Mark your calendar!
Macular Degeneration and Low Vision Expo Returns in May

Whether you are newly diagnosed with macular degeneration or have lived with the condition for many years, the upcoming Macular Degeneration and Low Vision Expo on Saturday, May 22, 2010 has something for everyone. Learn about the latest advances in research and treatment; try out a new magnification device; get helpful tips on cooking or find out about community resources. Most of all enjoy the support of others who face the same day-to-day challenges.

Sponsored by Casey’s Macular Degeneration Center and Low Vision Rehabilitation Center, the expo will be held at the Doubletree Hotel near Lloyd Center in Portland. The centrally located venue is easily accessible by major highways and public transportation.

“The expo has become the largest gathering in the Northwest for people with macular degeneration and other eye diseases that cause vision loss,” notes John Boyer, O.D., clinical director of the Evelyn L. Jones Low Vision Rehabilitation Center at Casey Eye Institute. “It’s a one-of-a-kind event that brings together experts in the field of ophthalmology and low vision, service providers, and vendors specializing in a wide range of products.” For the first time, a professional counselor, patient and family caregiver will lead a panel discussion on the emotional side of vision loss.

“With so many people touched by this disease, our goal to provide patients with helpful tools for a safe and independent life,” says Michael Klein, M.D., director of the Macular Degeneration Center.  

(See schedule on page 2)
2010 Macular Degeneration and Low Vision Expo
Saturday, May 22, 2010 • 9 a.m. to 4 p.m.
Doubletree Hotel-Lloyd Center
1000 NE Multnomah • Portland, Oregon
Free and open to the public

9 a.m. - 4 p.m. Hands-on exhibits of devices, technology and community resources

**Morning Program**

9:30 – 10:10 a.m. New Developments in Research, Treatment and Prevention of Macular Degeneration
*Repeats at 1:40 p.m.*
*Michael Klein, M.D. and Peter Francis, M.D., Ph.D.*

10:30 – 11:10 a.m. Reading, Driving and Living Well with Low Vision
*Repeats at 2:40 p.m.*
*John Boyer, O.D.*

11:30 a.m. – 12:10 p.m. Facing the Emotional Side of Vision Loss
*Panel discussion led by a licensed professional counselor, patient and family caregiver*

12:10 – 1:40 p.m. Lunch on your own

**Afternoon Program**

1:40 - 2:20 p.m. Choose One

• New Developments in Research, Treatment and Prevention of Macular Degeneration
*Michael Klein, M.D. and Peter Francis, M.D., Ph.D. (Repeat of 9:30 a.m. lecture)*

Workshops (Repeat at 2:40 p.m.)

• Low-Tech Solutions for the Home
*James Schroeder, Oregon Commission for the Blind*

• New Ways to Read, Learn and Communicate
*Richard Turner, Oregon Commission for the Blind*

• Dining with Class/Kitchen Safety Basics
*Carolyn Briggs, Oregon Commission for the Blind*

2:40 - 3:20 p.m. Choose One

• Reading, Driving and Living Well with Low Vision
*John Boyer, O.D. (Repeat of 10:30 a.m. lecture)*

Workshops (Repeat of 1:40 p.m. workshops)

• Low-Tech Solutions for the Home

• New Ways to Read, Learn and Communicate

• Dining with Class/Kitchen Safety Basics

Advanced registration requested. Register at 503-494-2244. For more information visit www.caseyamd.com or call the Macular Degeneration Center at 503-494-3537.
Inquiring Minds Want to Know!
Answers to your common questions about macular degeneration
By Joan Kahn, Program Coordinator

One of the joys of working at the Macular Degeneration Center is getting out in the community and talking to seniors about macular degeneration. Here are some questions that often crop up and answers from Casey Eye Institute experts:

Q: How do I know if I have age-related macular degeneration (AMD)?
A: AMD can only be detected through a dilated eye exam. In later stages, you may experience loss of central vision, visual distortion or blurriness. Your eye doctor may also order additional tests to get a better picture about your condition.

