New Findings Put Eggs Back on the Menu

Many people avoid eating egg yolks due to concerns relating to the impact of serum cholesterol. Serum cholesterol has been associated with heart disease — resulting in many adults becoming increasingly careful about their cholesterol intake.

However, according to research published by Dr. Frank Hu, Harvard University, “consuming one egg per day was not found to have any substantial overall impact on the risk of coronary heart disease or stroke among healthy men and women.”

So your one to two eggs per day could be entirely benign, cholesterol-wise. Yolk has protein, iron, phosphorus, zinc, folate, selenium, and choline.

If you skip the yolk you’re also missing out on vitamin D, A, lutein and zeaxanthin which contribute to good eye health.
We wish to take this opportunity to thank all who have and continue to support our efforts to serve the low-vision community over the past 36 years.

With generous online donations and contributions from family trusts, the Macular Degeneration Foundation is accomplishing three important goals:

1) Identify and advance promising medical research, for which we are proud to work with prestigious organizations such as the Moran Eye Research Center in Salt Lake City; John Hopkins University in Baltimore; Harvard University in Boston; the Detroit Institute of Ophthalmology in Detroit and many other smaller community organizations throughout the United States.

2) Serve the practical needs of individuals learning to cope with the limitations of Macular Degeneration and other forms of low vision and

3) Keep everyone (including physicians, researchers and patients) up-to-date with the latest news, medical advances, treatments and supportive technologies by offering personal telephone support, two websites (Eyesight.org and MacularNews.org), and a free quarterly newsletter available both electronically and in printed form.

If you would like to make a secure, online donation, please use the “Donation” link here or on Eyesight.org.

If you desire to include the Macular Degeneration Foundation in your Estate Planning, please contact me directly at liz@eyesight.org or by telephone at 888-633-3937 for assistance.
Stem Cell Trial Results

Results from two new clinical trials have added support for the use of human embryonic stem cells as treatment for the dry form of macular degeneration. Stem cells injected into the eye appear to have replaced the missing cells damaged by the disease, with no serious side effects. One study suggests it may have even improved patients’ vision.

Researchers from Hadassah-Hebrew University Medical Center in Jerusalem, Israel, conducted studies designed to test the safety of the procedure in human subjects. They injected a suspension of either 50,000 or 200,000 retinal pigment epithelial (RPE) cells derived from human embryonic stem cells underneath the patients’ retina. The surgical procedure was well-tolerated. Within a few weeks, they could see signs that the retina was healing at the injection site, and images of the back of the eye suggest the possibility that the transplanted RPE cells survived.

An additional trial site for this stem cell treatment is expected to open soon in the United States. A second research group from Bascom Palmer Eye Institute in Miami has conducted two studies using RPE cells derived from human embryonic stem cells to treat patients with dry AMD, as well as patients with a different form of retinal degeneration called Stargardt disease. Like dry AMD, there is no treatment available for this blinding disease. Stem cells implanted in these patients survived for up to three years, and there were no side effects. Some of these patients even gained vision.

New Sub-Retinal Implant for Dry AMD Entering Trials

Pixium Vision (attempting to restore vision electronically by means of bionic implants) has received French authorization to begin a feasibility study in human patients designed to evaluate the tolerance and efficacy of their PRIMA System among patients who have lost their sight due to atrophic (advanced dry) AMD.

In parallel, Pixium Vision is talking with the US Food and Drug Administration to prepare a feasibility study with PRIMA in the United States.

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
Can Retinal Degenerative Diseases Cause Headaches

by Dan Roberts - MD Foundation Resource Director

Retinal diseases are not, in themselves, painful. Prolonged ultra-close viewing, however, is often practiced by people with visual impairment. That can cause headaches of the type reported by some members of our low vision community.

Generally referred to as eye strain, such discomfort may be caused by stress on the large medial rectus muscles that control the side-to-side movement of our eyeballs.

When those muscles are relaxed, both eyes are gazing straight ahead into the distance, something that doesn’t work when trying to clearly view a near object or text.

