The ABC's of Age-Related Macular Degeneration

By Camille M. Harrison, MD

Age-Related Macular Degeneration (ARMD) is the leading cause of vision loss in people over the age of 65. It is believed that just over 2 million Americans have some form of ARMD which is far more common in the Caucasian population than in other ethnic groups.

There are 2 types of ARMD commonly referred to as "dry" and "wet." All macular degeneration starts as dry disease. It is our goal as

an eye care community to detect the disease in its earliest stages so that early treatment can be instituted. Therefore, dilated eye exams are recommended yearly after the age of 50 to screen for this condition. Technology has provided us with significant improvements in early detection, most specifically an imaging technique called OCT. If you have a family history of the disease or have been diagnosed with the condition, it is important to ask your eye care specialist to do this test routinely. This is a simple, noninvasive office study that provides a great deal of information about the health of your aging retina.

Typically, dry macular degeneration results in small amounts of central vision loss and distortion. In 10 to 15% of patients, the disease will advance to the wet form of the disease. This form, if untreated, can lead to the permanent loss of the central vision. The good news is that there are now highly effective treatments for wet macular degeneration which are most beneficial when the disease is detected early.

Currently, there are recommended treatments for both dry and wet macular degeneration. Anti-oxidant

vitamin supplements have been extensively evaluated by the National Eye Institute for dry ARMD and have been shown to halt the progression of the disease in 25% of patients. We are fortunate now to have excellent treatments for wet macular degeneration as well. Fifteen years ago, a diagnosis of wet macular degeneration would regularly result in the loss of central vision. Patients who were diagnosed with macular

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degeneration were told to call if they experienced a loss of vision. With the introduction of modern therapeutics for wet macular degeneration, central vision loss can be avoided. Numerous studies have shown that when therapy is introduced earlier in the course of the disease, long term vision is improved. How can we accomplish this? Regular monitoring of the condition with high resolution scans is the answer. If the study shows the early onset of wet macular degeneration, therapy can be started before a patient experiences significant vision loss. These treatments are done as injections in the eye with specialized medications. Fortunately, in the hands, these injections can be administered with minimal discomfort and optimal results.

The outlook for macular degeneration is much brighter than ever before. The majority of my patients with wet macular degeneration continue to enjoy all aspects of life including reading, driving and living independently.

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