

Age-Related Macular Degeneration

Patient information leaflet

What it is

The macula is the small central part of the retina that you read, drive and recognise faces with. In age-related macular degeneration the macula gradually stops working well. The condition affects central vision only. It does not affect the vision around the edges, and it does not lead to complete blindness — people with advanced macular degeneration can still walk about and manage independently. About 85 in every 100 people with macular degeneration have the dry form, which is the slower one.

The two forms, and why the difference matters

Dry macular degeneration is much the commoner and develops slowly, often over years. Its earliest sign is drusen — small pale deposits beneath the retina. Being told you have drusen is not the same as being told you are losing your sight; many people have them and see perfectly well. They are a reason to be monitored, not a reason to be alarmed.

Wet macular degeneration happens when abnormal blood vessels grow beneath the macula and leak fluid. It can change vision within days, and it is treatable — but the benefit depends heavily on how quickly treatment begins. This is the reason the distinction matters, and the reason for the warning signs below.

What you may notice

- Straight lines — door frames, tiles, lines of text — appearing bent or wavy
- A blurred or empty patch in the centre of what you are looking at
- Needing more light to read, or finding print harder even with the right glasses
- Taking longer than you used to for your eyes to adjust when you walk into a dim room
- Difficulty recognising faces while the rest of the room looks normal

Contact the clinic the same day if

- Straight lines suddenly look bent or wavy
- A dark or empty patch appears in your central vision
- Central vision drops noticeably over a few days

These are the signs of the wet form. Treatment works best when it is started early, so this is not something to watch for a week or two.

Checking your own vision at home

An Amsler chart is a simple grid you look at with one eye covered, at normal reading distance, wearing your reading glasses. Fix your gaze on the central dot and notice whether any lines look bent, broken or missing. Check each eye separately — a good eye hides a problem in the other one remarkably well, which is why many people discover a change only by accident. Once a week is enough, at the same time of day.

How it is diagnosed

The examination that matters is an OCT scan: a cross-section of the retina showing whether fluid is present, where it sits, and whether the form is dry or wet. It takes a few minutes, needs no injection, and is repeated at each visit so that change is measured rather than guessed at.

Treatment

For the wet form, injections of anti-VEGF medication reduce the leakage and, in most eyes, stabilise vision. The eye is numbed first; the injection takes seconds and is uncomfortable rather than painful. Several are

given at monthly intervals at first, after which the interval is extended for as long as the eye stays dry on the scans.

The aim is to protect the vision you have and, in some eyes, to recover part of what was recently lost. It is not a cure, and it works best before the macula has been damaged for a long time.

The dry form was for many years untreatable. Injections now exist that can slow the advanced stage, called geographic atrophy, in some eyes — whether they suit you, and whether they are available here, is assessed individually. For earlier dry disease the useful measures remain monitoring, not smoking and controlling blood pressure.

What you can do

- If you smoke, stopping is the single most effective step — smoking is the strongest modifiable risk factor.
- Eat a Mediterranean-style diet — fruit, vegetables, oily fish, little red meat; wear sunglasses in strong sunlight.
- Have your blood pressure checked and treated if it is high.
- Do not start a supplement on your own. The AREDS-2 formula is used at the intermediate stage of dry disease, to reduce the chance of it turning into the wet form — it is not for everyone, so ask first.
- Mention any first-degree relative with macular degeneration; it raises your own risk.
- If reading has become difficult, ask about magnifiers and lighting — there is more available than most people realise.

Reviewed by Dr. Aysun Yucel Gencoglu, MD, FEBO, FICO. Further patient information on macular degeneration is published by the American Society of Retina Specialists at asrs.org/patients.

Notes for you from today's consultation
