This Month

For the ninth time in the history of the ILVSG, I’m pleased to wish you a Happy New Year and all the best that 2014 has to offer.

We now have 109 active affiliate groups in 25 states and 13 countries watching our programs and reading our newsletters. This outreach continues to reach over 2500 low vision seniors who would otherwise have no connection to the available information and support. And it is made possible by the dedicated group facilitators who give so generously of their time. My sincere thanks to every one of them!

In this month’s session, New York Times best-selling author and international lecturer Michael Hingson demonstrates that overcoming the challenges and adversities of blindness is all about overcoming a misguided attitude about blindness. Michael makes his point by describing how he and his guide dog, Roselle, survived the 9/11 attack on the World Trade Center.

We’re glad he and Roselle made it down those steps and lived to tell about it. This is the kind of inspiration that can get us through our own tribulations, and I trust that it will help to carry us through whatever 2014 brings our way.

Dan Roberts
Time Between Lucentis and Eylea Treatments Found To Be Similar

The principal difference between the two leading FDA-approved anti-VEGF drugs, Eylea and Lucentis for treatment of retinal hemorrhage has been accepted as the difference in length of time between injections. A new study, however, found no significant difference in injection scheduling between the drugs. The overall mean days between injections differed by only 1.8 days in the two groups of patients. The 6 months analyses included 319 Eylea patients and 1,054 Lucentis patients, and the 12 month analyses included 57 Eylea patients and 374 Lucentis patients. The study was sponsored by Genentech Pharmaceuticals, makers of Lucentis.

If these results continue to hold true in clinical use, this would effectively negate the main factor in deciding which drug to use, since the cost differs by only about $100 per treatment. The report appears in the December 2013 issue of Advances in Therapy

Low Vision Seniors Are Self-Limiting Their Driving

A new cross-sectional study has concluded that most patients with AMD-related central vision loss continue to drive, but that they demonstrate significant driving restrictions, especially with more severe visual acuity and contrast sensitivity loss.

To determine if central visual loss is associated with driving cessation, driving restriction, or other-driver preference, researchers compared two groups of senior adults. 64 subjects had vision loss from age-related macular degeneration (AMD), and 58 subjects were normally sighted. Subjects with AMD who were still driving reported a greater number of driving restrictions than control subjects, and they had a greater preference for having other people drive. Drivers with AMD-related vision loss were more likely to avoid driving over
longer distances, beyond 1 hour, at night, and in unfamiliar conditions. Subjects who had stopped driving had developed significantly worse vision in the better-seeing eye compared with those who continued to drive.

It is encouraging that most people with low vision are evidently imposing their own restrictions on driving. This is useful information to have when discussing this sometimes contentious issue with people who are facing the possibility of limiting driving or giving up their car keys altogether.

AREDS Formula Does Not Prevent AMD

A recently completed study has shown that long-term daily intake of vitamins C and E, beta-carotene, and multivitamin supplements have no significant effect on prevention of age-related macular degeneration (AMD).

For nearly a decade, a total of 14,641 US male physicians age 50 and older took various combinations of the supplements in dosages comparable to the AREDS formula. At the end of the study, 152 cases of AMD were reported in the multivitamin group compared to 129 cases in the group that did not take the supplements. The same study did, however, show that there was a significant decrease in the risk of cataract.

Though this appears to conflict with the AREDS results, it is important to remember that the AREDS formula was shown to slow the progression of AMD to the advanced wet form. As this study confirms, it has never been intended for preventative use. The recommended ways to prevent onset of AMD continue to be good diet, exercise, avoidance of tobacco smoking, weight control, and protection of the eyes from direct sunlight.
Unequal Vision Can Cause Falling

New research reported in Optometry & Vision Science has shed light on the possibility that falling may be partially blamed on a common condition in older adults called anisometropia. Anisometropia is a condition in which a person’s eyes have unequal refractive power, meaning different levels of myopia (nearsightedness) or hyperopia (farsightedness).

After assessing refractive error over a period of 12 years in 118 subjects, the researchers found that amisometropia is at least 10 times more common in the elderly than in children. Eye care specialists are already aware of the consequences of binocular differences caused by macular degeneration, and now this offers another ingredient to the mix. “Clinicians,” say the authors of the study, “need to be aware of this common condition that could ...potentially cause falls in the elderly”.

-- Next Month --

"The Monster Behind The Door"
Dan Roberts, Presenter

Fear of the unknown, and of being alone, are the worst of all fears, and, therefore, the biggest challenges in coping with progressive vision loss. Conquering those fears can open doors of opportunities never thought possible.