

Ask Hedy! *On a regular basis, Hedy Ciocci, B.S.N., Administrator of the Selfhelp Home will answer some of the many questions we have around aging. Hedy specializes in dementia care, has extensive experience working with families and elderly patients, and is a registered nurse. She is a frequent lecturer on issues of aging.*

Recently, Hedy interviewed Stewart Richer, Chief of Retinal and Macular Degeneration Research at the U.S. Veterans hospital in Chicago and an expert on the impact aging has on the eye. Richer lectures internationally on scientific studies of macular degeneration.



Hedy Ciocci

Q: By middle age, many of us wear corrective or reading glasses. Jump ahead to age 70, and tell us what happens to our vision as we age.

A: It's a huge question, because every tissue in the eye is aging. The big three diseases that occur around age 70 are age-related cataract, macular degeneration, and glaucoma. They rise almost exponentially from that age. All three diseases appear to be in part nutrition related and environmentally mediated.

Q: Which is the most common.

A. Cataracts are number one, then macular degeneration, and then glaucoma. Cataracts are usually removed surgically in an outpatient procedure.

Q: Is there anything a person can do to avert macular degeneration or slow it down?

A. There's plenty a person can do. You can't affect your age, but you can control whether or not you smoke, your weight, and your Body Mass Index.

Q: Why would your weight affect your vision?

A: Obesity is linked to cardiovascular disease, which is associated with macular degeneration.

Q: What other advice do you have for people who want to maintain healthy eyes?

A: Macular degeneration is diagnosed by an eye doctor looking at your retina. In addition to smoking cessation, weight control and exercise to maintain good cardiovascular status, the daily diet should include fruits, vegetables, and Omega 3 fatty acids. As well, supplements have been shown to prevent or slow vision loss from macular degeneration.

Q: What supplements are most advantageous?

A: Supplements called the ARED formula, (Age Related Eye Disease). This formula, emerging in the 1990s, has been demonstrated to reduce the risk of developing macular degeneration. It consists of four particular nutrients: beta-carotene, Vitamins C and E, and zinc.

Q: What if you already have macular degeneration?

A: You can still take these nutrients. Usually, macular degeneration occurs first in one eye. These supplements can prevent vision loss in the remaining eye. The ARED formula nutrients are commonly available over the counter.

Q: As people become older and their vision becomes impaired, are there any visual aids that you recommend?

A: There's an entire field, called low vision rehabilitation, that helps people to use and

enhance their remaining sight with magnification and lighting and with visual training. A specialist in low vision rehabilitation can determine the range of magnification that's required, the different types of aids that might help, and help you with visual training. If you want to get the best eye care, you should go to an ophthalmic physician practice that's located in or near a retirement community, because they are most likely to address issues of the aging eye.

Q: Besides light therapy and magnifiers, you mentioned visual training – what is that?

A: You can do eccentric training. With macular degeneration, people don't use the center of the retina to see any longer, they use an eccentric or peripheral point. You can actually train people to use that eccentric point and improve their vision.

Q: Would most eye physicians know of ocular therapists and of low vision rehabilitation specialists?

A: Probably, but you have to ask.

Q: Are there any new treatments for progressive macular degeneration?

A: There are tremendous advances. Pharmaceuticals not available ten years ago such as Lucentis or Avastin can save an eye. We have made dramatic improvements in treating patients, but much less progress in arresting the gradual onset of

macular degeneration.

Q: As people get older, does the need for eye exams change and will insurance cover the cost of treatment?

A: We need more frequent eye examinations after age 50, at least once a year. Medicare covers both optometry and ophthalmology examinations, as well as medical treatment of the eye. It does not cover dietary supplements or glasses.

Q: What else would you tell seniors about their vision?

A: Many medications that seniors are taking, when used alone or in combination, can deplete nutrients in the body. For instance, acid blockers, now widely available over the counter, prevent the absorption of a whole range of nutrients. An elderly person on a marginal fruit and vegetable diet placed on acid blocking drugs has little left to nourish the eye. Also, older patients sometimes are on drugs, including statins and beta blockers, that deplete cells in the retina by lowering an enzyme called CoQ10. I often place patients taking statins, blood pressure, and diabetic drugs on supplemental CoQ10.

Q: Any other advice for older people to maintain their eyesight?

A: Make sure your diet is better than when you were younger, eat lots of plant food and fish. And use supplements to prevent nutrient deficiencies.