

Comparison of Age-Related Macular Degeneration Treatments Trials

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Age-related macular degeneration is more common in older people. It's the leading cause of severe vision loss in adults over 60. Macular degeneration may have something to do with your genes. If someone in your family has it, your risk might be higher. Smoking, having high blood pressure or high cholesterol, obesity, eating lots of saturated fat, being light-skinned, being female, and having a light eye colour are also risk factors. A routine eye exam can spot age-related macular degeneration. One of the most common early signs is drusen - tiny yellow spots under your retina ~ or pigment clumping. Your doctor can see these when they examine your eyes. Your doctor may also ask you to look at an Amsler grid, a pattern of straight lines that resembles a checkerboard. Some of the straight lines may appear wavy to you, or you may notice that some of the lines are missing. These can be signs of macular degeneration. If your doctor finds age-related macular degeneration, you may have a procedure called angiography or one called OCT. In angiography, your doctor injects dye into a vein in your arm. They take photographs as the dye flows through the blood vessels in your retina. If there are new vessels or vessels leaking fluid or blood in your macula, the photos will show their exact location and type. OCT is able to see fluid or blood underneath your retina without dye. It's important to see your eye doctor regularly to find signs of macular degeneration early. Treatment can slow the condition or make it less severe. There's no cure for macular degeneration. Treatment may slow it down or keep you from losing too much of your vision. Your options might include: Anti-angiogenesis drugs. These medications aflibercept (Eylea), bevacizumab (Avastin), pegaptanib (Macugen), and ranibizumab (Lucentis) - block the creation of blood vessels and leaking from the vessels in your eye that cause wet macular degeneration. Many people who've taken these drugs got back vision that was lost. You might need to have this treatment multiple times. Laser therapy. High-energy laser light can destroy abnormal blood vessels growing in your eye. Photodynamic laser therapy. Your doctor injects a light-sensitive drug - verteporfin (Visudyne) - into your bloodstream, and it's absorbed by the abnormal blood vessels. Your doctor then shines a laser into your eye to trigger the medication to damage those blood vessels. Low vision aids. These are devices that have special

lenses or electronic systems to create larger images of nearby things. They help people who have vision loss from macular degeneration make the most of their remaining vision. Retinal translocation. A procedure to destroy abnormal blood vessels under the center of your macula, where your doctor can't use a laser beam safely.

CONCLUSION

In this procedure, your doctor rotates the center of your macula away from the abnormal blood vessels to a healthy area of your retina. This keeps you from having scar tissue and more damage to your retina. Then, your doctor uses a laser to treat the abnormal blood vessels.

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