Macular Degeneration Foundation

The Magnifier

ISSUE #107
Apr - Jun 2017

Benefits of Aspirin Outweigh Risks in Age-Related Macular Degeneration Patients

Recent press releases regarding the potential adverse effects of aspirin on macular degeneration have caused patients with Age-related Macular Degeneration (AMD) to discontinue their aspirin use without consulting their physician. This study weighed the benefits that aspirin provides for patients' cardiovascular health compared to the risk of AMD worsening.

After reviewing nine cardiovascular and ten ophthalmological studies and analyzing the risks/benefits of aspirin use, researchers found that the small and still unconfirmed added risk of AMD is far outweighed by the solid benefits of cardioprotective aspirin. Patients who are taking aspirin for cardiovascular health, therefore, should not fear the possible, theoretical and exaggerated risks of exacerbating their AMD.

ARVO Posterboard #: B0333
Abstract Number: 3200 – B0333
Author: Christine Garabetian, et al

Book on CD

"Macular Degeneration, "The Complete Guide to Saving and Maximizing Your Sight" is offered by Sight Into Sound on CD. Call 713-622-2767 for a free copy.

EARS

Free Tapes to Live LIfe with Confidence and Dignity. Call: 800-843-6816

Free DVD

Hallucinations: Am I going Crazy?

AMD and Charles Bonnet Syndrome. DVD available on request with detailed information! Call: 888-633-3937

Resources

MD Foundation Resource Director
Dan Roberts
888-866-6148

Magnification Glasses Order Information
800-426-4846
www.american-readingglasses.com

NFB Newsline
866-504-7300

Choice Magazine Listening
888-724-6423

National Library Service
888-657-7273
(Audio Books)

Free Low Vision Catalogs and Independent Living Catalog
800-537-2118

Maxi Aids
800-522-6294

Jewish Heritage for the Blind
800-995-1888

LS&S Low Vision Catalog
800-468-4789
lssproducts.com

EyeSmart
http://www.get-eyesmart.org/eyesmart

A Letter from Liz

Liz Traurnicht - Pres
MD Foundation

The following article by June Javelosa for Futurism.com caught my eye.

Self-Driving Cars Could Transform the Lives of the Visually Impaired

The promise of truly autonomous vehicle technology is becoming a reality. Enter: Optimus Ride, a startup in Cambridge, Massachusetts that is developing self-driving technologies for electric vehicles. One such vehicle was used to shuttle students and staff around the Perkins campus, the U.S.' oldest school for the blind, using a laptop as a guide.

"Autonomous vehicles will be transformative for people who are blind," says Dave Power, president and CEO of Perkins.

"For the first time, they will be able to get to school, work, and community activities independently, regardless of distance. There is tremendous enthusiasm about it, both here and nationally, among the blind."

Advocates for the blind say this advancement is set to revolutionize their lives by giving them more independence. After the demo, Perkins employees gave Optimus Ride numerous suggestions, such as making sure to provide adequate floor space for service dogs.

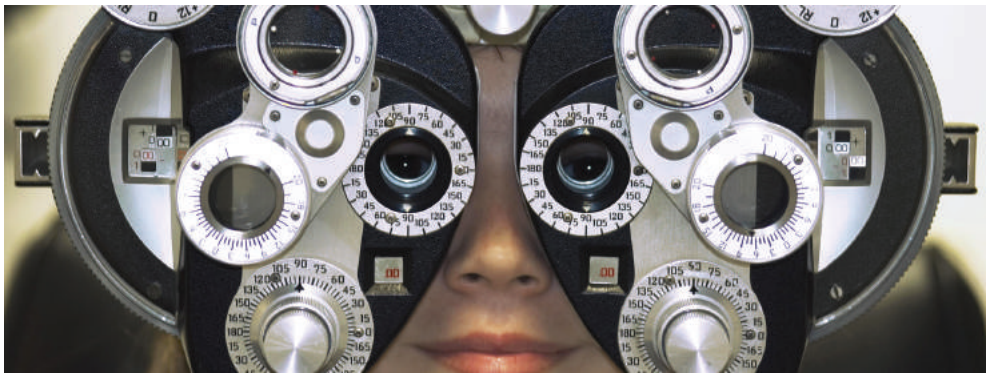
They also emphasized the need for a non-visual interface that passengers could use to communicate with the car. It could function using voice-over technology or haptic feedback, much like the gesture-based screen readers the blind use on their smartphones.

Jim Denham, Perkins's educational technology coordinator, anticipates creating an app that will work alongside the vehicle. It will summon the vehicle and give periodic status updates about the vehicle's progress.

