Eye Drops for Wet AMD Showing Positive Results

Eye drops continue to show promise as future treatments for wet AMD and other eye diseases involving blood vessel growth and hemorrhaging in the retina.

Paul G. Chaney (President and CEO of Panoptica) recently reported preliminary results from the PAN-90806 clinical development program. The monotherapy arm of a Phase 1/2 study showed signs of safety and encouraging biological activity in patients with wet AMD.

PAN-90806 is a topical eye drop for the treatment of neovascular AMD, diabetic retinopathy, and potentially diabetic macular edema (DME). Panoptica began phase 1 clinical trials in early 2014, with approximately 30 patients at 15 to 20 sites in the U.S.

Another eye drop, OHR-102 (originally “Squalamine”), completed a Phase 2 clinical trial in 2015 and is now entering Phase 3. Developed by OHR, the drug is designed for use in combination with an anti-VEGF injection, and trial results have been positive. 42% of the patients receiving the combination therapy achieved a greater-than/equal-to 3 line gain at nine months, as compared to 28% in the group receiving an anti-VEGF treatment alone.
Liz Traurnicht - Pres
MD Foundation

The Vision Rehabilitation Committee of the American Academy of Ophthalmology (AAO) is promoting a new video titled “There is Something You Can Do”. It encourages all Ophthalmologists to adopt what David W. Parke II, CEO of the AAO, calls the new “standard of care”. Namely, the referral of those with vision loss to low vision rehabilitation services.

The video was produced by Lovett Productions for the AAO and filmed primarily in San Francisco and New York featuring leaders in the practice of Ophthalmology and their patients.

We at the Macular Degeneration Foundation are proud to have supported this effort. The Reader’s Digest Partnership for Sight, the Hindman Foundation and several Lions Clubs also helped to fund the project.

After viewing the video for yourself at www.aao.org/low-vision (or directly at www.aao.org/low-vision-video), please be sure to mention it to your eye care provider.

Dr. David W. Parke II
CEO of the AAO

“Referral to low vision rehabilitation is now the standard of care”

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State Services for the Blind and Visually Impaired

Joe Fontenot MD, CLVT Medical Director, Community Services for Vision Rehabilitation (CSVR) in Mobile Alabama and B. J. LeJeune, CRC, CVRT Director of the Older Individuals who are Blind Training and Technical Assistance Center (OIB-TAC), National Research and Training Center on Blindness and Low Vision, Mississippi State University

State Vocational Rehabilitation

State Vocational Rehabilitation Services (VRS) agencies are the largest providers of care to the visually impaired and blind in the US. They are either general agencies serving all disabilities or specialized agencies serving only those with vision impairments.

They are funded by the U. S. Department of Education’s Rehabilitation Services Administration (RSA). RSA has a budget of $3.2 billion that is granted to the states. Grant applications are made by each state individually, and matching funds (about 20%) must be provided by the state. The amount granted per state depends on the population of the state and the amount requested and matched.

Continued ...
The money obtained is then administered by each state individually. Almost all are called “Department of Rehabilitation Services (DSR)” or “Department of Vocational Rehabilitation Services (VRS)” and may be under the state Departments of Labor, Education or Health & Human Services. The funds obtained are for the rehabilitation of persons with all disabilities, not just for vision impairment. Hearing loss, loss of an arm or leg, stroke, mental illness and other disabilities are also included.

**Goal of Vocational Rehabilitation Services**

The goal of vocational rehabilitation services is primarily to help people with disabilities enter and/or remain in the workforce. Thus, emphasis is placed on job training, use of adaptive aids, workplace modifications and working with employers. The career development of young people who are in transition from high school to postsecondary education or employment is also a priority for VRS. Education Services from kindergarten through high school graduation are provided in local schools or residential schools for the blind separate from VRS in most states.

Rehabilitation Counselors are the coordinators/case managers who provide help for the working age group. They generally have a Master’s degree in rehabilitation counseling. They assist individuals in developing a plan to learn adaptive skills, provide career counseling, provide vocational training opportunities and assist with job placement. Their priority is to help people get to work.

Additional priority is given to those already employed who develop a visual disability and want to keep working. Such individuals receive services under “Retention of a valued employee” or “RAVE” case and given immediate attention. This service may be of particular interest to those who are nearing retirement age but want to continue working.