Q: AMD runs in my family. Will I get it too?
A: If you have a close relative with AMD, you are three times more likely to develop the disease than someone who doesn’t. However, AMD is a complex disease influenced by genetic makeup, your environment and health habits. Researchers are studying how all these factors interact with each other in the development of AMD.

Q: Does AMD cause complete blindness?
A: No. On its own, AMD only affects the macula, the tiny area of the retina responsible for central vision. Even in advanced stages, peripheral (side vision) is preserved.

Q: Does “dry” AMD mean my eyes have trouble making tears?
A: No. Dry AMD is not the same as dry eye syndrome, which is caused by the eye’s inability to produce enough tears to keep the eye lubricated. Nor does “wet” mean that your eyes are teary.

Q: What are the differences between dry and wet AMD?
A: In dry AMD, retinal cells under the macula slowly become damaged over time. Most AMD patients have the dry type and experience little or no vision loss. However, in its advanced form, known as “geographic atrophy,” central vision loss usually gradually occurs.

In wet AMD, abnormal blood vessels grow underneath the retina. Untreated, they leak, bleed and form scar tissue, which leads to central vision loss.

Q: Can you keep dry AMD from getting worse?
A: Although treatments are not yet available for dry AMD, a high-dose formulation of antioxidants and zinc has been shown to reduce the risk of both advanced dry and wet AMD. Check with your eye doctor about the kind of supplement best for you. A healthy lifestyle may also promote eye health. Research has shown that cigarette smoking and obesity are preventable risk factors for AMD.

Q: My doctor said I have drusen. What does that mean?
A: Drusen are yellow, fat-containing deposits in the macula. Although common over age 45, an increase in the size or number of drusen raises your risk of developing either advanced dry or wet AMD.

Q: What about treatments for wet AMD?
A: Patients with wet AMD should be referred to a retina specialist for further diagnosis and treatment. Anti-angiogenic drug therapy is the primary treatment for wet AMD and is considered very effective. Injected into the eye, these drugs halt the growth of abnormal blood vessels in the macula to stabilize or even improve vision. Patients need multiple treatments, which sometimes are combined with other therapy methods. Your doctor will determine the course of treatment that is best for you.

Q: Can I have dry AMD in one eye and wet AMD in the other?
A: Yes, it is not uncommon. People with the dry form may be at higher risk of progressing to wet AMD. Be sure to regularly monitor your vision in each eye with an Amsler grid. The sooner wet AMD is detected, the better your chances for successful treatment.

(Continued on page 4)
Clinical Studies at the Macular Degeneration Center

**Comparison Trial of Avastin and Lucentis**

**Purpose:** To evaluate the safety and efficacy of Lucentis and Avastin for treatment of wet AMD. Patients will be in the study for two years and will receive injections of Lucentis or Avastin every month on a fixed schedule or as needed. Enrollment is closed and patients are being followed.

**Contact:** Ann Lundquist, 503 494-6364

**Genetics of Age-Related Macular Degeneration Study**

**Purpose:** To find the genes that cause macular degeneration. Large families with at least four living affected members are needed. Volunteers receive eye photography and DNA analysis at no cost. No travel is required.

**Contact:** Jennifer Maykoski, 503 494-3064

**Genetic and Environmental Factors and Their Effect on Response to Treatment With Lucentis (Ranibizumab) for Wet AMD**

**Purpose:** To understand whether genes or certain environmental factors determine response to Lucentis (ranibizumab) treatment for wet AMD. The study is closed and patients are being followed.

**Contact:** Ann Lundquist, Casey Eye Institute, 503 494-6364

**Advanced Dry AMD (Geographic Atrophy)**

**Purpose:** To evaluate the safety and effectiveness of an experimental therapy for advanced dry AMD, or geographic atrophy. The medication is taken by mouth. Enrollment in the study is closed and patients are continuing to be followed.

