



THE MAGNIFIER

Macular Degeneration Foundation
P.O. Box 531313
Henderson, Nevada 89053

FREE MATTER FOR THE BLIND

Macular
Degeneration
Foundation

The Magnifier

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Book on CD

A recorded copy of "Macular Degeneration, "The Complete Guide to Saving and Maximizing Your Sight", by Lylas G Mogk, M.D. is now available on CD.

Sight Into Sound is making it available upon request.

Call 713-622-2767 or email carol.pierce@sightintosound.org

Free DVD

Hallucinations: Am I going Crazy?

AMD and Charles Bonnet Syndrome. DVD available on request with detailed information! Call: 888-633-3937

How to Adjust Windows 7 to Make the Computer Easier to See

Open the "Make the Computer Easier to See" page by clicking the Start button, clicking Control Panel, clicking Ease of Access, clicking Ease of Access Center, and then clicking "Make the Computer Easier to See".

Select the options that you want to use.

Turn on Narrator. This option sets Narrator to run when you log on to your computer. Narrator reads aloud on-screen text and describes some events (such as error messages appearing) that happen while you're using the computer.

Change the size of text and icons. This option allows you to make text and other items on your screen appear larger, so they're easier to see. For more information, see Make the text on your screen larger or smaller.

Turn on Magnifier. This option sets Magnifier to run when you log on to your computer. Magnifier enlarges the part of the screen where the mouse is pointing and can be especially useful for viewing objects that are difficult to see.

Adjust the color and transparency of the window borders. This option allows you to change the appearance of window borders to make them easier to see.

Make the focus rectangle thicker. This option makes the rectangle around the currently selected item in dialog boxes thicker, which makes it easier to see.

Set the thickness of the blinking cursor. This option allows you to make the blinking cursor in dialog boxes and programs thicker and easier to see.

Clinical Trial Information

Nat'l Eye Institute
800-411-1222 or www.nei.nih.gov

Clinical trials have guidelines called "inclusion" and "exclusion" criteria. These criteria (age, gender, type and stage of disease, etc.) keep participants safe and ensure researchers will be able to answer the questions they plan to study.

Embryonic Stem Cell Replacement

Advanced Cell Technology, Inc. announced on February 11, 2013 that they had gained approval from the FDA to begin safety trials to evaluate the safety and tolerability of embryonic stem cell replacement in people with severe myopia.

The company's press release revealed that "the primary focus of the study will be to evaluate the safety in patients with severe myopia of the type that causes fissures in the RPE layer of the eye." This refers specifically to degenerative myopia (aka "myopic macular degeneration"), offering hope for people who have lost vision to this condition.

The trial will enroll a total of 12 patients, with cohorts of three patients in an ascending dosage format. The trial is a prospective, open-label study designed to determine the safety and tolerability of hESC-derived RPE cells following sub-retinal transplantation into patients with myopia at 12 months, the study's primary endpoint. A complete history of stem cell research during the past decade may be found in the [MD Support Library](#).

Resource Consultant

For assistance identifying agencies in a specific area, call

Dan Roberts
Resource Consultant

toll free at:
1-888-866-6148

Resources

NFB Newline
866-504-7300

Choice Magazine
Listening
888-724-6423

National Library
Service
888-657-7273
(Books on Tape)

Free Low Vision
Catalogs and
Independent
Living Catalog
800-537-2118

Maxi Aids
800-522-6294

Enhanced Vision
888-811-3161

EyeSmart
<http://www.get-eyesmart.org/eyesmart>

Questions to Liz



**Liz Trauernicht - CEO
MD Foundation**

I have a very serious question regarding the eyesight of my 88-yr. old mom. My mother had been receiving Lucentis beginning in 2010 for Wet MD. A year ago, her doctor switched her to Eylea.

Although the injections have kept the "bleeding" under control, she recently developed what her doctor calls "dry changes" to the eye. It looks like there is a possibility that the Eylea injections could be causing "GA" in the injected eye.

Do you think that the injections are CAUSING GA--or at the very least,

regular "dry" MD-- and if so, what would you advise? We are, of course, worried that stopping the injections could cause rapid vision loss due to the return of "WET" MD. - Karen

Answer provided by Dan Roberts - MD Support

Dear Karen:
It is true that anti-VEGF drugs (like Eylea) are recently suspected of causing some gradual degeneration of healthy cells in the retina. This is a side effect that will surely be studied in clinical trials. In the meantime, we must realize that vision loss from blood vessel leakage can occur very quickly without the treatment. Residual damage leading to geographic atrophy (advanced dry AMD), on the other hand, is much slower and less severe.

The changes your mother's doctor sees are probably not much more

than changes he would see if she had never developed the wet form of AMD. In other words, she still has AMD, and vision loss will continue to progress slowly until treatments are found to stop the cell degeneration. Such a cure would also put an end to anti-VEGF therapy, along with the risks it carries.

