Age-related Macular Degeneration (AMD)

Macular Degeneration is the leading cause of vision loss, affecting more than 10 million Americans – more than cataracts and glaucoma combined.

Types of Age-related Macular Degeneration

Dry AMD

About 8 out of 10 people who have AMD have the dry form. Although there is currently no way to treat dry AMD, age-related eye disease studies have shown that a vitamin supplement can slow the progression.

Wet AMD

This form is less common but much more serious. There are treatment options for wet AMD, primarily the injection of antiangiogenic agents into the macaque preovulatory follicle that can stabilize the disease. Injections, although not a cure, need to be done at intervals and have been successful at reducing vision loss.

Patients with dry changes can progress to wet AMD which is why it is important for patients to monitor vision changes at home and schedule regular exams.

Risk Factors & Screening

The most significant risk factor for AMD is age, with risk increasing as one grows older. Genetics play a big role and 3-4 genes have been isolated as contributing factors. Individuals with fair complexion are at greater risk. Smoking is a significant risk factor and doubles the risk of AMD.

Many people don’t realize they have AMD until vision becomes blurry. We can detect early signs of AMD and assess visual acuity by examining the front and back part of the eye through a dilated pupil exam. Often fundus photography and/or OCT tomography will be used to detect any subtle fluid in the retina. Patients can use the Amsler Grid at home to monitor vision changes.

Treatment Options

There is no known cure for macular degeneration, but there are ways to reduce risk and slow disease progression.

Antiangiogenic drugs. Injected into the eye to stop new blood vessels from forming and block the leaking from the abnormal vessels that cause wet AMD. Some people who take these drugs have been able to regain vision that was previously lost.

Laser therapy. High-energy laser light can sometimes destroy actively growing abnormal blood vessels and can be beneficial for treating Wet AMD.

Vitamins. A study by the National Eye Institute found that it can be beneficial to take a supplement formula that has vitamins C and E, beta-carotene, zinc, and copper.

Lifestyle changes. Dieting, exercise, avoiding smoking, and eye protection can be beneficial in reducing risk.

Our general ophthalmologists can perform initial screenings. Early intervention can halt, reverse, or slow progression of AMD. Dr. Edward Fitzpatrick, our retina specialist, is available to provide the latest treatment options.

Sources: American Macular Degeneration Foundation; American Academy of Ophthalmology.
Seasonal and Perennial Allergic Conjunctivitis

Spring allergies are once again in full bloom. Seasonal allergic conjunctivitis (SAC) is one of the most common types of eye allergies that we see. Patients may experience symptoms in spring, summer, or fall, depending on the type of plant pollens in the air. Typical symptoms include:

- Itching
- Clear, watery discharge
- Redness
- Puffy eyelids
- Burning
- Dark circles

If your patients suffer from this condition, treatment options may include:

- OTC medications – Zaditor or Vasocon A.
- If symptoms are more severe, there are several stronger prescription medications that we can prescribe.
- Sometimes, low dose steroid drops can be effective for brief periods.

Those suffering from eye conditions due to allergies should see an eye doctor first for treatment. Then, if chronic allergic symptoms persist, an allergist is recommended. It is critical to see an ophthalmologist if the allergic symptoms cause blurry vision or pain.

Can wearing the wrong prescription hurt your eyes?

The wrong prescription may feel strange and can result in a headache if worn for too long. But, it won’t damage the eyes. If an individual consistently uses glasses that are based on an old prescription, he/she might start to experience some eyestrain.

It is important for prescriptions to be periodically evaluated. Generally, we see young patients without disease every 2 years. Older patients, over age 60, or those with problems should be seen at least once a year.

When new prescriptions are advised, our Eye Center has an optical shop on-site at Lake Street that provides a wide range of styles. Pricing is competitive with other optical shops and new prescriptions can be filled within a few days.

Our Areas of Expertise

Alan L. Stern, MD
- Corneal Surgery
- Cataract & Anterior Segment Surgery
- Laser Vision Correction

Edward P. Fitzpatrick, MD
- Disease & Surgery of the Retina & Vitreous
- Diabetic Retinopathy
- Macular Degeneration

Sarit M. Patel, MD
- Oculoplastic & Reconstructive Surgery
- Cosmetic Eyelid Surgery

Patricia A. McDonald, MD
- Cataract & Anterior Segment Surgery
- External Diseases

Martin C. Seremet, MD
- Cataract & Anterior Segment Surgery
- Glaucoma Therapy & Surgery

Christopher J. Russo, MD
- Cataract & Anterior Segment Surgery

Tracey L. Asmus, OD
- Routine Eye Exams
- Contact Lens Exams & Fittings

PATIENT RESOURCES:
Visit the Eye Center page on www.starlingphysicians.com to learn about a wide range of conditions, diseases, and treatment options.

How to Reach Us

Please identify yourself as a Starling Physicians provider when calling.

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