

CAPTIONS

Newsletter for Patients in the Complications of
Age-related Macular Degeneration Prevention Trial
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CAPT PATIENT PROFILE

By Celeste Figliulo, CAPT Clinic Coordinator Illinois Retina Associates, Harvey, Illinois



Mr. S is a youthful 70-year-old gentleman enrolled in the CAPT Study in Harvey, Illinois. He has been a patient of Dr. David Orth since 1986, and when Mr. S presented for his annual exam, Dr. Orth recognized a perfect candidate for the CAPT Study. He was quick to enroll, and states that he looks forward to his visit at the clinic. They're a pleasant experience, and once business is taken care of, we always end up sharing our latest dining experiences at local Italian restaurants. Mr. S is quite a connoisseur on this subject!

Mr. S's other interests include scuba diving and golf. His most memorable dive was in Cozumel. He says his golf game is solid because he sees the ball better than ever. Alas, he can't always remember where it lands!

Mr. S has a lovely wife of 41 years, a daughter, and a son. Five grandchildren complete the family. Whoops! Can't leave out the dog. He's an Australian Shepherd named Luke, and is held in high esteem as best friend and chief of security in the family home.

"Work" has been a very strong force throughout Mr. S's life. His earliest memories are of growing up on Chicago's West side on Fillmore Street. He obtained his first Social Security card at age 11 and has worked ever since then. Presently he is owner/CEO of a large chemical distribution company in Joliet, Illinois.

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AMD: Questions and Answers

As promised in our last issue of CAPTions, this issue will attempt to answer some of the questions posed by CAPT participants.

As you know, Age-related Macular Degeneration (**AMD**) is a disease that blurs the sharp central vision you need for "straight-ahead" activities such as reading, sewing, and driving. AMD affects the macula, the part of the eye that allows you to see fine detail.

Q. How is AMD classified?

A. AMD can be classified into 2 stages: Early AMD and Advanced AMD.

Q. What is Early AMD?

A. Early AMD consists of drusen, which are yellowish deposits behind the retina, and abnormalities of the retinal pigment. Typically, vision is affected either not at all or only minimally. Patients with early AMD may require more light or magnification or both to read very small print.

Q. What is Advanced AMD and how is it classified?

A. Advanced AMD occurs when early AMD becomes more severe than drusen or retinal pigment abnormalities. There are two forms of advanced AMD, the *dry form* and the *wet form*.

Q. What is the dry form of advanced AMD?

A. The dry form of advanced AMD

occurs when the retinal pigment cells and the light-sensitive cells in the macula slowly break down, gradually blurring central vision in the affected eye. The most common symptom of the *dry form of advanced AMD* is blurred vision. You may have difficulty recognizing faces. You may need more light for reading and other tasks. *Dry AMD* generally affects both eyes, but some central vision can be lost in one eye while the other eye seems unaffected.

As the *dry form of advanced AMD* gets worse, you may see some central blank spots in the center of your vision. Over time, central vision loss in the affected eye(s) may necessitate the use of low vision devices.

Q. What is the wet form of advanced AMD?

A. The wet form of advanced AMD occurs when abnormal blood vessels start to grow under the macula. These new blood vessels are fragile and typically leak blood and fluid, which interferes with the function of the vision cells in the macula.

With the *wet form of advanced AMD*, loss of central vision can occur

quickly. The *wet form of advanced AMD* is more severe than the *dry form*. An early symptom of the *wet form of advanced AMD* is that straight lines appear wavy. If you notice such distortion, the onset of a blank spot, or other changes to your vision, contact your CAPT Coordinator promptly.

Q. How often does early AMD advance to the wet form of advanced AMD?

A. The risk of early AMD turning into the wet form of advanced AMD depends on the number and size of drusen in the eye, as well as whether there are abnormalities in pigment in the back of the eye. When patients with early AMD in both eyes were enrolled in CAPT, we estimated that about 20% of their eyes would develop the wet form over the next 5 years.

This article is based on information found on the National Eye Institute Website.

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**SEE INSERT FOR
AMD PHOTOS**

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Patient Profile

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His advice for life: "Do everything with passion and empathy, and you will find fulfillment."