“Which is better … 1 or 2?”

If you have been to an eye care provider because you wanted to know if glasses would help you to see better, you’ve probably been asked this question ... more than once.

This question is asked while performing a refraction and it can be a nerve racking question. You feel like you don’t want to give the wrong answer and sometimes you just cannot tell which is better. Rest assured, if you cannot tell which is better, then “I cannot tell” is the right answer!



What is a “refraction”?

The refraction is a process that begins with the use of a retinoscope or an autorefractor. These do not require any responses from you. They provide a starting point for the subjective refraction (when you have to tell “Which is better, 1 or 2?”).

Typically during the subjective refraction a phoropter is used (shown above). The phoropter is the piece of equipment that you sit behind, looking through holes (that have lenses) at the visual acuity chart across the room. The phoropter allows the lenses to be changed easily and quickly as the question is asked,

“Which is better, 1 or 2?”.

Continued ...

MD Support and Prevent Blindness America Establish New On-Line Resource

The new resource provides an extensive list of searchable resource directories, a database of 1,500 municipal paratransit services, a library of self-help guides and workbooks, and up-to-the-minute news.

This marks the first time in Internet history that two major organizations have joined in such a dramatic way to bring both education and support to the entire global low vision community.

See **lowvision.preventblindness.org** or **mdsupport.org**

Are You Missing Out on Benefits?

April Issue of AARP by Joan Rattner Hellman

If you're struggling to pay for health care, food, or utilities, help may be closer than you realize.

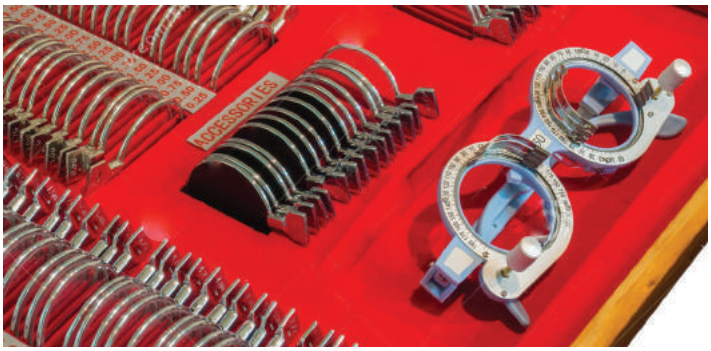
Older Americans miss out on more than $20 billion worth of benefits every year. A nationwide campaign launched by the National Council on Aging and the National Association of Area Agencies on Aging aims to help older adults learn about two easily accessed resources that can connect them to needed support.

BenefitsCheckUp (benefitscheckup.org)

Eldercare Locator (1-800-677-1116 or eldercare.gov)

Continued ... "Which Is Better ... 1 or 2?"

However, there is another way to do a refraction. That is with a trial frame and loose lenses (see below). If you have low vision, this is the best way to have a refraction performed.



More on Refraction

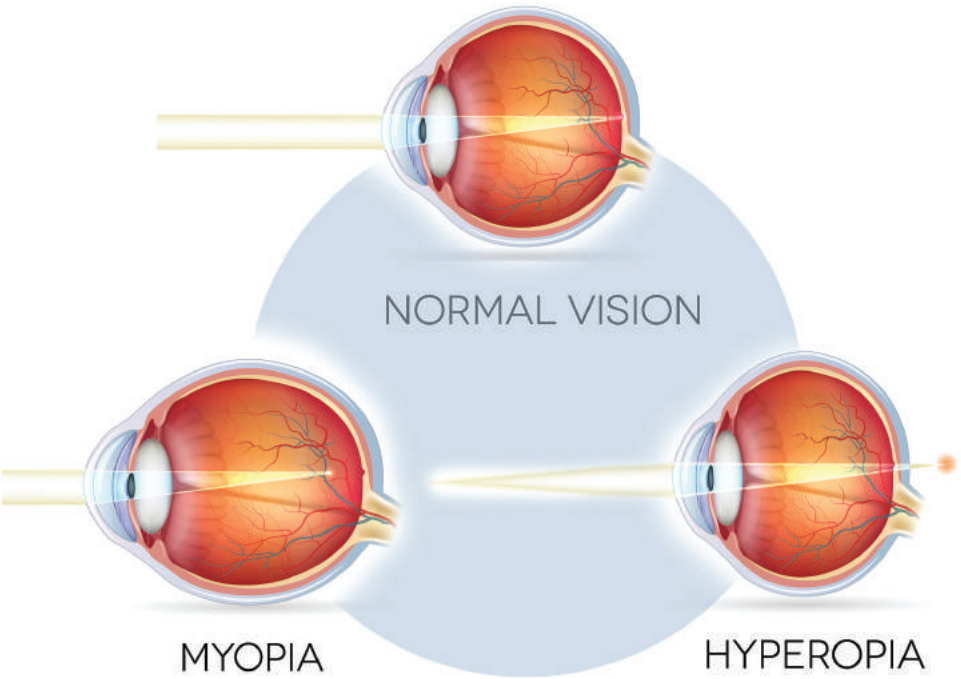
Technically, refraction is the bending of light that takes place within the human eye. The goal of the light bending is to put the visual image (of the object that you are looking at) on the retina in the back of the eye.

