

Is There More AMD in Your Practice Than You Know?

By Jeffry Gerson, OD, FAAO

We all know that age related macular degeneration is the leading cause of legal blindness in our older patients, but do you know just how much AMD is in your practice (NOTE: I specifically said is in your practice, and not that “you see” in your practice)?

It is probably more than you realize. Demographic studies would tell us that there are approximately three times as many people with AMD as there are with glaucoma. If this is the case, then why aren't we seeing the AMD in our exams at these numbers? One reason may be that we are not seeing macular degeneration, even when it is clinically evident, as pointed out by Neely, et al., in *JAMA Ophthalmology* in 2017.

If we ask the question of how and why we catch so much glaucoma, one answer may be the thoroughness of our testing. We test structure in every patient by examination of the optic nerve. We test IOP in every patient (a known risk factor for glaucoma) and are quick to test function by visual field with any suspicion. Some even do screening visual fields on all patients or all patients of a certain age. Another answer may be our eagerness to find something for which we know how to treat, since many of us actively prescribe drops for glaucoma or refer for glaucoma treatment by another eye care provider.

It is important to go beyond clinical exam in order to find many cases of AMD. Whether they be the subclinical cases or mild clinical cases we miss, these are still macular degeneration. By utilizing dark adaptation testing, we can find AMD at any stage including subclinical.

Subclinical disease is the presence of disease before we can see it clinically in examination. This stage of AMD won't even show up on an OCT. What is happening is that a buildup of basal laminar or basal linear deposits, along Bruch's membrane,



are creating “clogging” that ultimately leads to a localized vitamin A deficiency and impairment of dark adaptation.

These deposits are present before we ever see the formation of drusen. Drusen are the “tip of the iceberg,” meaning that there is more lurking beneath the surface, that may have been caught had earlier dark adaptation testing been done. As a matter of fact, we know that dark adaptation testing can catch AMD three years before the clinical presence of drusen. That means a three year head start!

A patient may manifest with symptoms of this, such as difficulty going from a bright to dark environment or dislike of

driving at night. It is dangerous to assume these symptoms are merely age related until we rule out age-related diseases that may be causing them. Even the American Academy of Ophthalmology recognizes difficulty seeing in the dark as a potential symptom of macular degeneration.

Ultimately, the reason to be able to pick up disease at its earliest stage is earlier intervention. Even though the AREDS1 study did not show benefit of an AREDS style vitamin in these patients, that does not mean there is nothing we can do. There are some relatively simple things that people can do to help prevent the worsening of their disease, most of which

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For instance, most people with AMD aren't aware that smoking is bad for their eyes/AMD and are never told they should consider quitting. Other healthy lifestyle habits, such as controlling hypertension, maintaining an ideal body weight and getting some exercise are all helpful. It is important that patients know they don't need to join a gym or start vigorous exercise, that even going for walks can reduce the odds of progression.

The other big lifestyle item is diet. Eat-

ing a diet rich in green leafy vegetables and lower in refined carbohydrates can be beneficial. The Mediterranean diet is known to be helpful in not just preventing wet AMD but also progression to large drusen as shown by recent publications. Just saying healthy diet is not enough, as it means different things to different people.

Finally, the discussion of eye-specific supplements should take place. Many if not most of your patients take a multivitamin and are open to hearing about supplementation. Even if an AREDS vitamin is not the right thing, that doesn't mean we

should ignore vitamins. For example, there is no study showing harm with a carotenoid-based supplement that may also improve visual quality (along with other factors such as cognitive ability).

In the case of macular degeneration, dark adaptation testing is the way to find AMD at its earliest. The bottom line is the earlier we detect disease, the earlier we can do something about it, starting with education and then prompt action from our patients. **CO**



Jeffrey Gerson, OD, FAAO, lectures internationally on retinal and systemic disease. He is on numerous advisory boards, which often allows him early access to technology. He was the Kansas Optometric Association's 2008 Young OD of the Year, and is a fellow of the Academy of Optometry and Optometric Retina Society.

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