

Macular Degeneration FAQs



Can 'using' my eyes cause further damage, will resting them 'make them last longer'?

No, definitely not! You cannot hurt your eyes or wear them out quicker by using them for normal tasks. Your eyes do not have a limited life like a battery. Please 'use' your eyes as much as you like. By doing so you may learn new ways of seeing things to compensate for your decreased vision.

Can 'resting' my good eye save it from developing MD?

If only one eye is affected, resting your 'good' eye has no impact on the risk of MD developing. There are a number of reasons why eyes may feel uncomfortable at times, particularly if you have been doing fine, detailed work. This discomfort has no impact on your retina or macula. You should discuss any discomfort with your optometrist or low vision specialist for advice on low vision devices or for simple tips with regards to glare, lighting and reading skills that can help with symptoms.



I suffer from watery or dry eyes - does this mean I have the wet or dry form of macular degeneration?

The front of the eye gives us no indication of what happening at the back or vice versa. Symptoms such as bloodshot eyes, dry or itchy eyes and watery eyes have no relationship to the retina. Any disease or damage to the retina does not affect the front of the eye in any way.

Can I see for myself if my retina or macula shows any signs of damage before I have symptoms?

No. It is impossible to examine your own retina, which lines the inside of the eye. You need to get a full eye examination from an eye specialist where the pupil is dilated, giving a clear view of the retina and macula.

Is MD painful?

No. We are unable to feel any sensation from our retina. That's why you need someone to check your retina, as macular degeneration can occur without you being aware of any visual symptoms.

MD never causes physical discomfort.

Why don't new spectacles help?

Spectacles affect our vision by 'helping' the lens at the front of the eye to better focus the image onto our retina at the back of the eye. If the retina is damaged, as with MD, it cannot 'take a good picture' regardless of how strong the lens or spectacles are.

Does any other eye disease such as cataract, glaucoma or diabetic retinopathy have an impact on MD?

No. Other eye diseases or complaints have no impact on the incidence, severity or outcome of macular degeneration. Of course many eye complaints may result in cause vision loss or disturbance to varying degrees and if you have central vision loss due to MD, other visual symptoms can exacerbate your vision loss, but clinically they do not affect the actual disease process.

Is it 'normal' to experience visual hallucinations?

It is common for people affected with MD to experience a range of visual symptoms. It is the brain trying to make sense of the damage caused by MD. These symptoms can be mildly irritating or quite distressing - in the case of those who experience vivid, random images of everyday objects or scenes at the most inappropriate times. Be assured you are not going crazy - it just seems like it - and images often settle down with time. Please discuss your concerns with your eye specialist.

I've never heard of the macula.. why not?

You're not alone! However, most people have heard of the retina. The macula is the name given to the very centre of the retina (it's not a separate part) and is highly specialised. Due to the increased incidence of MD, the word macula is now gradually coming into our common vocabulary as awareness increases. The macular region has always been acknowledged by the medical profession.

What size is the macula?

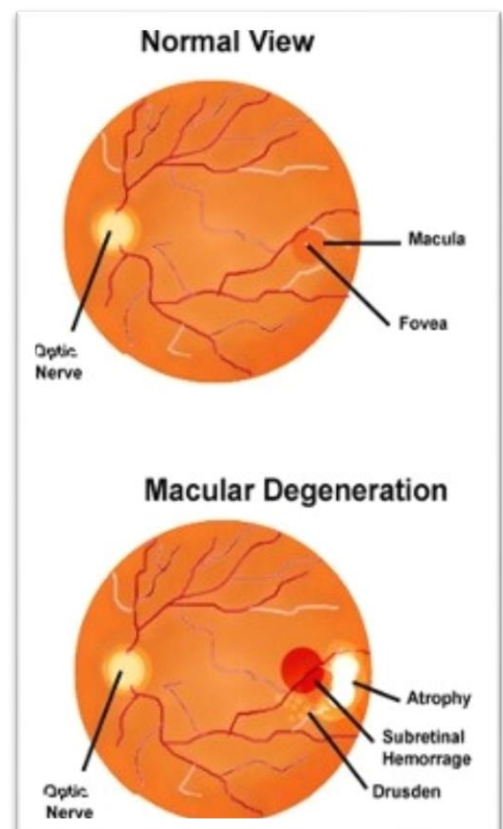
The retina has an area about the size of a \$2 coin. The macula is about the size of this letter 'o'.

What is meant by degeneration?

