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AGE RELATED MACULAR DEGENERATION

Q *What is the macula?*

A The macula is a part of the retina at the back of the eye. The retina is the 'seeing' part of the eye and the macula is responsible for seeing what we are actually looking at and focussing on - rather than the world we are aware of around us, which we see to the sides out of the corner of our eyes.

Q *What is age related macular degeneration (ARMD)?*

A This is a condition which affects only the macula, never the rest of the retina. It occurs later in life and can lead to loss of detailed vision, for example for reading and recognising detail. ARMD is divided into 'wet' and 'dry' types. The wet type may cause sudden change in vision but the dry type is more gradual, usually over many years.

Q *What is the cause of ARMD?*

A There are many factors which may be relevant. Ageing is the most common factor – it does not occur in young people. Smoking increases the risk. A number of other factors are under investigation, for example the influence of inherited genes, diet and lifestyle.

Q *What are 'drusen'?*

A Drusen are white spots in the macular area of the retina. They may be an early sign that ARMD is starting. In younger age groups drusen may occur for other reasons.

Q *Is all ARMD the same?*

A No. ARMD is generally divided into 'wet' and 'dry' types. The treatment is different for the 'wet' and the 'dry' forms of the disease.

Q *What is the current treatment for 'wet' ARMD?*

A There is no treatment available at present that can completely reverse the disease changes that have already occurred in the macula. Most forms of wet ARMD can be treated providing the vision has not already been destroyed. A fluorescein angiogram (a special photographic test of the retina) is needed to identify those forms that are likely to respond best. The current treatment of choice is the drug, Lucentis, injected into the eye. Other similar drugs, eg Avastin, are still being assessed. Other treatments commonly used in the past have been superseded by drug injections. This treatment is now available on the NHS.

Q ***How effective is the treatment for 'wet' ARMD?***

A In wet ARMD that is suitable for treatment the vision stabilises in about 90% and in about 30% the vision may improve a little. Repeated treatments are usually necessary. Adverse side effects can occur but they are not common.

Q ***Is there any effective treatment for 'dry' ARMD?***

A No, but giving up smoking, having a healthy diet and taking certain nutritional supplements may slow down the progress of the condition. Vegetables and fruit contain vitamins and antioxidants which are believed to provide some protection. The nutritional supplement preparations 'Preservision' and 'Viteyes Original', and other supplements containing the same substances, have been shown to slow the advance of dry ARMD to a limited extent. If you are a smoker you must choose the smoker's formula which is free of beta-carotene which, in a smoker or recent smoker, causes a small increased risk of lung cancer. The benefits of other substances - Lutein and Zeaxanthin - are being investigated. All these preparations are usually reserved for use in the intermediate and more advanced stages of dry ARMD. They are not believed to prevent the advance of early ARMD.

Q ***What if my vision continues to deteriorate?***

A The worst that can happen is that the central part of the vision will be lost. This makes it difficult to read and see detail, for example faces or watching television. The 'peripheral' vision, the part we use to see to the sides and to avoid stumbling over things or bumping into people, is never lost in ARMD. In other words no-one becomes completely blind with ARMD although the loss of vision that does occur can be a serious hindrance.

Q ***Can anything be done if my central vision is reduced or lost?***

A Yes. A good bright light will help with reading. An 'anglepoise' or reading light close to what you are reading is better than a strong ceiling light. Also, the use of a magnifying glass will be helpful. Eventually a simple magnifying glass may not be strong enough. At this point a variety of 'low vision aids' can be prescribed. These are more sophisticated magnifying aids that can prolong reading ability even in the presence of quite advanced ARMD. They are available through hospital eye departments and many opticians.

Q ***What is Charles Bonnet syndrome?***

A Sometimes ARMD, especially if the vision is already significantly affected, can cause 'visual hallucinations'. Everyday objects, which you know are not there, can appear in the vision. It does not indicate any underlying disease and there is no effective treatment.

Q ***What is 'Partial Sight' or 'Blind' Registration?***

A If your vision deteriorates below a certain level the consultant ophthalmologist may offer to register you. This has certain benefits which will be explained by the 'Visual Handicap Officer' who will visit you at home after registration.

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