What is age-related macular degeneration?

Age-related macular degeneration, or AMD for short, is an eye disease that blurs the sharp, central vision you need for activities like reading and driving. It’s the most common diagnosis I give as an ophthalmologist.

Are there different types?

Yes. There are two forms: dry and wet AMD.

Dry is the most common. Around 89% of patients who have AMD have the dry type. Dry AMD occurs when deposits of waste materials damage the retinal tissue that forms images. The loss of tissue equates to the loss of vision.

Wet type is the form that gets all the headlines. Wet AMD occurs when an abnormal blood vessel grows under the delicate retinal tissue. Because of the blood vessel’s abnormality, it can easily bleed, causing damage to sensitive tissue. People with wet AMD lose 80-90% of their vision.

Both types are devastating and significantly reduce patients’ quality of life.

What are the risk factors?

I call them “The Big Three:”

1. AGE
   Risk for AMD increases with age. Staying up to date with annual eye check-ups and wellness practices can help minimize risk.

2. GENETICS
   We see that AMD tends to run in the family. If someone in your family has AMD, it would be wise to get examined yourself.

3. SMOKING
   We know smoking is bad for one’s health overall, but smoking can significantly increase the progression of vision loss.
How can people protect their vision?

In addition to addressing the “Big Three” risk factors, people can take several steps to protect their vision. Overall, taking vitamins, eating a healthy diet, exercising and wearing sunglasses when it’s sunny will help patients prolong their vision. The last preventive measure I’d mention is home monitoring. It’s important for patients with dry AMD to monitor if they could be progressing to wet AMD.

How has innovation and research helped patients living with AMD?

Telehealth has helped patients stay on top of their condition. Telemedicine visits are valuable, as are new at-home devices. If one of my patients’ condition is worsening, I get a notification to call them and bring them in for a check-up.

What do you see for the future of AMD?

Right now, there are some really promising drugs on the horizon. For instance, there are anti-VEGF therapies, injectable medications for wet AMD. The injection reduces the abnormal blood vessel growth, providing patients with much-needed relief. They have already saved patients’ sight and changed the course of the disease.

Manufacturer-assistance programs have helped several of my patients access the medications, which can be expensive otherwise. But policymakers can certainly do more to ensure access to these and other new therapies for vision patients.

It’s a great time to be a retinal specialist. The best gift I can give my patients is letting them live their lives to the fullest. Having the ability to see clearly is definitely a large part of that.