Iron and Macular Degeneration

INTERVIEW WITH Dr. Joshua Denaief, Researcher at University of Pennsylvania

What part does the accumulation of iron play in the role of premature macular degeneration? In an exclusive interview with the Macular Degeneration Foundation, Dr. Joshua Denaief relates how a 44 year-old anemic vegetarian was treated for iron deficiency with intravenous iron. Within 11 months she developed macular degeneration with copious amounts of drusen. This led Dr. Denaief to the question, “could toxic iron cause premature dry macular degeneration”.

For more information on his research, go to www.macularnews.org for the full interview with Dr. Dunaief.

Frustrations of the Visually Impaired

(From article in the Frome Standard - UK)

Mrs. Pickworth uses a white stick and recently acquired a badge which she wears around her neck informing people that she is visually impaired.

She said: “I cannot see faces, so some people are offended when I walk past them or fail to recognize them. When we are together, people will say hello to my husband but ignore me. I have lost my sight but I still have my hearing and my brain, I’m not invisible.”

People query why she is not wearing glasses if her eyesight is so poor and Mrs. Pickworth has to explain that glasses don’t help, a fact a minority are not prepared to accept. Mrs. Pickworth said: “Because I don’t look blind people don’t understand how poor my sight is.”

Lesson learned: It is a kindness when sighted persons remember to take the initiative to introduce themselves to the blind and those with extremely low vision.

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.

Book on CD

A recorded copy of “Macular Degeneration, “The Complete Guide to Saving and Maximizing Your Sight”, by Lylas G Mogk, M.D. is now available on CD.

Sight Into Sound is making it available upon request.

Call 713-622-2767 or email carol.pierce@sightintosound.org

Free DVD

Hallucinations: Am I going Crazy?

AMD and Charles Bonnet Syndrome. DVD available on request with detailed information! Call: 888-639-3937
Question: “Can you tell us what Flavonoids are and why we should eat them?”

Flavonoids are a group of substances containing the plant pigment, flavone and are contained in colorful fruits and vegetables.

When recent research indicated that flavonoids play a role in eye health, I started evaluating WHY eating healthy plays such an important role. Known factors associated with AMD include oxidation, inflammation, and hereditary factors. Flavonoids, on the other hand, are known to reduce inflammation, act as an antioxidant, and reduce the activation of genetic factors. They also enhance the effects of vitamin C and strengthen connective tissue around the capillaries.

For anyone over the age of 60, it’s a smart idea to get your eyes examined by an ophthalmologist every year. They can spot early signs of AMD before vision loss occurs. Early signs may include shadowy areas in your central vision or unusually fuzzy or distorted vision. The Amsler grid is a good tool to check your eyes for AMD.

Other factors that can increase your risk of getting AMD include age — 60 and older; smoking; excessive exposure to sunlight, especially if you have light-colored eyes; certain genetic components; a family history of AMD; high blood pressure; obesity; and being Caucasian.

Dr. David Seftel, Director of Research Development for the Macular Degeneration Foundation, is interviewing the world’s foremost scientists and medical practitioners who are actively investigating cures and treatments for Macular Degeneration and related eye diseases.

Visit MacularNews.org for the latest news and register to receive an email notice when new videos are first posted.

Questions to Liz

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

EARS
Free Tapes to live life with confidence and dignity.
800-843-6816

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

In The News

Vitamin D

Vitamin D has been studied extensively in relation to bone health, as well as cancer. Now, a team led by a researcher at the University at Buffalo has discovered that vitamin D may play a significant role in eye health, specifically in the possible prevention of age-related macular degeneration among women who are genetically prone to developing the sight-damaging disease.

In a paper published today (Aug. 27) in JAMA Ophthalmology online, Amy Millen, associate professor of epidemiology and environmental health in UB’s School of Public Health and Health Professions, and her team, found that women who are deficient in vitamin D and have a specific high-risk genotype are 6.7 times more likely to develop AMD than women with sufficient vitamin D status and no high risk genotype.