When we use the term degeneration to describe something in the body, it means a gradual breaking down of tissues resulting in reduced function of the parts affected. We are all familiar with the medical term of arthritis; it means the degeneration or wearing out of our joints. Likewise macular degeneration is a wearing out of our retina and macula.

What other kinds of macular degeneration are there?

Age-related is the most prevalent form of the disease, affecting those over 50 years of age. Younger people can



get other forms of macular degeneration and these are mainly inherited. Also young women in particular are prone to idiopathic (no cause found) blood vessels and there is some evidence that those with myopia (short-sightedness) are at risk of CNV (choroidal neo-vascularization) otherwise known as “Wet MD”.

What are some examples of non age-related MD:

- Stargardt's disease
- Bests disease
- Juvenile macular degeneration
- PICS (Punctate Inner Choroidopathy Syndrome)

There are a number of other retinal diseases classified as dystrophies. These have a different disease process to macular degeneration and involve the retinal receptors, or cells, degenerating. All dystrophies are inherited and the majority are diagnosed before the age of 30 years.

Is a macular hole the same as macular degeneration?

No, they are separate and distinct conditions. There is no relationship between the two. A macular hole could be described as a 'traumatic' event, when a hole develops in the macula, due to the vitreous gel, which fills the eye pulling on the retina. The vitreous gel tends to shrink as we get older causing traction.

Macular degeneration is a progressive disease of the retina. Macular holes can be surgically repaired, and offer a chance of visual recovery, unlike MD.

My vision is good but my doctor says I have the early signs of MD - what does that mean?

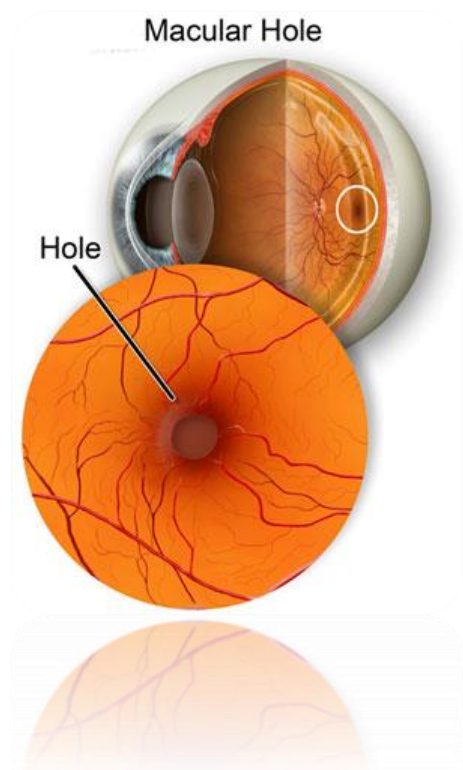
Macular degeneration is a progressive disease. It begins in the special layer of cells known as the retinal pigment epithelium (RPE) which lies underneath the retina. Early changes can be detected by your doctor when he examines your eyes. These changes appear as drusen or pigment changes and suggest that you may go on to visual loss.

Is macular degeneration contagious?

No. It is a degenerative disease and not one that can be passed from person to person.

Can younger people get macular degeneration?

Yes. Early onset macular degeneration (birth to age 7) is a genetic disease. It is called Bests Disease or vitelliform macular degeneration. Middle onset macular degeneration (age 5 to 20) is also a genetic disorder. This is commonly called Stargardt's Disease or macular dystrophy. Finally, people in their thirties or forties can develop a form of the disease that is also inherited. It may be called Sorsby's dystrophy, Behr's dystrophy, Doyme's dystrophy, or honeycomb dystrophy. Finally, myopic macular degeneration can occur in people who are severely near-sighted due to extreme elongation of the eyeball. This condition can result in tears in the macula and bleeding beneath the retina.



I have a cataract. Is it safe to have it removed or will it make my macular degeneration worse?

The decision to remove a cataract is always an individual one. Some studies and anecdotal evidence suggests that cataract surgery itself adversely affects the natural history of macular degeneration. However, such evidence is inconclusive, and many ophthalmologists still hold the view that cataract removal does not appear to contribute to worsening of macular degeneration. Cataracts do not generally impact adversely on ophthalmologists' ability to diagnose macular degeneration. Usually, the ophthalmologist removes a cataract only when the vision gets bad enough to warrant surgery. Patients with severe macular degeneration and mild cataracts do not generally benefit from cataract surgery. Conversely patients with mild to moderate macular degeneration and significant cataracts can achieve a useful visual benefit from cataract surgery.

