

Protecting Your Vision From A Blinding Disorder

(NAPSA)—With nearly 8,000 baby boomers turning 60 every day, more and more people are at risk for a disease that may cause devastating vision loss: age-related macular degeneration (AMD).

AMD is a degenerative eye disorder and is the leading cause of vision loss in Americans 60 years of age or older. In fact, AMD currently affects approximately 1.6 million Americans, and by 2020 almost 3 million people will have been diagnosed with the disease.

People with AMD may often see lines as wavy or curvy. Faces may appear blurred or colors may not be as clear as they used to be. Some people may also experience dark or empty spaces blocking the center of their vision, and reading fine print or road signs may become challenging. If left untreated, AMD can cause irreversible damage, including vision loss.

There are two types of AMD: wet and dry. Dry AMD is most common, accounting for approximately 85 percent of all AMD cases. Dry AMD occurs when light-sensitive cells in the macula slowly break down, gradually blurring central vision in the affected eye. An early sign of dry AMD is the presence of “drusen,” yellowish deposits left by the breakdown of these cells that build up under the retina.

Wet AMD, the more advanced and severe form of the disease, occurs when abnormal blood vessels begin to grow under the macula, a highly sensitive part of the retina responsible for detailed central vision. These new blood vessels are very fragile and may leak blood and fluid. The leakage may then cause permanent damage to light-sensitive retinal cells, which die off and create blind spots in central vision.

“As many baby boomers enter their sixth decade, awareness and understanding of eye diseases are essential, especially considering the potentially devastating out-



Photos courtesy of the National Eye Institute, National Institutes of Health.

Here is the same scene, with normal vision (top) and as it might be viewed by a person with age-related macular degeneration (bottom).



comes,” said Dr. Lorraine Marchi, the founder and CEO of the National Association for Visually Handicapped (NAVH), an association dedicated to helping the “hard of seeing” cope with the psychological effects of visual impairment. “With AMD, there are treatments available that can help to stabilize vision.”

There is no cure for either wet or dry AMD. However, ongoing research has led to a better understanding of the disease and ways to more effectively treat it.

Doctors now know that the wet form of the disease has a physical component—that is, the abnormal, leaking blood vessels—and a biochemical process, which is what causes those abnormal fragile blood vessels to grow and leak. Once they grow, the damage begins and will continue until the growth, bleeding and leakage have all been stopped. To effec-

tively treat wet AMD over the long term, it is crucial to address its physical component by sealing off the leaking blood vessels to prevent further damage, which can lead to sight loss.

According to Carl Regillo, M.D., professor of ophthalmology at the Thomas Jefferson University in Pennsylvania, “The physical aspect of wet AMD is a lot like a cancerous tumor. Like tumors, these blood vessels are abnormal growths. Not only do you have to prevent new tumors from forming, but you also have to treat the cancer that already exists. And it’s the same for blood vessels under the macula.”

While scientists continue to search for a cure for wet AMD, there are treatment options available that help to stabilize the disease. Visudyne® (verteporfin for injection) is a treatment option available to treat one specific type of AMD known as predominantly classic subfoveal choroidal neovascularization. It utilizes photodynamic therapy (PDT), a low-energy laser together with a light-activated drug, verteporfin, to address the physical component of the disease by helping to seal off leaking, abnormal blood vessels.

Other treatment options include a class of drugs called anti-VEGFs that act to suppress the protein Vascular Endothelial Growth Factor, which plays a role in the formation of new blood vessels.

Because there are various treatment options for wet AMD patients, it is important for patients to discuss the best options with their physician. It is also vital for caregivers and those at risk for AMD to seek early intervention if they experience any problems with their sight. Early diagnosis can dramatically improve the chance of a positive treatment effect.

For additional information on AMD prevention and treatment options, visit www.NAVH.org.



Note to Editors: Important Safety Information: Visudyne therapy is not for everyone. People who have an abnormal sensitivity to light (a condition called porphyria) and those with allergies to any of the ingredients should not receive Visudyne. Check with your doctor or health care professional to see if you might be sensitive to any component of Visudyne therapy. Only your doctor can determine if Visudyne is right for you. Changes in vision, including blurring, decreased sharpness in vision, and gaps in vision, are some of the most commonly reported side effects. Between 1 percent and 5 percent of patients experienced a substantial decrease in vision, though some patients achieved partial recovery. Patients who experience substantial vision loss should consult their health care professional immediately. Injection site reactions and temporary back pain during injection were some of the most commonly reported side effects. Patients should avoid direct sunlight or bright indoor light for five days following therapy with Visudyne. Patients who have to go outdoors in daylight after treatment must protect all parts of their skin and eyes by wearing protective clothing and dark glasses. Ultraviolet (UV) sunscreens are not effective in protecting against photosensitivity reactions.