As an object draws near, our eyes gradually converge to keep us from experiencing diplopia (seeing double). The closer the object, the more our eyes converge, until they either cross or simply give up when the object gets within about 5 inches of our noses. Test this by holding up your index finger and trying to stay focused on it as you move it toward your face. The medial rectus muscles are attached to the exterior sides of the eyeballs. If those muscles are strained, we can acquire a headache as a warning that we’re overdoing it.

Continued ...
“Headaches”... Continued

The most obvious solution is to avoid the necessity of ultra-close viewing by maximizing lighting and by magnifying or enlarging the task at hand. A visually impaired person, though, sometimes needs to use ultra-close viewing under less than optimum conditions. So what other accommodations can help to avoid the discomfort?

1. Use corrective lenses adjusted to your best focal distance for a specific task.

2. Close one eye to eliminate the need for convergence.

3. Strive for the best balance between focus and convergence.

4. Keep the task in the center of your gaze, allowing your eyes’ exterior muscles to relax.

By way of explanation, focusing is done by each eyeball individually using its own internal muscles and does not involve the exterior muscles. Convergence, on the other hand, requires the exterior muscles and a headache can occur when they are overworked.

The best distance is a point at which the least convergence is required and the best focus is achieved. To help avoid a headache, maximize the distance between your eyes and the task, even if you have to sacrifice a little focus.

Headaches seem to be most common in early disease states in which both eyes still retain some functional vision. If that describes you, and you are experiencing headaches, consider the above suggestions. At the same time, think about your posture and your head position ... both of which can cause pain if improper.

If these suggestions do not offer relief, consult your general physician. You should not have to live with discomfort that might be easily alleviated.
Incidence of AMD Dramatically Declining

After looking at follow-up data on 4,819 participants and their offspring in the Beaver Dam studies (1987-2013), Karen J. Cruickshanks, Ph.D. et al at the University of Wisconsin-Madison found that the incidence of AMD has been decreasing by a relative 60 percent for each of the current (“Baby Boomers”) and past successive two generations.

This suggests that aging Baby Boomers (people born between 1946 and 1964) may experience better retinal health longer than did the two previous generations. The improvement may be attributed to better environmental conditions, sanitation, nutrition, and approaches to disease prevention, but more research is needed to determine cause-and-effect relationships and to confirm these findings in other ethnic/racial populations.

How to Face the Future with Low Vision Successfully!

The fear of going blind often brings about depression and an abnormal amount of stress. Counseling and direction from professionals can help the patient feel more in control and help eliminate this vicious cycle. A referral to a low-vision specialist is very important because the transition to low vision is necessary.

When a patient learns how to use the remainder vision and is trained on a low-vision device, all of the sudden they feel more in control. A referral to a local support group is also important. Talking with folks that share respective fears and have found ways to compensate for low vision can make a world of difference.

Worrying about going blind brings about depression, frustration, and anger. This negativity is the beginning of a downward spiral. PLEASE! Don’t let what might happen tomorrow rob you of the joy of today. Saying positive words each day creates more opportunities for happiness. The brain has a wonderful way of taking these positive words and making them work with our treatments to reduce risk.

If you are looking for a low-vision specialist or a support group, contact our Resource Consultant, Dan Roberts at 888-866-6148. A tele-support group opportunity is also available.
Exclusive Online Videos Featuring World’s Leading Eye Researchers

Dr. David Seftel, Director of Research Development for the Macular Degeneration Foundation, interviews the world’s foremost scientists and medical practitioners. 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.

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

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

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

Organizations That Can Help

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

AMD Alliance
amdaliance.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

Bible on Tape
Aurora Ministries
941-748-3031
Brolucizimab May Be the Next Treatment Option for Wet AMD

Swiss drugmaker Novartis has announced that their new anti-VEGF drug, brolucizumab (RTH258), is meeting expectations as a potentially more effective and longer lasting treatment for wet macular degeneration than at least one of the current options. Positive results from two Phase III studies of brolucizumab versus aflibercept (Eylea) were presented at the American Academy of Ophthalmology (AAO) Annual Meeting in November 2017.

“We’re truly excited to share these data showing that brolucizumab clearly improves key anatomical outcomes that are biomarkers of disease,” said Vas Narasimhan, Global Head, Drug Development and Chief Medical Officer, Novartis. The trials are expected to end in 2018, with marketing expected to begin after government approval in 2019.