Thanks Mr. S! People like you are a credit to our research and society at large.

What is a "Target Date"?

Each of your CAPT annual visits has a specific "target date" that is determined by the date that you first had your CAPT laser treatment. On either side of this target date is a "visit window", during which it is allowable for the visit to occur. Your CAPT clinic coordinator tries to schedule your visit very close to the "target date", although this may not always be possible. If one of your visits occurs late in the visit window, you may be asked to return for your next visit much sooner than one year. This is because the coordinator is trying to get you back "on schedule" by having your next visit close to this optimum "target date". As you near your last CAPT visit, this will be particularly important to ensure that this final visit occurs within the window.



EYE TRIVIA

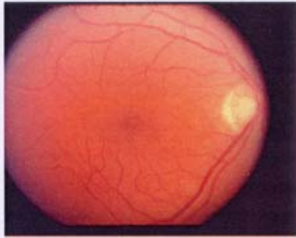
The eyes are complex organs made up of thousands of individual parts that work together to provide vision. Here is some interesting eye trivia:

- ☑ The eye muscles are the most active muscles in the whole body
- ☑ Eyes are composed of more than two million working parts.
- ☑ The eye can process 36,000 bits of information every hour.
- ☑ Eyes can instantaneously set in motion hundreds of muscles and organs in your body.
- ☑ A blink of an eye lasts about one tenth of a second.
- ☑ A normal life span will bring you almost 24 million images of the world around you.
- ☑ The external muscles that move the eyes are the strongest muscles in the human body for the job that they have to do.
- ☑ The cornea is approximately the size and thickness of a dime.
- ☑ The average person blinks their eyes about 11,500 times per day or about 4.2 million times per year.

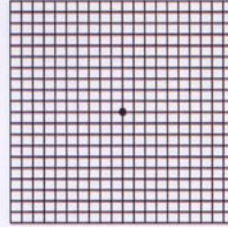
Source: Coolnurse.com, Useless Facts, and Reader's Digest, Bausch & Laumb

AMD PHOTOS

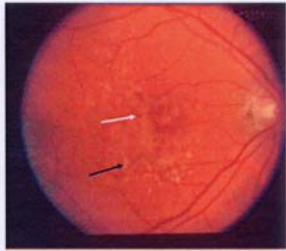
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Normal macula of a patient without AMD.



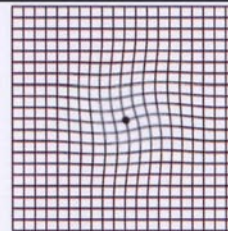
An Amsler Grid. The first step to detect signs of AMD is to get an eye examination. You may be asked to look at an Amsler Grid, which is used to test central vision. Here the grid is seen as a series of criss-crossing horizontal and vertical lines with a central fixation point.



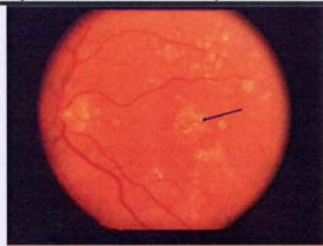
Macula of a patient with early AMD. The black arrow identifies an area of drusen (yellowish deposits under the retina). The white arrow identifies an area of retinal pigment clumping. The large, soft appearance of the drusen along with pigment clumping puts this patient at higher risk for later vision loss.



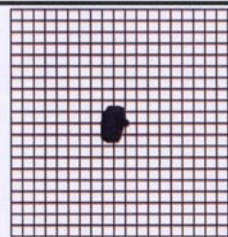
Macula of a patient with wet AMD. Note the central area of whitish-yellow fluid and scarring which lies under the retina along with patches of blood (red). Drusen are also present.



An Amsler grid as seen by a patient with wet AMD. Note the normally straight grid lines appear wavy or distorted.



Macula of a patient with dry AMD and geographic atrophy, a central, sharply demarcated circular patch of retinal degeneration (arrow). Drusen are seen also throughout the macula.



An Amsler grid as seen by a patient with geographic atrophy. This represents an area of central vision loss and is represented here as a central blank spot.