Please tell your mother that she is much better off continuing the injections at this time. Hopefully, the drugs will be refined to target only the vessels that are causing the damage, but until then, we have to live with this (and other) side effects. And in this case, the side effect is not catastrophic. She will very likely not see the changes herself for quite a while.

I recommend that you share this message with the doctor for confirmation of what I have said.

Advances in Stem Cells for Color Vision Regeneration

From Science World Report

"Stem cells could be used selectively to restore different functions of vision as needed", implies new research findings by University of Alberta scientists. The two most important photoreceptors are rods and cones, which in humans enable night vision, and full-color day-time vision, respectively. While there has been some success in restoring rods, usually in rodents, the researchers now observed that a zebrafish's stem cells can selectively regenerate only the cones in its retina. 'This is the first time in an animal research model that stem

cells have only repaired damaged cones,' said UA lead researcher Ted Allison. 'For people with damaged eyesight repairing the cone retinal cells are most important because they would restore day-time color vision.'"



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.

Checks may be mailed to:

Macular Degeneration Foundation, Inc.,
P.O. Box 531313,
Henderson, NV 89053

Call: 888-633-3937 (USA)
Call: 702-450-2908 (Intl)
Email: liz@eyesight.org

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
amdalliance.org
416-486-2500
x-7505

Association for Macular Diseases
212-605-3719
macula.org

Foundation Fighting Blindness
888-394-3937
blindness.org

MD Partnership
888-430-9898
amd.org

Prevent Blindness America
800-331-2020
preventblindness.org

Macula Research Foundation
610-668-6705
mvrf.org

MD Support
816-761-7080
Mdsupport.org

EARS
Free Tapes to live life with confidence and dignity.
800-843-6816

Definitions

Ophthalmologist a practitioner in the medical science of surgery and care of the eye and its related structures. An M.D. degree is required.

Retina specialist a medical doctor trained as an ophthalmologist, who has received additional training in diseases and surgery of the retina and vitreous.

Optometrist a degreed (O.D.), independent, primary health care provider skilled in the co-management of eye health and vision care, including examination, diagnosis, treatment, management of diseases/disorders, prescription of eyeglasses/contact lenses, and provision of low vision aids and therapy.

Optician a person who designs or manufactures ophthalmic appliances or optical instruments ("ophthalmic optician") or deals in prescriptions ("dispensing optician").

Living Life to its Fullest

by Hilary Dollar - Occupational Therapist

The Occupational Therapist, or OTR/L, is specifically trained to help people with disabilities continue or regain their occupations, daily activities or hobbies and function at the highest level possible. Occupational Therapists help people who have a wide variety of conditions, including vision loss.

Loosing vision can affect not only physical activities but also the emotional and spiritual aspects of daily life. Occupational Therapy provides the necessary skills, compensatory strategies and adaptive techniques in order to improve occupational performance in a holistic manner.

Occupational therapists understand the importance of independence and safety with activities of daily living. Independence in activities can be achieved by:

changing the activity, adapting the environment, training to use adaptive techniques and equipment such as magnifiers and/or other sensory systems.

The value of Occupational Therapists in helping those with impaired vision was nationally recognized in 2002 when Medicare began reimbursing for their services in this field. Other than physicians and Optometrists, they remain the only professionals reimbursed by Medicare for low vision rehabilitation.

In the field of Vision Rehabilitation, Low Vision Ophthalmologists, Optometrists, Occupational Therapists and other professionals work together to help patients achieve their highest goals. Together our professions will be able to provide outstanding success to individuals

with low vision and provide the hope and strength to never give up life's most valued activities.



Hilary Dollar is a native of Montgomery Alabama, a magna cum laude of Auburn, and obtained her Masters in Occupational Therapy from the University of Alabama at Birmingham. She is now working with Community Services for Vision Rehabilitation in Mobile Alabama.

Betadine and Eye Pain

by Dan Roberts - Director - MD Support

Betadine (povidone-iodine 5%) has become the standard of care for cleansing the eye after injections for treating wet AMD. Though the incidence of sensitivity to povidone-iodine (PVPI) is infrequent, some patients are reporting severe and prolonged burning of the conjunctiva. Even though the complaints are relatively few, a solution needs to be found to this problem.

Keeping exposure time at a minimum of 15 seconds might help. Dilution of the PVPI may also be tried. At first thought, dilution would seem to weaken the bactericidal activity. An early study, however, demonstrated that low concentrations (i.e. 0.1 to 1%) were actually more effective than a full strength (i.e. 10%) solution. Another viewpoint is to not administer betadine drops at all or to quickly dab the eye with a swab. According to some doctors, it may not be absolutely necessary to perform antiseptis as long as antibiotics are used.

Baby shampoo is good for cleansing, but ineffective as presurgical disinfectants. Brand names: Castile, Phiso-derm.

Chlorhexidine gluconate is known to cause eye pain and corneal injury, but recent studies have found that in concentrations of 0.1% to 4% it may



be a safe and effective alternate ocular antiseptic. Brand names: Hibiclens, Hibiscrub. Chloroxylenol topical is a broad spectrum antimicrobial that is safe around the eye.