However, when the cataract is removed, some patients report worse MD vision than before the cataract. But this may be due to the fact that the MD got worse during the time the cataract was developing. As the cataract develops and vision worsens, the patient's MD may also be getting worse. But because the cataract is interfering with vision, the patient may not be aware of the central vision changes. You should discuss this issue thoroughly with your ophthalmologist as each individual case is unique.

I have had dry MD for years. Does this mean I'm going to get wet MD too?

The course of development for macular degeneration is different in each person. Some people have only the dry form for decades and never develop the wet form. However, if you have the dry form, or have MD in one eye, your risk is definitely higher for getting MD in the other eye and for developing the wet form. This is why it is so important to use the Amsler Grid daily to check for any changes that may occur.

No one else in my family has MD. Why did I get it?

There is clearly a genetic component and your risk of MD is higher if there are other family members who have it. Much of the research is focused on identifying the gene or genes of MD and figuring out why some people get it and others don't. Other factors appear to contribute to the development of MD. You may have developed it because of age or lifestyle factors such as diet, smoking, high blood pressure or exposure to ultraviolet light. Unfortunately, we don't yet have all the answers to this question.

I have been diagnosed with drusen, does this mean I have macular degeneration?

Drusen can be an early sign of age-related macular degeneration. Not all drusen go on to 'full-blown' macular degeneration. In fact, most people over the age of 50 have one or two singular drusen and these never cause any problem. Drusen cause the RPE to either die (Dry MD) or attract the blood vessels from the choroid (Wet MD).

Can drusen be treated?

There are several types of drusen:

- Hard
- Soft
- Confluent

All have a different prognosis. It is the soft drusen that are sometimes considered for laser treatment in an attempt to make them regress or disappear. The laser used is very gentle and even if it succeeds in getting the drusen to disappear, over time you may still lose vision. It attempts to delay visual loss. Only one eye is treated as we do not know the long term affects. No treatment is without risk and you should discuss your options with your doctor.

I have Geographic Atrophy, what does this mean?

This is the name given to the late stages of dry macular degeneration. It is named such because the patches of wasted, or atrophied, retina appear like islands on a map (i.e. geographical).

What is an occult blood vessel?

When an angiography is performed, if specific, well-demarcated points of leakage are not revealed by the indicator dye entering the macula, the leakage is said to be occult, meaning hidden.

What is a 'classic' blood vessel?

This is a well-defined blood vessel. Eye specialists can clearly see the size and the boundaries of the blood vessel.

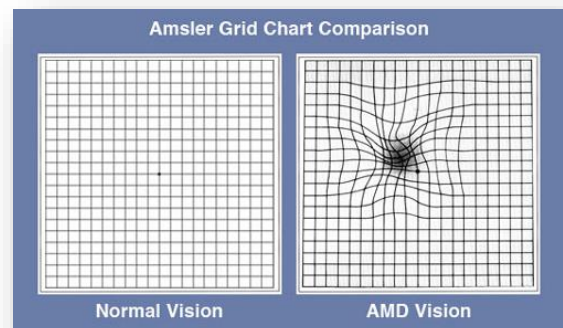
Do these blood vessels behave differently?

Yes. The classic type tends to be more aggressive, conversely occult blood vessels can sometimes take a longer time to cause visual loss. The natural history of these blood vessels shows us that over half of classic blood vessels result in severe visual loss whereas with the occult blood vessels, only one third achieve severe visual loss after five years.

I have changes on the Amsler Grid.. does this mean I have MD?

Not necessarily. Anything that affects your retina/macula can give you symptoms such as wavy, broken or distorted lines on the Amsler Grid. You need an eye care professional to diagnose the disease. For example, a common eye complaint called CSR (central serous retinopathy) is sometimes mis-diagnosed as MD.

Central serous retinopathy is a disorder in which blood vessels underlying the retina leak, and there is secondary detachment of the retinal pigment epithelium. These leakages are usually stopped by laser photocoagulation. The condition has also sometimes been treated with anti-inflammatory corticosteroids, but there are indications that they sometimes worsen the condition.



I have been diagnosed with MD and my eye specialist has recommended I use the Amsler Grid regularly. What is the point?

Regular use of the Amsler Grid will alert you to any changes happening on your retina. You should seek urgent professional advice as early intervention may prevent more severe visual loss. If there is a delay the chance for treatment reduces.

