

Seniors shouldn't be blinded by old notions of eye disease

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[Age-related Macular Degeneration \(AMD\)](#)

[is the leading cause of blindness among older Americans, but new treatments have dramatically changed the course of this disease over the last 10 years, making AMD more manageable than ever. During AMD Awareness Month this February, the American Academy of Ophthalmology is reminding people with AMD that they can save their vision thanks to recent treatment advances, but early detection is a critical first step.](#)

In the United States, an estimated 11 million Americans have some form of AMD, which is a disease that erodes central vision. AMD has two forms – wet and dry. While dry AMD leads to a gradual loss of vision, wet AMD leads to faster [vision loss](#) and is the most advanced form of the disease. It is responsible for 90 percent of all AMD-related blindness. Ten years ago, the "wet" form of AMD was considered largely untreatable and many patients went blind. Then came the introduction of injectable anti-vascular endothelial growth factor (anti-VEGF) drugs which block formation of abnormal blood vessels under the retina that cause permanent vision loss. The usage of anti-VEGF drugs has nearly halved the incidence AMD-related blindness in some countries.[1],[2]

There are several anti-VEGF drugs available that are currently used to treat AMD. Two of these, ranibizumab (brand name Lucentis) and aflibercept (brand name Eylea), were designed specifically for the

treatment of AMD. A third drug, bevacizumab (brand name Avastin), was originally developed to treat various types of cancer, but is commonly used "off-label" in patients with AMD. The recommended frequency of these injections varies from every few weeks to every few months, and duration of treatment varies by case.

Multiple studies have compared these anti-VEGF drugs and found comparable effectiveness in helping patients retain their ability to see.[3],[4],[5] The American Academy of Ophthalmology recommends that people with AMD talk with their ophthalmologist about which treatments are right for them. Patients may differ in how their eyes respond to one treatment versus another. [Eye exams](#) are critical to diagnosing AMD in its early stages, monitoring its progression and, if it advances to wet AMD, starting treatment before vision deteriorates.

"Ten years ago, wet AMD was a one-way ticket to blindness, but now I have patients with the condition who are able to read and drive; and some even maintain 20/20 vision," said Rahul Khurana, M.D., a clinical spokesperson for the American Academy of Ophthalmology and retina specialist. "Unfortunately, some seniors may still harbor old notions of wet AMD being untreatable and may avoid exams in fear of this. Now this is no longer the case thanks to anti-VEGF treatments, which is one of the biggest advances in the field of ophthalmology – but patients can only take advantage of them if they get diagnosed early enough through an eye exam!"

Because AMD is progressive, treatments vary according to disease stage. Risk factors for AMD include increasing age, ethnicity and genetics. Smokers have an increased risk, while studies have shown that a diet high in omega-3 fatty acids (common in fish) may lower risk. In its earliest stages, AMD may not have any symptoms. As it progresses, slight changes in vision may occur such as blurry or distorted vision, blank spots in vision and colors appearing less vivid or bright.

Learn more about AMD and its effect on [vision](#) at www.GetEyeSmart.org.

The American Academy of Ophthalmology recommends a baseline eye exam by 40 and that older Americans get an eye exam every one to two years. Seniors who have not had a recent [eye exam](#) or for whom cost is a concern may qualify for EyeCare America, a public service program of the Foundation of the American Academy of Ophthalmology that offers eye exams and care at no out-of-pocket cost for eligible seniors age 65 and older. Visit www.eyecareamerica.org to see if you are eligible.

More information: [1] www.ncbi.nlm.nih.gov/pubmed/22264944

[2] www.ncbi.nlm.nih.gov/pubmed/22264945

[3] www.ncbi.nlm.nih.gov/pubmed/25105318

[4] www.ncbi.nlm.nih.gov/pubmed/23642785

[5] www.ncbi.nlm.nih.gov/pubmed/23929309

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