Based upon a literature review in 2004, the American Society of Ophthalmic Registered Nurses reported that chloroxylenol 3% holds the most promise as a pre-op lid and lash cleanser. Brand name: Caricia Care.

Eye pain should not have to be endured by even a small percentage of patients undergoing anti-VEGF injections. These and other options need to be considered in order to alleviate this added complication to an already burdensome treatment and to ensure continued patient compliance.

If you experience such pain, show this article to your doctor and [follow this link for additional information](#).

Upcoming "Eye" Meetings

[Detroit Institute of Ophthalmology: The Eye, The Brain, And The Auto.](#) Sept 16th–18th, 2013

[American Academy of Ophthalmology](#) New Orleans, Louisiana Nov 16th – 19th, 2013

[American Academy of Optometrists](#) Seattle WA Oct 23rd – 26th, 2013

[The Envision Conference](#) Minneapolis, Minnesota Sept 19th – 21st, 2013

Are You Missing Out on Benefits?

April Issue of AARP by Joan Rattner Hellman

If you're struggling to pay for health care, food, or utilities, help may be closer than you realize.

Older Americans miss out on more than \$20 billion worth of benefits every year. A nationwide campaign launched by the National Council on Aging and the National Association of Area Agencies on Aging aims to help older adults learn about two easily accessed resources that can connect them to needed support.

BenefitsCheckUp (benefitscheckup.org)

Eldercare Locator (1-800-677-1116 or eldercare.gov)

ARGUS II

Argus II System Receives FDA Approval for "Bionic Eye" to Treat Late-Stage Retinitis Pigmentosa

The Argus II Retinal Prosthesis System (Second Sight Medical Products, Inc.), a device that provides electrical stimulation of the retina to induce visual perception in blind individuals with retinitis pigmentosa, received FDA approval.

The Argus II is the world's first and only approved device intended to restore some functional vision for people suffering from blindness, according to Second Sight. The device is now approved for use in the United States and the European Economic Area.?

"Patients are actually able to see spots of light – just like lights on a scoreboard or pixels on a monitor – and nd they're able to see images again. Crude images at this point, but enough that for somebody who is completely blind, the best patients can actually read words and letters and identify objects," Robert Greenberg, MD, PhD, President and CEO of Second Sight, said in an interview with Eyewiretoday.com. "Most of the patients can actually follow a line on the street, and can orient themselves in a room – find the door, find the window, find a chair. So it's really life-changing technology."

The Argus II is designed to bypass damaged photoreceptors in the retina. A miniature video camera housed in the patient's glasses captures a scene. The video is sent to a small patient-worn computer where it is processed and transformed into instructions that are sent back to the glasses via a cable. These instructions are transmitted wirelessly to an antenna in the implant. The signals are then sent to the electrode array, which emits small pulses of electricity. These pulses are intended to bypass the damaged photoreceptors and stimulate the retina's remaining cells, which transmit the visual information along the optic nerve to the brain. This process is intended to create the perception of patterns of light which patients can learn to interpret as visual patterns, according to Second Sight.

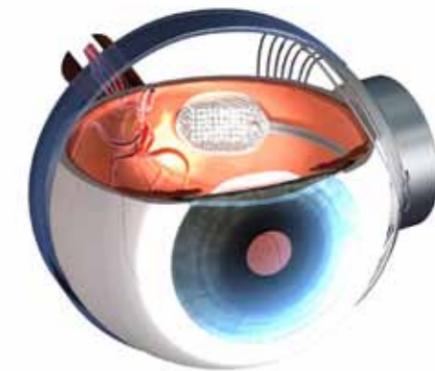


ARGUS II Continued ...

"It is incredibly exciting to have FDA approval to begin implanting the Argus II and provide some restoration of vision to patients blinded from RP. In the patients that have been implanted to date, the improvement in the quality of life has been invaluable," Mark Humayun, MD, PhD, Cornelius Pings Professor of Biomedical Engineering and Professor of Ophthalmology, Biomedical Engineering, Cell and Neurobiology, Keck School of Medicine of USC and USC Viterbi School of Engineering, University of Southern California, said in the news release. "The fact that many patients can use the Argus implant in their activities of daily living such as recognizing large letters, locating the position of objects, and more, has been beyond our wildest dreams, yet the promise to the patients is real and we expect it only to improve over time."

With approval from the FDA, the Argus II is slated to be available later this year in clinical centers across the country. Second Sight will be actively adding sites to make the therapy more readily available and encourages interested facilities and patients to contact them, according to the news release.

FDA approval came following more than 20 years of work in the field, two clinical trials, more than \$100 million in public investment by the National Eye Institute, the Department of Energy, and the National Science Foundation, and an additional \$100M in private investments, according to Second Sight.



TALKING BOOKS

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Patrons may order talking books by contacting their local cooperating library. Contact information is online at www.loc.gov/nls/find.html

You may also call our Resource Service Consultant, Dan Roberts, at 1-888-866-6148 to locate the library contact phone number for your state.