Employment and job retention services through VRS are available starting at age 16, or slightly younger in some states. There is no upper age limit for both job employment and job retention services. If the individual with a documented disability is motivated to work, can benefit from services, and there is feasibility of successful employment, they are eligible for vocational rehabilitation services. This might include provision of adaptive aids and devices, adaptive skills training, training in assistive technology, orientation & mobility, low vision services, or job assistance.
State Senior Services

Although the major thrust of state VRS is toward education and employment, a secondary goal is to help non-working seniors with visual impairments maintain or regain their independence and “age in place” – in their own homes. Some of the federal money granted to and administered by each state VRS is allocated to services for seniors. The age of a senior is defined as 55 or older, although most who benefit from these programs are above 65.

The funds for senior programs is an additional allocation to each state by RSA and is administered through the designated state VRS program. In some states, help for seniors is kept within the state VRS program or “in house”, but it may be contracted out to non-profits. The model of service delivery in each state is determined through the VRS program administration of that state.

Emphasis is placed on safe, independent functioning for the senior who lives with vision loss. Based on individual need, service provision includes Center based or home visits by a cadre of qualified professionals including Certified Vision Rehabilitation Therapists (CVRTs) also known in some states as Rehabilitation Teachers (RTs), Occupational Therapists (OT), Certified Orientation & Mobility Specialists (COMS) and Certified Low Vision Therapists (CLVT). The CVRT or OT will begin with an assessment of the home for safety issues (loose throw rugs, poor lighting, lack of hand rails, etc.) to prevent falls and work with the individual to determine what types of instruction or additional services might be needed. Instruction in daily activities such as cooking, laundering, hygiene, financial management, communication, and other daily activities. Often, magnifiers, talking watches, timers, and simple, inexpensive aids are provided. In many states, expensive electronic magnifiers or eyeglasses are not usually provided.

Continued ...
“State Services” ... continued

Visual eligibility for services vary by state. In some states, VRS assistance is limited to those who are legally blind (visual acuity of 20/200 or worse, or restriction of visual field to less than 20 degrees). As difficulty with routine activities begins at much lower levels of impairment, individuals may seek services before that point. In some areas services can be provided by private non-profit organizations or qualified Occupational Therapists or you may need to travel to a more urban location to find the services you need.

Are these services available everywhere in every state?

As with health care in general in the United States, there is considerable variation from state to state and within different regions of the state. Theoretically every state provides some assistance to all visually impaired people over the entire area of the state. However, there may be remote rural areas that can be visited only infrequently. Trials of interactive internet services, called “Telehealth” or “Telerehabilitation” are ongoing in an effort to fill this need.

For a list of state VR agencies see http://www.ntac.blind.ms-state.edu/information-and-resources/ncsab/

Finding help near you

1) Ask your own eye doctor. He/she should be able to advise you depending on your own individual problems and needs and what is available locally.
2) Go to the Vision Aware “Vision Connect” web site at wwwafb.org/directory or
3) The VisionServe Alliance lists many private non-profits and Lighthouses at www.visionservealliance.org
4) You can find a list of state and territorial VR programs at www.ntac.blind.msstate.edu/information-and-resources/ncsab/
5) Information and direction is available at the American Academy of Ophthalmology’ “Smart Sight” at www.aao.org/low-vision
6) For veterans, call 1-877-222-8387 or go to http://www2.va.gov/directory/guide/home.asp

Conclusion:
For people of any age, in every state of the Union, help, education and assistance is available. Seek and ye shall find.
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.

Donations

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

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

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Anti-depressant Drugs and Macular Degeneration

Tests in a mouse model have shown that anti-depressant drugs already on the market prevent damage to light cells in the retina that lead to macular degeneration.

According to Aparna Lakkaraju, assistant professor of ophthalmology at the University of Wisconsin-Madison, the study identified an enzyme called aSMase, which is activated by excess cholesterol in the RPE and is toxic to the retina. Drugs used to treat depression neutralized that enzyme and restored the protection and the health of RPE cells in the mouse model. In this study, the antidepressant desipramine, administered to mice in their drinking water, restored CD59, preventing deterioration of the retina.