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Another Step Closer to Eye Drops for Wet Macular Degeneration

By Dan Roberts - MD Support

Scientists at the University of Birmingham are one step closer to developing an eye drop that could revolutionize treatment for wet age-related macular degeneration. The condition is currently treated by injections of anti-VEGF drugs into the eye.

Eye drops have already been tested successfully in rats. This latest study, published in Investigative Ophthalmology & Visual Science (IOVS), demonstrates that eye drops can deliver a therapeutically effective amount of drugs to the retina of larger mammalian eyes like rabbits and pigs.

Pending patents for the eye drops are now owned by U.S. based company Macregen Inc. A team of U.K. researchers at the University of Birmingham Institute of Microbiology and Infection is working with the company to develop a novel range of therapies for wet AMD and other eye diseases.

The combined team is expediting proof of concept studies. Upon completion, clinical trials could begin as early as the Spring 2019.

A video interview with the researcher available here: <https://macularnews.org/2018/07/19/arvo-2018-dr-felicity-de-cogan/>

Go Go Grandparent



Go Go Grandparent (gogograndparent.com) was started 3 years ago to offer ride-sharing opportunities to those without smart phones and necessary apps. It is available wherever Uber or Lyft is operating.

This means that instead of contacting Uber or Lyft yourself, you may call Go Go Grandparent with a regular phone and they make all the arrangements for you. This includes, arrival time, cost and notifying the driver of any special needs or disabilities.

The company says that it only selects drivers with a 4.9 or greater rating with Uber or Lyft. The cost of Go Go Grandparent is 27 cents per minute of transportation time. This is added to the basic fare charged by Uber or Lyft, which depends on location, time of day, availability and other factors. On several recent rides using Go Go Grandparent with Uber, the added cost was slightly more than 20% of the total cost. Tipping is by cash at the discretion of the client.

You may join this company with no contract or commitment by calling 855-464-6872. A credit card is required.

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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)



The Challenge of Face Recognition

The inability to recognize faces is one of the most common complaints of people with age-related macular degeneration and is a frequent cause of embarrassments and concern in social activities.

If you have AMD, you will have blind spots in the center of your vision (central scotomas) and decreased contrast sensitivity. The blind spots will occupy part of a person's face and the impaired contrast sensitivity prevents you from seeing shades of texture and color. Since the blind spots are funnel-shaped, being smaller at close distance and greater at further distance, you will have less difficulty recognizing people up close. You will begin to recognize people by their voice, the way they walk and dress, their size, height and other characteristics. The problem with this sort of recognition is that it is not as quick or exact as normal face recognition.

Face recognition is an important part of everyday life. We recognize people, hail them and begin a social dialog. The ability to do this is important in order to respond appropriately or know what to say. Some people may be offended if we do not recognize them.

What can be done? At a distance, any telescopic magnifier will help. It has been shown that bioptic glasses (glasses with a small telescope mounted in the upper part of the glasses) does help identify people. The new head-mounted mounted electronic magnifiers (Iris Vision, Patriot, Nu Eyes, etc.) do help. However, these are difficult to use in ordinary circumstances such as walking and would not be comfortable in some social events.

Simple Tips to Recognize Faces

- * Speak up. Sometimes simply saying “Hello” or “Good day” will elicit a response that identifies the person or you will recognize their voice.
- * If the situation is appropriate, get closer. This makes your blind spot smaller, covering less of their face.
- * Engaging in small talk will give you clues as to identity.
- * Moving to the side where the person’s face is least in shadow may help and you may recognize them better from a different angle. Also, try positioning yourself so the light is behind you and on the face of the person you are trying to identify.
- * Knowledge of your scotoma position and your “preferred retinal focus” will help in directing your gaze so that more of the person’s face will be visible.
- * As always with vision loss, plan ahead. If you are going to meet a small group of people, find out ahead of time who they will be and this will help with recognition.
- * If all else fails, simply say “I’m sorry, I have macular degeneration and I have trouble identifying people. What is your name?”
- * If you are with a close friend or family member, you can quietly ask them to identify people as they approach.
- * A white-tipped cane will make it obvious why you do not recognize people.
- * There are also lapel pins saying “I have Low Vision” and you can simply call attention to the pin.

Remember that a minor degree of embarrassment is better than staying at home. Get out there! Say “Hello” to everyone.

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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 eye-glasses/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").

