Table 1: Characteristics for the Differential Diagnosis of NAION

	AAION (GCA)	NAION	Optic Neuritis
Age (in years)	Mean 70	Mean 66	Onset usually <40
Sex	F > M	F = M	F > M
Systemic symptoms	Headache, scalp tenderness, jaw claudication, fever, malaise, myalgia/ PMR	None	May be associated with neurologic deficits (e.g., in multiple sclerosis)
Visual loss	Typically severe (VA <20/200 in >60%)	Typically mild to moderate (VA >20/200 in >60%)	Variable
Pain with eye movement	No	No	Yes
Dyschromatopsia	Proportionate to VA loss	Proportionate to VA loss	Disproportionate (greater than expected) to the degree of VA loss
Prodromal symptoms	Transient vision loss or transient diplopia	None	Periorbital pain, particularly with eye movement
Visual field defects	Altitudinal or generalized constriction	Altitudinal defect	Central scotoma
Fundus findings	Pallid ONH edema Cotton-wool spots Choroidal or retinal ischemia Fellow eye: normal cup-disc ratio	Hyperemic ONH edema Peripapillary splinter hemorrhages Fellow eye: small cup-disc ratio (“disc at risk”)	ONH edema in 33% Peripapillary splinter hemorrhages in MOGAD Fellow eye: normal cup-disc ratio
ESR, CRP, and platelet count	Elevated	Normal	Normal or elevated
Fluorescein angiography	ONH delay and choroidal delay	ONH delay only	Normal
MRI	Occasional optic nerve enhancement	No optic nerve enhancement	Optic nerve enhancement
Prognosis	Rarely improves, may cause rapid blindness if untreated VA typically remains <20/200	Improvement in 20% of cases VA typically remains >20/200	Improvement over several weeks; rapid with steroid treatment in MOGAD VA typically recovers to >20/40
Risk of occurrence in the fellow eye (without treatment)	54%-95% within 1-2 weeks	15% at 5 years	35% at 5 years

Abbreviations: CRP = C-reactive protein; ESR = erythrocyte sedimentation rate; ONH = optic nerve head; PMR = polymyalgia rheumatica; VA = visual acuity.