

MACULAR DEGENERATION

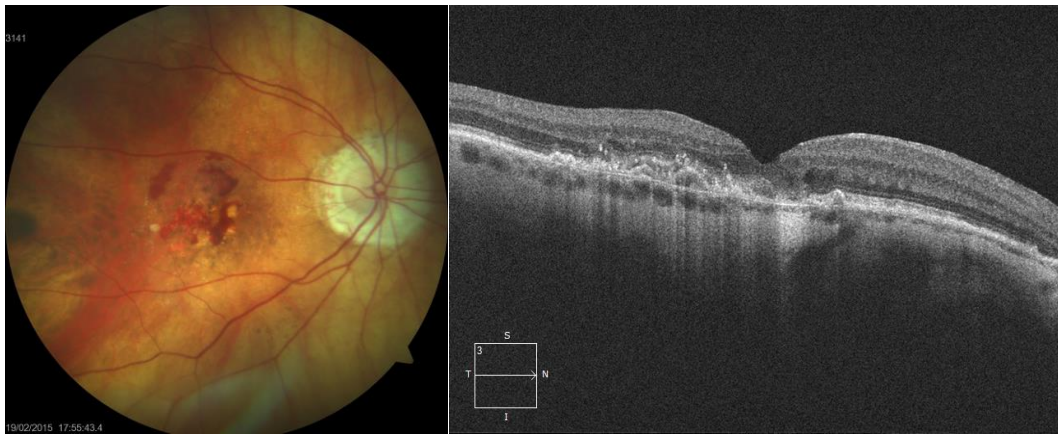
What is the Macula?

The macula is the very centre of the retina. It is packed with cone-type photoreceptors which give detailed, coloured vision. You are reading this text using your macula. It is the small area of central retina responsible for your ability to read, distinguish faces, drive a car and any other activities which require fine vision. Your peripheral retina gives you the ability to see general shapes and gives you your 'get about' vision.

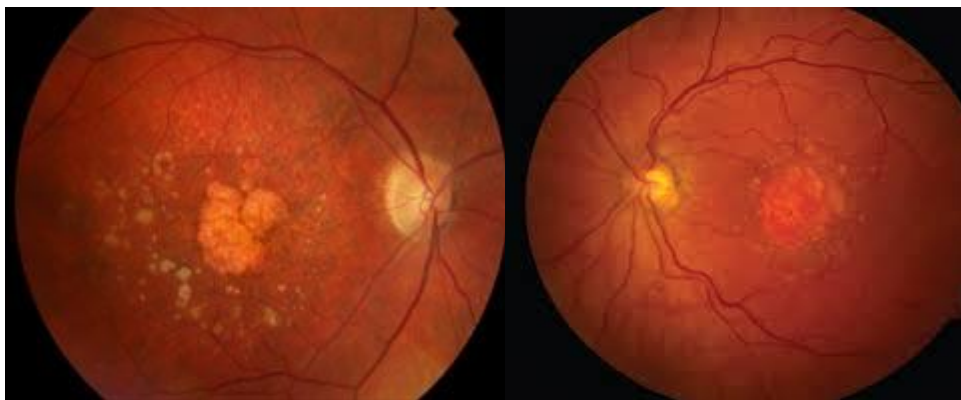
What is macular degeneration?

There are two broad forms of Macular degeneration (MD).

1. "Wet" Macular Degeneration when blood vessels grow under the retina and can cause bleeding, leaking of fluid and or fat or eventually a fibrous scar if left untreated.



2. "Dry" Macular Degeneration when the macula and retina close by 'wears out' and becomes thin and eventually the retina in these areas is completely missing. This is also called geographic atrophy. Geographic atrophy involving the macula itself is dry macular degeneration.



Risk Factors

Age; Macular Degeneration is primarily age related. Approximately 1 in 7 (14%) Australians over 50 have some evidence of macular degeneration.

Family History. People with a family history of Macular Degeneration have a 3 to 4 times higher risk of developing MD if a parent or sibling has MD.

Smoking. Smokers and people that have smoked are three times more likely to develop Macular Degeneration. Smokers get MD 5 to 10 years earlier on average.

Reducing your risks

You can't change your genes or your age but you may reduce the risk of MD or slow down the progression of the disease by making positive diet and lifestyle changes.

Have your eyes tested regularly and make sure the macular is checked.

http://www.mdfoundation.com.au/resources/1/facts-figures_2012.pdf

Symptoms of Macular Degeneration.

Visual distortion such as a bend or kink in straight line

Blurring in the centre of the vision

Difficulty reading or recognizing faces

Treatment of Macular Degeneration. There is no specific treatment for dry MD however the risk factors mentioned above should be addressed. In certain cases nutritional supplements in the form of a capsule containing the "AREDS 2 formula " can reduce the progression of MD to advanced MD. This was only shown in individuals already showing some MD changes and your Ophthalmologist can advise if you have these changes or not. One can also choose a diet with the highest concentration of the nutrients included in the AREDS 2 formula.

<https://www.karger.com/Article/FullText/357528>

For wet MD there is now an effective treatment to halt or slow the progression of wet MD. The effectiveness of treatment depends on the specific type and severity of the wet MD and how quickly treatment is begun after the wet MD becomes active. This involves an injection of a medicine inside the eye known as a vascular endothelial growth factor Inhibitor or antibody. The three brand names are, Avastin, Lucentis and Eylea. They work by inhibiting the growth of the abnormal leaky blood vessel beneath the retina. The problem is that the injections work for 4 to 6 weeks and are then cleared from the eye and the injection needs to be repeated otherwise the abnormal blood vessel may leak or bleed again. They are initially given every 4 to 6 weeks. Often the time between injections can be extended "treat and extend" up to 12 weeks but people usually need ongoing injections even after a number of years. Under treatment with injections gives poorer results with regards maintaining vision. The injection is given with local anaesthetic and quickly and is only mildly uncomfortable

Amsler Chart This is a simple but very sensitive way you can monitor your eyes for early wet macular degeneration. Click here for a downloadable Amsler chart with instructions.