As with almost all aspects of human anatomy and function, there are many variations and occasional malfunction. This can result in refractive errors. The shape of the cornea, the shape of the lens and the length of the eyeball are the main components that determine the distance refraction of the eye. Lenses are used to compensate for these refractive errors.

Typical Refractive Errors

Myopia (Nearsighted): Visual images come to a focus in front of the retina of the eye. This means you cannot see far away. A concave lens is used in your glasses to compensate for the myopia by moving the image back to the retina.

Hyperopia (Farsighted): Visual images come to a focus behind the retina of the eye. This means your eye muscles have to work harder to see, so it usually affects your close up vision first. A convex lens is put in your glasses to compensate for hyperopia by moving the image forward to the retina.



Astigmatism: Visual images do not focus in just one spot. This means you can have blurry vision both far away and close up. The lens in your glasses will bring the image into one focal point.

Presbyopia: When looking at an object close up, your eye cannot bring it into focus. This is due to aging. A convex lens compensates for the problem.

Does macular degeneration cause refractive disorders?

No, macular degeneration does not cause you to have refractive disorders. Macular degeneration affects the retina, but not the focusing apparatus of the eye. However, most people with macular degeneration are older so they have presbyopia. If this is not corrected by wearing lenses to refocus the image, the difficulty with vision caused by the macular degeneration will be aggravated, making seeing up close even more difficult.

Therefore, it is important for all with macular degeneration to see their eye doctor regularly and have a good refraction done.

Cheri Glaus OD, Optometrist
Joe Fontenot MD, CLVT Medical Director
Community Services for Vision Rehabilitatin(CSVR)
Mobile, Alabama

Latest Audio Newsletters and Video's from the MD Foundation

Visit MacularNews.org

Talking Books

The National Library Service provides qualifying individuals a bimonthly large print catalog of recorded books and magazine at no charge.

Patrons may order talking books by contacting their local cooperating library. Contact information is online at www.loc.gov/nls/find.html or call 1-888-657-7323

Chaplains on Hand

Chaplainsonhand.org for spiritual support or call toll free 1-844-242-7524

Definitions

Ophthalmologist
a practitioner in the medical science of surgery and care of the eye and its related structures. An M.D. degree is required.

Retina specialist
a medical doctor trained as an ophthalmologist, who has received additional training in diseases and surgery of the retina and vitreous.

Optometrist
a degreed (O.D.), independent, primary health care provider skilled in the co-management of eye health and vision care, including examination, diagnosis, treatment, management of diseases/disorders, prescription of eyeglasses/contact lenses, and provision of low vision aids and therapy.

Optician
a person who designs or manufactures ophthalmic appliances or optical instruments ("ophthalmic optician") or deals in prescriptions ("dispensing optician").

Promising Developments

by Dan Roberts - MDF Director of Resources

Dry Macular Degeneration

Genentech, Inc., a leading pharmaceutical developer, is currently conducting two phase III trials studying the drug lampalizumab as a potential treatment for advanced dry macular degeneration, also known as geographic atrophy (GA). Patients who have been diagnosed with GA are encouraged to participate in the trials, which are being conducted at hundreds of locations in the U.S., Canada, Europe, South America, and Australia.

