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Save Your Sight

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You can and should slow down Age-Related Macular Degeneration.

By Daniel L. Roberts, MD Support founding director

Boomers beware: Scientists predict a surge in age-related macular degeneration (AMD). Every year more than two million people in the U.S. discover they have this incurable disease of the retina, which destroys functional vision. By the year 2020, the number of victims might double. Here are answers to some of the most frequently asked questions about age-related macular degeneration.

What causes AMD?

More than half of AMD cases are thought to be caused by genetic deficiencies leading to uncontrolled inflammation of the sight cells (photoreceptors) in the retina. Other causes could be inadequate blood circulation in the retina or premature aging of the sight cells. Environment, behavior, and diet are also factors that can contribute to the progress of the disease.

What can you do about AMD?

At this time, there is no cure for AMD, but you can slow its onset and progression by following some simple rules:

- Eat a diet rich in leafy green vegetables and fresh water fish.
- Supplement your diet with antioxidant vitamins, zinc, lutein, and zeaxanthin.
- Protect your eyes from direct sunlight, which is high in UV and blue wavelengths.
- Avoid tobacco smoking.
- Maintain self-monitoring and regular vision exams, especially if you have a family history of AMD.

You will not go blind from AMD, but you can, over a period of several years, lose your central detail vision, making it difficult or impossible to read, recognize faces, write checks, and drive. If this happens, technology and rehabilitation offer ways to either maximize your vision or replace it in nonvisual ways.

Rehab for your eyes

Low vision rehabilitation is like physical therapy after loss of a limb. The end result is maintenance of independence and a sense of self-worth. This rebuilding and reinforcement of the visual foundation is mainly accomplished through identification of goals, introduction to low vision devices, and training.

After evaluation by a low vision specialist, specially trained therapists teach daily activities such as safe cooking strategies, proper lighting, labeling techniques, and use of adaptive equipment. Such equipment includes optical devices like prescription magnification glasses, electronic magnifiers, telescopes, and computer magnification software. Non-optical approaches are also introduced, such as large print books, talking books, and scanners that read printed material aloud.

Low vision rehabilitation is an important part of the continuum of care following diagnosis of AMD. Such training will help you maintain your quality of life and independence by finding new ways to function and introducing you to assistive software and low vision devices. Don't let anyone tell you nothing can be done. That may be true for your eyes at this time, but it isn't true for you as a person with the potential of a full life ahead.

If you are diagnosed with AMD, be sure to ask your doctor about the resources in your area. Also take advantage of information and support offered by trusted Internet sites, such as Macular Degeneration Support (www.mdsupport.org), the American Optometric Association (www.aoa.org) and Lighthouse International's Vision Connection (www.visionconnection.com).

What about research and treatments?

A good deal of research is being done in the fields of stem cell transplantation, gene replacement therapy, and drug treatment for the so-called "wet" form of AMD. Unlike the "dry" form, which progresses very slowly, wet AMD involves blood leakage that can quickly destroy the macula, or central area of vision. Out of all cases, 10 percent to 15 percent of them are of this type, which was untreatable until just a few years ago. Now drug injections into the eyeball are stopping the development of those damaging blood vessels and adding years to the patient's visual future. In the not-too-distant future, more pleasant methods of drug delivery, such as eye drops and implanted capsules, may make injections unnecessary. Other drugs being studied as potentially effective treatments are statins, non-steroidal anti-inflammatory (NSAIDs), and drugs called siRNA that can actually turn off problem genes.



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Two surgical procedures have had some success in restoring lost vision:

- Macular translocation, which involves rotating the macula to a healthier part of the retina, and macular transplantation, involving replacement of the damaged retinal membrane with donor tissue.
- Another technical development includes a miniature microscope (IMT) about the size of a pea, implanted into one of the patient's eye. According to the inventors, the device has had no serious safety issues, and studies have shown significant improvement in quality of life and daily living activities of those who use it.

In the area of nutrition, studies have shown that high dosages of certain antioxidant vitamins and minerals, in combination with sources of omega3 (fish oil), lutein and zeaxanthin are helpful in warding off the effects of AMD. Obesity is also a known contributing factor, so cutting back and eating healthy are excellent ideas.

Continuously updated reports on all of this research are on the Macular Degeneration Support Website at www.mdsupport.org.

What kind of personal help is available?

Resources available in most communities include support groups, consumer education and advocacy organizations, transportation agencies, counseling, and aging services. These entities work in tandem with your physician, your low-vision specialist, and your rehabilitation therapists to ensure the best possible care beginning with diagnosis and culminating in successful self-management. To find help near you, call local retirement centers, churches, or libraries. Contact your state's low vision rehabilitation agency. If you're a veteran, contact the ophthalmology department of a Veterans Administration hospital. If you have access to the Internet, join an e-mail list or message board related to AMD to get a further support.

Progress ahead

Understanding and treatment of AMD in all of its forms is progressing steadily. Meanwhile, education will help you to be a discriminating consumer of therapies and services. It also keeps you aware of progress in the continuing battle to slow AMD and improve the quality of life of those who have it.



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— Abraham Lincoln, American president (1809-1865)

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