Age-related macular degeneration

- The centre of the retina, the macula, allows you to see fine detail and colour. As you get older a gradual change due to 'wear and tear' may develop called 'dry' age-related macular degeneration (AMD). There is no cure but you are more at risk if you smoke or eat a poor diet. To prevent or slow the progression of macular degeneration you should eat fresh fruit and dark-green leafy vegetables. Some patients with more serious macular degeneration may benefit from regular vitamin supplements for the eye.
- In 'wet' AMD, unhealthy blood vessels that bleed and scar grow into the macula. Central vision suddenly becomes blurred or distorted and you must see an eye specialist within 48 hours.
- Wet AMD is assessed by fluorescein angiography and then monitored by optical coherence tomography. It is treated with injections of a drug called an anti-VEGF agent (Lucentis or Avastin) into the eye with a very fine needle. This out-patient procedure is carried out in a special 'clean room' The drug is often given every month for the first 3 months; 'top up' injections may be needed from time to time. If treated soon after developing the condition, most patients' vision can be prevented from getting worse and in some it can be improved.
- Patients with dry AMD can develop wet changes and early treatment
 is essential. Patients with AMD should test their central vision
 using an Amsler grid. Look at the central dot one eye at a time
 whilst wearing your reading glasses or bifocals (try to avoid using
 varifocals). If the lines appear bent or the squares blurred when
 looking at the central dot you should be reviewed by your eye
 specialist quickly.
- Rarely, a hole can develop in the macula. A vitrectomy with a gas bubble can seal the hole.
- Patients with AMD do not go blind. Side vision remains and magnifiers and good lighting can help. In the UK, you may be eligible to go on the visually impaired register to obtain help from social services.





