

Frequently Asked Questions About AMD

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1. What are the different forms of AMD?

There are two forms of AMD: wet and dry.

Wet AMD occurs when abnormal blood vessels behind the retina start to grow under the macula. These new blood vessels tend to be very fragile and often leak blood and fluid. The blood and fluid raise the macula from its normal place at the back of the eye. Damage to the macula occurs rapidly. With wet AMD, loss of central vision can occur quickly. Wet AMD is considered to be advanced AMD and is more severe than the dry form.

- An early symptom of wet AMD is that straight lines appear wavy. If you notice this condition or other changes to your vision, contact your eye care professional at once. You need a comprehensive dilated eye exam.

Dry AMD occurs when the light-sensitive cells in the macula slowly break down, gradually blurring central vision in the affected eye. As dry AMD gets worse, you may see a blurred spot in the center of your vision. Over time, as less of the macula functions, central vision in the affected eye can be lost gradually.

- The most common symptom of dry AMD is slightly 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 vision can be lost in one eye while the other eye seems unaffected.
- One of the most common early signs of dry AMD is drusen. Drusen are yellow deposits under the retina. They often are found in people over age 60. Your eye care professional can detect drusen during a comprehensive dilated eye exam.

2. What are the stages of AMD? Dry AMD has three stages, all of which may occur in one or both eyes:

1. Early AMD. People with early AMD have either several small drusen or a few medium-sized drusen. At this stage, there are no symptoms and no vision loss.
2. Intermediate AMD. People with intermediate AMD have either many medium-sized drusen or one or more large drusen. Some people see a blurred spot in the center of their vision. More light may be needed for reading and other tasks.
3. Advanced Dry AMD. In addition to drusen, people with advanced dry AMD have a breakdown of light-sensitive cells and supporting tissue in the central retinal area. This breakdown can cause a blurred spot in the center of your vision. Over time, the blurred spot may get bigger and darker, taking more of your central vision. You may have

difficulty reading or recognizing faces until they are very close to you.

If you have vision loss from dry AMD in one eye only, you may not notice any changes in your overall vision. With the other eye seeing clearly, you still can drive, read, and see fine details. You may notice changes in your vision only if AMD affects both eyes. If blurriness occurs in your vision, see an eye care professional for a comprehensive dilated eye exam.

Wet AMD is considered advanced AMD and does not have an early or intermediate stage.

Both the wet form and the advanced dry form are considered advanced AMD. Vision loss occurs with either form. In most cases, only advanced AMD can cause vision loss.

3. What is more common, the wet or dry form of AMD? The dry form is much more common. More than 85 percent of all people with intermediate and advanced AMD combined have the dry form.

However, if only advanced AMD is considered, about two-thirds of patients have the wet form. Because almost all vision loss comes from advanced AMD, the wet form leads to significantly more vision loss than the dry form.

4. Can the dry form turn into the wet form of AMD? Yes. All people who have the wet form had the dry form first.

The dry form can advance and cause vision loss without turning into the wet form. The dry form also can suddenly turn into the wet form, even during early stage AMD. There is no way to tell if or when the dry form will turn into the wet form.

5. Who is at risk for AMD? How is AMD detected? AMD can occur during middle age. The risk increases with aging. Other risk factors include:

- Smoking.
- Obesity. Research studies suggest a link between obesity and the progression of early and intermediate stage AMD to advanced AMD.
- Race. Whites are much more likely to lose vision from AMD than African Americans.
- Family history. People with a family history of AMD are at higher risk of getting the disease.
- Gender. Women appear to be at greater risk than men.

6. AMD is detected during a comprehensive eye exam that includes:

- Visual acuity test. This eye chart test measures how well you see at various distances.
- Dilated eye exam. Drops are placed in your eyes to widen, or dilate, the pupils. Your eye care professional uses a special magnifying lens to examine your retina and optic nerve for signs of AMD and other eye problems. After the exam, your close-up vision may remain blurred for several hours.

- **Tonometry.** An instrument measures the pressure inside the eye. Numbing drops may be applied to your eye for this test.

Your eye care professional also may do other tests to learn more about the structure and health of your eye.

During an eye exam, you may be asked to look at an Amsler grid. The pattern of the grid resembles a checkerboard. You will cover one eye and stare at a black dot in the center of the grid. While staring at the dot, you may notice that the straight lines in the pattern appear wavy. You may notice that some of the lines are missing. These may be signs of AMD.

If your eye care professional believes you need treatment for wet AMD, he or she may suggest a fluorescein angiogram. In this test, a special dye is injected into your arm. Pictures are taken as the dye passes through the blood vessels in your retina. The test allows your eye care professional to identify any leaking blood vessels and recommend treatment.

7. How are the two forms of AMD treated?

Dry AMD Once dry AMD reaches the advanced stage, no form of treatment can prevent vision loss. However, treatment can delay and possibly prevent intermediate AMD from progressing to the advanced stage, in which vision loss occurs. The National Eye Institute's Age-Related Eye Disease Study (AREDS) found that taking a specific high-dose formulation of antioxidants and zinc significantly reduces the risk of advanced AMD and its associated vision loss. Slowing AMD's progression from the intermediate stage to the advanced stage will save the vision of many people.

Wet AMD Wet AMD can be treated with laser surgery, photodynamic therapy, and injections into the eye. None of these treatments is a cure for wet AMD. Each treatment may slow the rate of vision decline or stop further vision loss, but the disease and loss of vision may progress despite treatment.

