light
- Tinnitus
- 6) Have you ever been diagnosed with migraine or have you had a headache of moderate or severe intensity in the past? (Please answer yes or no)
- 7) Have you ever taken any illicit drugs in the past?

C) Treatment questionnaire.

Drug name	Brand name (examples)	Effect	Symptom	Please describe effect here		
Topiramate	Topamax, Sincronil, Acomicil, Neutop					
Gabapentin	Neurontin, Alpentin, Gabagamma, Dineurin					
Valproic acid	Depakin, Depakote, Epilim, Divalproex, Orfiril					
Lamotrigine	Lamictal, Lamotrix, Lafigin, Lambipol					
Pregabalin	Lyrica, Maertesia, Pagadin					
Other antiepileptics						
Sertraline	Zoloft, Setrax, Serlift, Serenata, Asentra					
Fluoxetine	Prozac, Sarafem, Fluxen, Deprex					
Amitriptyline	Elavil, Laroxyl, Endep					
Nortriptyline	Aventyl, Pamelor					
Other antidepressants						
Lorazepam	Ativan, Temesta, Lorans					
Clonazepam	Klonopin, Rivotril, Clonex					
Alprazolam	Xanax, Zolam, Kalma, Restyl					
Other anxiety or sleep						
medications						
Sumatriptan	Imigran, Imitrex, Sumavel					
Eletriptan	Relpax					
Other triptans	•					
Methylprednisolone	Solu-Medrol, Depo-Medrol, Medrol					
Prednisolone	Deltacortril, Deltasone, Pred Forte,					
Other steroids or pain						
medications						
Doxycycline	Acticlate, Adoxa, Hydrodoxx, Oraxyl					
Sulfamethoxazole and	Bactrim, Septrin, Cotrim					
trimethoprim	, 1					
Amoxicillin	Augmentin, Amoxil, Trimox					
Metronidazole	Flagyl, Gynotran, Noritate, Rozex					
Other antibiotics or	,,					
antifungals						
Atomoxetine	Strattera, Abretia					
Other ADHD	·					
treatments						
Propanolol	Inderal, Innopran					
Verapamil	Calan, Isoptin, Verelan					
Other antihypertensive	, , , , , , , , , , , , , , , , , , , ,					
treatments						
Vitamins and other						
supplements						
Metoclopramide						
Other						

D) 30-day diary of visual snow.

A - Static Density Check only one	B - Static Speed Check only one								
0 - No static.	□ 0 - Not	recognizable							
1 - Minimal static (very thin distribution not mask vision.	nost still								
2 - Minimal to moderate static (faint distribution \Box 2 - Slow of dots). Slight masking of vision.									
3 - Moderate static. Some masking of vision. □ 3 - Moderate									
4 - Strong static. Substantial masking of vision. 4 - Rapid Still able to see through.									
5 - Very strong static. Distracting m	asking of								
vision. Barely able to see through.									
6 - Extreme static, not able to see th									
C - Surface dependence	D – Distraction	E - Time course Check only one							
•	Check only one Check only one								
0 - Cannot be seen on any surface.	0 - Impossible to notice.	□ 0 - Not present							
1 - Can be seen on few	1 - Able to see if	☐ 1 - Present occasionally (<							
surface.	concentrating.	8 hrs/d)							
2 - Can be seen on many	2 - Able to see without	2 - Present most of the							
surfaces.	concentrating. Can be ignored most of the time.	time (8-16 hrs/d)							
3 - Can be seen on most, but \Box	3 - Able to see without	☐ 3 - Present almost always							
not all surfaces.	concentrating. Can be ignored sometimes.	(16-24 hrs/d)							
4 - Can be seen on all surfaces. \Box	4 - Able to see without	☐ 4 - Continuous presence							
	concentrating. Cannot be ignored.								
F – Colo		G – Size							
Check only		Check only one							
1 - Black and white (only black dots white dots on black background)	on white background or	□ 1 - Tiny							
2 - Transparent (colour of the backg	□ 2 - Small								
3 - Flashing (always white, brighter	□ 3 - Medium								
4 - Coloured	□ 4 - Large								
5 - Other (please explain briefly, try adjectives)	r 🗆 5 - Pixelated								
,									

H - Lighting conditions please rate from 1 to 7, with 1 being the worst condition and 7 the best (only rate once) Outdoor: sunny day Outdoor: cloudy day Outdoor: rainy day Indoor (interior light only) Fluorescent lighting Outdoor: night-time

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
Date										
A - Static Density										
B - Static Speed										
C - Surface dependence										
D - Distraction										
E - Time course										
F - Colour										
G - Size										

	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20
Date										
A - Static Density										
B - Static Speed										
C - Surface dependence										
D - Distraction										
E - Time course										
F - Colour										
G - Size										

	Day 21	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28	Day 29	Day 30
Date										
A - Static Density										
B - Static Speed										
C - Surface dependence										
D - Distraction										
E - Time course										
F - Colour										
G - Size										

INSTRUCTIONS: Please score each symptom from A to G, on a daily basis. Please indicate your start ($_/_/20_$) and end date ($_/_/20_$).

eTable 1. Binary logistic regression analysis results for prediction of no response to medication vs. any response to medication. OR = odds ratio; CI = 95% confidence interval.

	OR	CI	P value
Age	1.00	0.98 - 1.02	0.89
Male gender	.87	0.54 - 1.41	0.57
Age of onset	1.02	1.01 - 1.04	0.01
Tinnitus	1.31	0.74 - 2.33	0.36
Migraine	1.11	0.64 - 1.93	0.71