FTC Stops Deceptive Claims About Stem Cell Therapy

A California-based physician and the two companies he controls have settled charges of deceptively advertising that "amniotic stem cell therapy" can treat serious diseases, including Parkinson's disease, autism, macular degeneration, cerebral palsy, multiple sclerosis, and heart attacks.

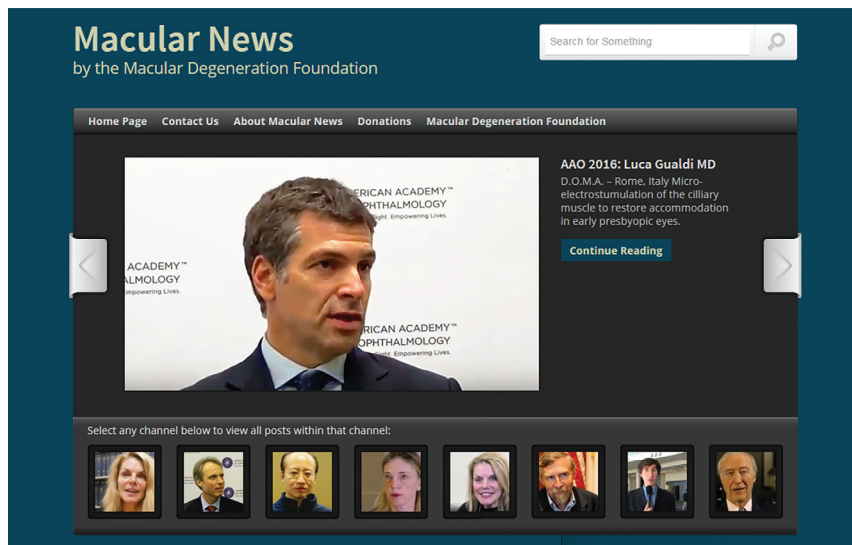
The defendants even claimed that the therapy could restore the vision of blind patients, citing the case of a "101 year old Lady once blind for 7 years" who, thanks to stem cell therapy, could see again. According to the Federal Trade Commission report, Dr. Bryn Jarald Henderson, D.O. and the two companies he owns and operates (Regenerative Medical Group and Telehealth Medical Group), earned at least \$3.31 million offering stem cell therapy between 2014 and 2017.

Initial stem cell therapy injections ranged from \$9,500 to \$15,000, with patients encouraged to undergo multiple treatments. Follow-up "booster" treatments cost between \$5,000 and \$8,000 each. The settlement prohibits the defendants from making these and other health claims in the future unless the claims are true and supported by competent and reliable scientific evidence. The settlement also imposes a partially suspended \$3.31 million judgment and requires the defendants to notify current and former patients about the order within 30 days.

This action should serve as a warning to other companies who are making unsubstantiated claims about stem cell "cures". At this time, no stem cell treatments for retinal diseases have been approved for clinical use by the US Food and Drug Administration (FDA). Anyone considering participation in a clinical trial should ask if the FDA has reviewed the treatment. An honest health care provider would be able to confirm this information by providing a New Drug Application (NDA) number and the chance to review the FDA communication approving its experimental use. Ask for this information before getting treatment—even if the stem cells are your own.

by Dan Roberts - ILVSG Newsletter Vol 13, Issue 11

Exclusive Online Videos Featuring World's Leading Eye Researchers



The Macular Degeneration Foundation interviews the world's foremost scientists, medical practitioners and inventors. Visit **MacularNews.org** for the latest news and register to receive an email notice when new videos are first posted.

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Call: 702-450-2908 (Intl)
Email: liz@eyesight.org

Organizations That Can Help

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

Community Services for Vision Rehabilitation (AL & MI Areas)
csvrlovvision.org
251-476-4744
228-760-0788

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

Second Sense (Chicago Area)
312-236-8569
second-sense.org

Prevent Blindness America
800-331-2020
preventblindness.org

MD Support
816-761-7080
MDsupport.org

Bible on Tape
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941-748-3031

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THE MAGNIFIER

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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.

Genentech's Faricimab for Wet AMD May Extend Time Between Injections

Genentech has announced positive results from the Phase II STAIRWAY study which explored the extended durability of faricimab (RG7716) in the treatment of wet age-related macular degeneration (AMD).

According to Sandra Horning, M.D., chief medical officer and head of Global Product Development, "The STAIRWAY data show the potential of faricimab to allow fewer injections while achieving and sustaining the same visual gains seen with a current standard of care."

Based on these results, a global Phase III program for faricimab is anticipated to start in 2019.