Laser surgery. This procedure uses a laser to destroy the fragile, leaky blood vessels. A high energy beam of light is aimed directly onto the new blood vessels and destroys them, preventing further loss of vision. However, laser treatment also may destroy some surrounding healthy tissue and some vision. Only a small percentage of people with wet AMD can be treated with laser surgery. Laser surgery is more effective if the leaky blood vessels have developed away from the fovea, the central part of the macula. Laser surgery is performed in a doctor's office or eye clinic. The risk of new blood vessels developing after laser treatment is high. Repeated treatments may be necessary. In some cases, vision loss may progress despite repeated treatments.

Photodynamic therapy. A drug called verteporfin is injected into your arm. It travels throughout the body, including the new blood vessels in your eye. The drug tends to "stick" to the surface of new blood vessels. Next, a light is shined into your eye for about 90 seconds. The light activates the drug. The activated drug destroys the new blood vessels and leads to a slower rate of vision decline. Unlike laser surgery, this drug does not destroy surrounding healthy tissue. Because the drug is activated by light, you must avoid exposing your skin or eyes to direct sunlight or bright indoor light for five days after treatment. Photodynamic therapy is relatively painless. It takes about 20 minutes and can be performed in a doctor's

office. Photodynamic therapy slows the rate of vision loss. It does not stop vision loss or restore vision in eyes already damaged by advanced AMD. Treatment results often are temporary. You may need to be treated again.

Injections. Wet AMD can now be treated with a new drug that is injected into the eye (anti-VEGF therapy). Abnormally high levels of a specific growth factor occur in eyes with Wet AMD and promote the growth of abnormal new blood vessels. This drug treatment blocks the effects of the growth factor.

You will need multiple injections, usually given about six weeks apart. The eye is numbed before each injection. After the injection, you will remain in the doctor's office for a while and your eye will be monitored. As with photodynamic therapy, the main benefit for patients treated with the drug is to slow vision loss from AMD.

8. What is Sight Defense MV?

Sight Defense MV is a specific formulation of antioxidants, nutrients, and minerals formulated by a physician to specifically support the nutritional needs of the eye and the rest of the body by combining an eye vitamin with a comprehensive multivitamin and healthy omega 3 fatty acids (EPA and DHA) – all of the patient's supplement needs are met in taking one small packet twice daily.

9. Can a daily multivitamin alone provide the same protection as the Sight Defense MV? No. Sight Defense MV contains not only an eye vitamin, but also a multivitamin plus healthy omega 3 fatty acids (EPA and DHA). When taking Sight Defense MV, no additional multivitamin is needed. In addition, taking Sight Defense MV prevents the overdosage of nutrients possible when adding a multivitamin to an eye vitamin.

10. Can diet alone provide the same levels of antioxidants and zinc as the Sight Defense MV? No. The high levels of vitamins and minerals are difficult to achieve from diet alone. However, previous studies have suggested that people who have diets rich in green leafy vegetables have a lower risk of developing AMD.

11. Can my lifestyle make a difference? Your lifestyle can play a role in reducing your risk of developing AMD by following the AMD Prevention Pyramid Program. To see the AMD Prevention Pyramid, [click here](#).

12. What can I do to protect my vision?

Dry AMD If you have dry AMD, you should have a comprehensive dilated eye exam at least once a year. Your eye care professional can monitor your condition and check for other eye diseases. Also, if you have intermediate AMD in one or both eyes, or advanced AMD in one eye only, your doctor may suggest that you take Sight Defense MV.

Because dry AMD can turn into wet AMD at any time, you should get obtain an Amsler grid from your eye care professional. Use the grid every day to evaluate your vision for signs of wet AMD. This quick test works best for people who still have good central vision. Check each eye separately. Cover one eye and look at the grid. Then cover your other eye and look at the grid. If you detect any changes in the appearance of this grid or in your everyday vision while reading the newspaper or watching television, get a comprehensive dilated eye exam. This is the way the grid looks through the eyes of a person with normal vision. This is the

way the grid may look through the eyes of a person with AMD.

Wet AMD If you have wet AMD and your doctor advises treatment, do not wait. After laser surgery or photodynamic therapy, you will need frequent eye exams to detect any recurrence of leaking blood vessels. Studies show that people who smoke have a greater risk of recurrence than those who don't. In addition, check your vision at home with the Amsler grid.

If you detect any changes, schedule an eye exam immediately.

13. What can I do if I already have lost some of my vision from AMD? If you have lost some sight from AMD, don't be afraid to use your eyes for reading, watching TV, and other routine activities. Normal use of your eyes will not cause further damage to your vision.

If you have lost some sight from AMD, ask your eye care professional about low vision services and devices that may help you make the most of your remaining vision. Ask for a referral to a specialist in low vision. Many community organizations and agencies offer information about low vision counseling, training, and other special services for people with visual impairments. A nearby school of medicine or optometry may provide low vision services.

14. Why is the Omega-3 Fatty Acid (EPA and DHA) component important in the Sight Defense MV Formulation?

Omega-3 fatty acids (EPA and DHA) are a critical building block of the retina. They help protect the retina against free radicals that can damage it. In addition, the Omega-3 fatty acids (EPA and DHA) may aid in the absorption of both Lutein/Zeaxanthin and Coenzyme Q-10.

15. Why are Lutein/Zeaxanthin important components of the Sight Defense MV formulation?

Lutein and its carotenoid relative Zeaxanthin have shown promise to help patients with AMD or those at risk of developing AMD. Lutein and Zeaxanthin are the only carotenoids found in both the macula and lens of the human eye and have dual functions in both tissues. They function as powerful antioxidants and act to filter high-energy blue light which can damage the retina.

For more information on AMD,
please visit our AMD website at:
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