“Most people have heard that you should eat carrots to help your vision. However, there appear to be many other ways that adequate nutrition can support eye health. Having adequate vitamin D status may be one of them,” says Millen, PhD, the study’s lead author. “This is not a study that can, alone, prove a causal association, but it does suggest that if you’re at high genetic risk for AMD, having a sufficient vitamin D status might help reduce your risk.”

Human skin can synthesize vitamin D when exposed to ultraviolet light, Millen explains. For many people, 15 to 30 minutes a day with 10 percent of their skin exposed might be sufficient. In winter months, when there is a lower solar angle, sun exposure may not be sufficient. Dietary sources of vitamin D include fortified foods such as milk and foods that naturally contain vitamin D such as fatty fish like salmon and mackerel.

The study results, however, shouldn’t prompt people to run to the nearest grocery store to purchase vitamin D supplements. “Our message is not that achieving really high levels of vitamin D are good for the eye, but that having deficient vitamin D levels may be unhealthy for your eyes,” Millen says.
Glaucoma and Macular Degeneration by Dr. Joe Fontenot, MD & Cheri Glaus OD

Glaucoma and macular degeneration are two entirely different diseases. Both are more common as you age and they may co-exist and cause additional damage to the eyes. The presence of one does not prevent you from getting the other.

Macular degeneration (MD) affects the center of the eye, causing central vision loss, but only very rarely causes total blindness. Glaucoma usually affects the periphery of the eye, causing loss of peripheral vision and constriction of visual fields—so-called “tunnel vision”. Glaucoma may cause complete total blindness, especially if not diagnosed early and adequately treated.

What is Glaucoma?
Glaucoma is a condition characterized by damage to the nerve fibers in the eye and the optic nerve that transmits visual information to the brain. Most patients with glaucoma have elevated pressure or intraocular pressure within the eye. This can only be determined by an Ophthalmologist or Optometrist. This increase in pressure is caused by increase production of fluid within the eye or decreased drainage out of the eye. Like elevated blood pressure, it does not usually cause symptoms.

There are several types of glaucoma, each with different treatments and prognosis.

* The most common type of glaucoma is called “Open-angle glaucoma” or “primary open angle glaucoma”. This is the typical silent, painless, and slowly progressive form that requires pressure measurements and eye examination for diagnosis. Like macular degeneration, it is more common in middle-aged and older people and the two conditions may coexist.

* Narrow Angle Glaucoma is less common. It may present with a sudden elevation of eye pressure and may cause pain and sudden decrease in vision in the affected eye.

* Normal pressure glaucoma demonstrates the typical changes of glaucoma, with decrease in nerve fibers and loss of the optic nerve but normal eye pressure. This form is also treated by lowering of the eye pressure.

* Childhood glaucoma. Glaucoma may occur in childhood, often in association with other eye conditions, and is usually more severe than the adult forms of glaucoma.

(Glaucoma: Continued)

Who gets glaucoma?
Glaucoma is more common as you age. There are also familial and racial differences. Glaucoma is more common in Afro-Americans and Hispanics than Caucasians. A family history of glaucoma is a risk factor.

How is glaucoma treated?
The most common treatment for glaucoma is eye drops that lower the eye pressure. Various laser and surgical procedures that change the circulation and drainage of fluid within the eye are available and being used by eye doctors more frequently. These procedures may reduce the need for daily treatment with medication.

If I have macular degeneration, what should I do about glaucoma?
If you have macular degeneration, you should be seeing an eye doctor on a regular basis, even if you are not receiving active treatment (the shots in the eyes). Your eye doctor will be checking your pressures and looking at the optic nerve at least once a year. If there would be significant increase in your pressure or changes in the appearance of the nerve or changes on other tests, the doctor will decide if any treatment is warranted.

Most people with elevated eye pressure respond well to simple eye drops, which have become more effective and less expensive in the last few years, and surgery for glaucoma is less frequent in those with macular degeneration.

If you are placed on eye drops to control your pressure, it is very important to take your drops regularly as prescribed. The proper technique for using the drops is important, and your doctor or his/her staff should be able to demonstrate.