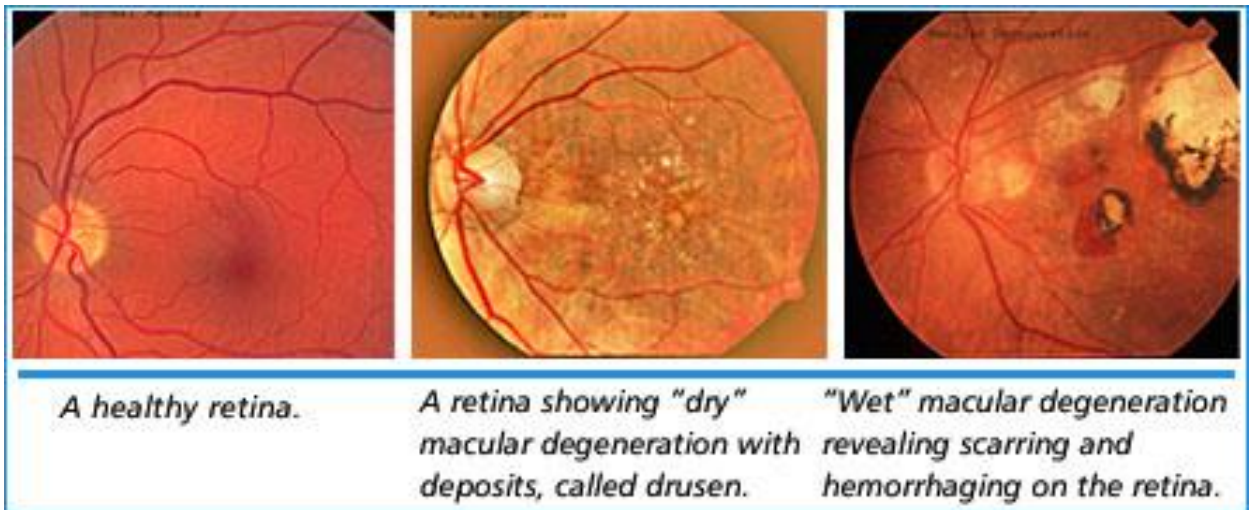
What is the normal number of angiograms I should expect to have after the initial one?

Angiography is performed on a regular basis as part of the usual management of wet macular

degeneration. It is not unusual while the disease is still active to have an angiogram at each consultation. In the later stages of the disease, it is usual to have angiography annually.

Can Dry MD become Wet MD?

Yes. However it is rare to develop wet disease when geographic atrophy is established.



I have heard about ICG angiography, is this essential for diagnosis?

ICG, Indocyanine Green, is not a common test but allows the eye specialist to examine the deeper layers of the choroidal circulation. It is probably most useful in planning treatment parameters as it shows us the blood vessel not shown up by fluorescein. Your eye specialist, if at all concerned, will order an ICG angiography. Southern Eye Specialists is one of only a few practices that has the equipment to perform ICGs.

My Doctor has recommended PDT.. is it worth it? I understand that treatment is not guaranteed?

The natural history of MD is not good and we know for certain that it will continue to get worse. Treatment gives you a chance of preserving as much vision as possible and halting the progression.

How long do I wait between PDT treatments?

Discuss this with your eye specialist. Follow-up consultations are usually every 6-8 weeks in the initial stages of treatment.

Is it usual to have a combination of Laser Photocoagulation and PDT?

Sometimes this is an option. Treatment plans are very much on a case by case basis, however it is more usual to be treated with either one or the other.

I have Wet MD but my Doctor says there is nothing he can do or no treatment available. Why is this?

In order to be considered for treatment, your MD has to meet a certain criteria - the blood vessel has to be within the treatment parameters set out in the guidelines. These include the size, position and age of the blood vessel. The most common reasons for unsuitability is that the damage is too big, the resulting visual acuity too poor or that a scar has formed on the retina.

Why take a Lutein supplement?

Lutein has been shown to be protective of MD. If your diet is deficient in fresh fruit and vegetables, a Lutein supplement should be considered.

What is Zeaxanthin?

An antioxidant found along with Lutein in our foods.

Are any herbs (Chinese or traditional) worthwhile?

There have been no studies published in the medical journals regarding the efficiency or not of these.

Is cheese harmful?

Restricting your intake of fat is probably the best policy until we learn more.

What about Evening Primrose Oil?

High in EFAs yet has not been studied in relation to MD.

Is exercise good for MD?

We recommend that regular exercise is good not only for your general health and wellbeing but more importantly for reducing your emotional anxiety. Depression is common in MD sufferers and we know that regular exercise helps alleviate depression.