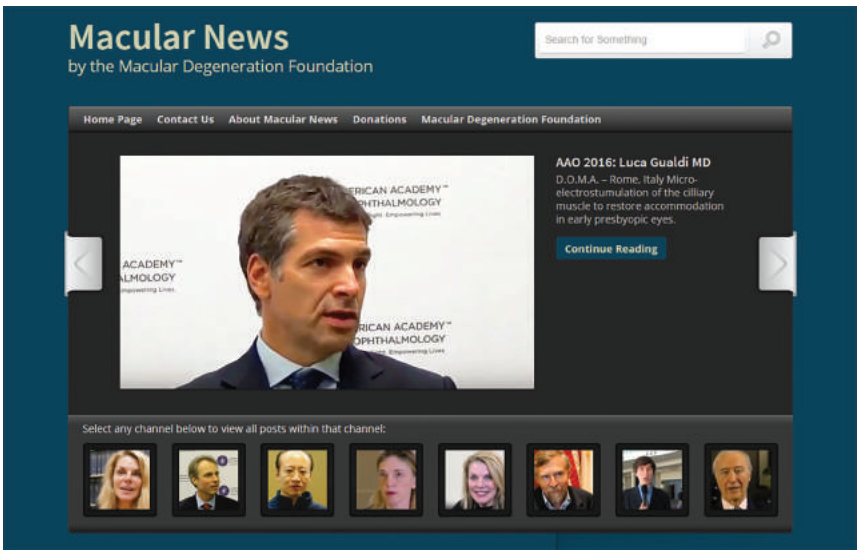
If lampalizumab continues to show success, this could be a major breakthrough for GA patients, for whom there has been no previous treatment. The Phase 2 study showed a 20.4 percent reduction in progression of advanced GA at 18 months. The drug works by inhibiting Complement Factor D, a protein that is best known for its role in reducing infection.

Currently, two clinical research studies (Chroma and Spectri) are recruiting patients. Both studies, which are identical, are comparing lampalizumab with a placebo. 936 people are expected to participate for a study period of approximately two years. For easy-to-understand information about lampalizumab, geographic atrophy, trial locations, and how to participate, see **http://www.ga-researchstudy.com**. Information is also available at **clinicaltrials.gov** (identifier #NCT02288559)

Lucentis® Approved for Myopic Macular Degeneration

Genentech has announced FDA approval for Lucentis® as a treatment for patients with neovascularization resulting from myopic macular degeneration (MMD), also known as myopic degeneration. Severe myopia (near-sightedness) can cause uncorrectable central vision impairment, and it may advance to total central vision loss from neovascularization. Lucentis is the first FDA-approved anti-VEGF therapy to treat myopic degeneration in the U.S.

Exclusive Online Videos Featuring World's Leading Eye Researchers



Dr. David Seftel, Director of Research Development for the Macular Degeneration Foundation, interviews the world's foremost scientists and medical practitioners. Visit **MacularNews.org** for the latest news and register to receive an email notice when new videos are first posted.

Donations

The Macular Degeneration Foundation, Inc. is a tax-exempt, non-profit organization.

Please visit our website at eyesight.org to make a tax deductable donation.

Checks may be mailed to:

Macular Degeneration Foundation, Inc.,
P.O. Box 531313,
Henderson, NV 89053

Call: 888-633-3937 (USA)
Call: 702-450-2908 (Intl)
Email: liz@eyesight.org

Disclaimer - Articles in the Magnifier are for information only and are not an endorsement by the Macular Degeneration Foundation editorial staff.

Organizations That Can Help

National Eye Institute
800-411-1222
www.nei.nih.gov

AMD Alliance
amdalliance.org
416-486-2500
x-7505

American Council of the Blind
(800) 424-8666
acb.org

MD Partnership
888-430-9898
amd.org

Prevent Blindness America
800-331-2020
preventblindness.org

MD Support
816-761-7080
MDsupport.org

Bible on Tape
Aurora Ministries
941-748-3031

THE MAGNIFIER
Macular Degeneration Foundation
P.O. Box 531313
Henderson, Nevada 89053

FREE MATTER FOR THE BLIND

Clinical Trial Information

Nat'l Eye Institute
800-411-1222 or
www.nei.nih.gov

Clinical trials have guidelines called "inclusion" and "exclusion" criteria. These criteria (age, gender, type and stage of disease, etc.) keep participants safe and ensure researchers will be able to answer the questions they plan to study.

New Sustained Delivery Method for Lucentis

By Dan Roberts - ILVSG Newsletter

Genentech, Inc. is testing a less-invasive method of delivery of their anti-VEGF drug Lucentis into the eyes of patients with wet AMD. Currently, anti-VEGF treatments require regular monthly or bimonthly injections into the back of the eye, which can be taxing on patients' time and stress level. The new method utilizes a timed release capsule implanted into the eye with a port to the exterior of the eyeball through which the drug is refreshed as needed. This sustained delivery method could extend the time between clinic visits by many months, greatly reducing the burden of frequent injections.

The Phase II clinical study is currently recruiting patients at 52 sites across the United States. For information about these sites and the criteria for participating, enter Identifier #NCT02510794 at **clinicaltrials.gov**, or call 888-662-6728.