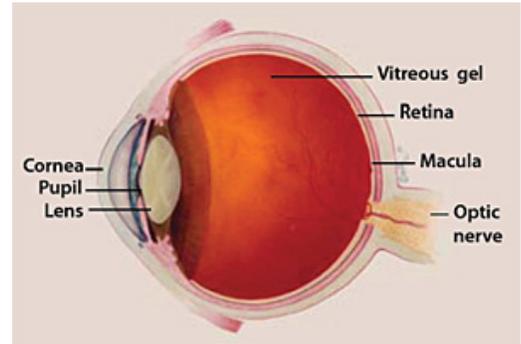


What you should know about age-related macular degeneration

Perhaps you have just learned that you or a loved one has age-related macular degeneration, also known as AMD. If you are like many people, you probably do not know a lot about the condition or understand what is going on inside your eyes.



What is AMD?

AMD is a common eye condition and a leading cause of vision loss among people age 50 and older. It causes damage to the macula, a small spot near the center of the retina and the part of the eye needed for sharp, central vision, which lets us see objects that are straight ahead.

In some people, AMD advances so slowly that vision loss does not occur for a long time. In others, the disease progresses faster and may lead to a loss of vision in one or both eyes. As AMD progresses, a blurred area near the center of vision is a common symptom. Over time, the blurred area may grow larger or you may develop blank spots in your central vision. Objects also may not appear to be as bright as they used to be. AMD can also interfere with simple everyday activities, such as the ability to see faces, drive, read, write, or do close work, such as cooking or fixing things around the house.

The Macula

The macula is made up of millions of light-sensing cells that provide sharp, central vision. It is the most sensitive part of the retina, which is located at the back of the eye. The retina turns light into electrical signals and then sends these electrical signals through the optic nerve to the brain, where they are translated into the images we see. When the macula is damaged, the center of your field of view may appear blurry, distorted, or dark.

Who is at risk?

Age is a major risk factor for AMD. The disease is most likely to occur after age 60, but it can occur earlier. Other risk factors for AMD include:

- **Smoking.** Research shows that smoking doubles the risk of AMD.
- **Race.** AMD is more common among Caucasians than among African-Americans or Hispanics/Latinos.
- **Family history.** People with a family history of AMD are at higher risk.

Does lifestyle make a difference?

Researchers have found links between AMD and some lifestyle choices, such as smoking. You might be able to reduce your risk of AMD or slow its progression by making these healthy choices:

- Avoid smoking
- Exercise regularly
- Maintain normal blood pressure and cholesterol levels
- Eat a healthy diet rich in green, leafy vegetables and fish

How is AMD detected?

The early and intermediate stages of AMD usually start without symptoms. Only a comprehensive dilated eye exam can detect AMD. The eye exam may include the following:

- **Visual acuity test.** This eye chart measures how well you see at distances.
- **Dilated eye exam.** Your eye care professional places drops in your eyes to widen or dilate the pupils. This provides a better view of the back of your eye. Using a special magnifying lens, he or she then looks at your retina and optic nerve for signs of AMD and other eye problems.
- **Amsler grid.** Your eye care professional also may ask you to look at an Amsler grid. Changes in your central vision may cause the lines in the grid to disappear or appear wavy, a sign of AMD.
- **Optical coherence tomography.** You have probably heard of ultrasound, which uses sound waves to capture images of living tissues. OCT is similar except that it uses light waves, and can achieve very high-resolution images of any tissues that can be penetrated by light—such as the eyes.

What to ask your eye care professional:

- What is my diagnosis and how do you spell the name of the condition?
- Can my AMD be treated?
- How will this condition affect my vision now and in the future?
- What symptoms should I watch for and how should I notify you if they occur?
- Should I make lifestyle changes?

What are the stages of AMD?

There are three stages of AMD defined in part by the size and number of drusen under the retina. It is possible to have AMD in one eye only, or to have one eye with a later stage of AMD than the other.

- **Early AMD.** Early AMD is diagnosed by the presence of medium-sized drusen, which are about the width of an average human hair. People with early AMD typically do not have vision loss.
- **Intermediate AMD.** People with intermediate AMD typically have large drusen, pigment changes in the retina, or both. Again, these changes can only be detected during an eye exam. Intermediate AMD may cause some vision loss, but most people will not experience any symptoms.
- **Late AMD.** In addition to drusen, people with late AMD have vision loss from damage to the macula. There are two types of late AMD:
 - In geographic atrophy (also called **dry AMD**), there is a gradual breakdown of the light-sensitive cells in the macula that convey visual information to the brain, and of the supporting tissue beneath the macula. These changes cause vision loss.
 - In neovascular AMD (also called **wet AMD**), abnormal blood vessels grow underneath the retina. ("Neovascular" literally means "new vessels.") These vessels can leak fluid and blood, which may lead to swelling and damage of the macula. The damage may be rapid and severe, unlike the more gradual course of geographic atrophy. It is possible to have both geographic atrophy and neovascular AMD in the same eye, and either condition can appear first.

AMD has few symptoms in the early stages, so it is important to have your eyes examined regularly. If you are at risk for AMD because of age, family history, lifestyle, or some combination of these factors, you should not wait to experience changes in vision before getting checked for AMD.

Not everyone with early AMD will develop late AMD. For people who have early AMD in one eye and no signs of AMD in the other eye, about five percent will develop advanced AMD after 10 years. For people who have early AMD in both eyes, about 14 percent will develop late AMD in at least one eye after 10 years. With prompt detection of AMD, there are steps you can take to further reduce your risk of vision loss from late AMD.



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