**Contact:** Ann Lundquist, 503 494-6364

**Combination Ranibizumab (Lucentis) and Bromfenac for Wet AMD**

**Purpose:** To evaluate whether an investigational treatment combining bromfenac ophthalmic solution with ranibizumab injection is safe and effective for treating wet AMD as compared to using Lucentis alone. Bromfenac is an anti-inflammatory medication that may be a beneficial addition to Lucentis drug therapy. Enrollment is closed and patients are being followed.

**Contact:** Mitchell Schain, 503 494-3115

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**Inquiring Minds Want to Know!**

*(Continued from page 3)*

**Q:** Can cataract surgery trigger AMD?

**A:** Recent research has found no consistent relationship between cataract surgery and progression to advanced AMD. Most doctors recommend taking a case-by-case approach, balancing the risk of surgery with the benefits of improved vision. Patients with active wet AMD may need to wait until their condition is stable.

**Q:** Sometimes I notice unusual patterns or figures. What’s going on?

**A:** Patients who’ve lost vision may have Charles Bonnet Syndrome, a harmless condition characterized by visual hallucinations. It does not indicate a mental illness or serious medical problem. Instead, doctors believe it is the brain’s way of compensating for your loss of sight.

**Q:** Will there be better treatments in the future?

**A:** Basic and clinical research of AMD is flourishing and shedding light on its underlying causes and how it progresses. Investigators are focused on finding new treatments for dry, more effective therapies for wet and improved preventive measures.
Seniors Have Remedy for Managing Medications

As we age, taking medications can become a challenge. A decline in dexterity, vision and memory may make it difficult to open bottles, read labels and remember to take the medication as prescribed.

Recognizing these limitations, some savvy seniors with macular degeneration have devised their own strategies for keeping track of their prescription drugs and supplements. Here are a few tips from members of a low vision support group at the Lake Oswego Adult Community Center:

**Virginia Michel** writes the first letter or first two letters of her medications on the side of the bottle and the top in black ink. She then transfers the pills to seven-day pill organizers. Her morning medication is placed in one organizer while her evening pills are placed in another. “I get all my medications by mail, so I make sure I don’t order two similar looking ones at the same time. I also have someone check them when they arrive,” she says.

**Dorothy Forman** also receives her medications by mail. “It helps me a lot,” she says. Using a thick black marker, she numbers each medication in order of when it needs to be taken each day and turns the bottle over after she takes the daily dose.

Casey Eye Institute’s Evelyn L. Jones Low Vision Rehabilitation Center, also offers these tips:

- Label bottles with raised puff paint or bright-colored stickers.
- Use rubber bands to mark certain prescriptions that you may not use every day, such as pain medications.
- Pay close attention to the color of the medication’s cap and size and shape of bottles to help you distinguish one from the other.
- Use a magnifier or CCTV to read the prescription label. Some pharmacies can print the label in large print.
- Audible devices, such as Talking Rx and The PenFriend, allow you to record and hear information about your prescription. They are available through such catalogues as LS&S, 1-800-468-4789; Independent Living Aids, 1-800-537-2118; and Maxi Aids, 1-800-522-6294.

We want your tips!
Do you have any special methods or suggestions to help you or a loved one with day-to-day activities? Send them to us at:

Macular Degeneration Center
Casey Eye Institute/OHSU
3375 SW Terwilliger Blvd.
Portland, OR 97239
kahnj@ohsu.edu

We’ll publish the best ideas in future issues of InSight.
A Special Thank You
We gratefully acknowledge these contributors who have made gifts to the Casey Eye Institute's Macular Degeneration Center and Joseph F. Paquet Fund in 2009. Their generous support funds new and ongoing research, paving the way for more effective methods of prevention and treatment.

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Community Conclave Addresses Macular Degeneration

Vicki Hersen, executive director of Elders in Action, along with representatives from other agencies and support groups, met at Casey Eye Institute in February to learn about macular degeneration and discuss ways to strengthen local support. The meeting, organized by Multnomah County Commissioner Judy Shiprack, included talks by John Boyer, O.D. and Peter Francis, M.D., Ph.D.