



seeing well as you grow older

a closer look

SEEING WELL AS YOU GROW OLDER

Many eye diseases and disorders become more common as we age. Advances in ophthalmology allow most people to maintain good vision as they grow older. Many eye problems can be prevented or corrected if detected in their early stages.

Regular eye examinations by an ophthalmologist (Eye M.D.) are the best way to detect eye conditions early, while they can be treated. An ophthalmologist is a medical doctor (M.D. or D.O.) with special training and skills to diagnose and treat all diseases and disorders of the eye.

The following are eye problems commonly experienced by older people.

PRESBYOPIA

When you are young, the lens in your eye is flexible and changes shape easily, allowing you to focus on objects both close and far away.

As you grow older, your lens becomes less flexible. By about age 40, the lens cannot change shape as easily as it once did, and it becomes more difficult to read. This normal condition is called **presbyopia**.

No exercise or medication can reverse presbyopia. You will need reading glasses or bifocals to help your eyes focus. The lens continues to harden, so you will need to change prescriptions as you grow older.



FLOATERS

You may sometimes see small specks or clouds moving in your field of vision. They are called **floaters**. You can often see them when looking at a plain background, like a blank wall or blue sky.

Floaters are actually tiny clumps of gel or cells inside the vitreous, the clear, gel-like fluid that fills the inside of the eye. The specks that you see are the shadows they cast on the **retina** — the layer of light-sensing cells lining the back of the eye. The retina converts light rays into signals that are sent through the optic nerve to the brain and recognized as images.

You should contact your ophthalmologist right away if you suddenly develop new floaters. These symptoms may indicate a torn retina, which could lead to retinal detachment.

CATARACT

A cataract is a clouding of the eye's naturally clear lens, like a window that is fogged with steam. When the lens becomes cloudy, light rays cannot pass through it easily and vision becomes blurred.

Protecting your eyes from sunlight may slow the progression of cataracts. There are no medications, eyedrops, exercises or eyeglasses that will cause cataracts to disappear once they have formed. Surgery is the only way to remove a cataract.

Common symptoms of cataract include:

- A painless blurring of vision;
- Glare, or light sensitivity;
- Poor night vision;
- Double vision in one eye;
- Needing brighter light to read;
- Fading or yellowing of colors.

It is up to you to decide when to have a cataract removed. When you are unable to see well enough to do the things you like or need to do, you should consider cataract surgery.

In cataract surgery, the cloudy lens is removed through a small surgical incision. In most cases, the focusing power of the natural lens is restored by replacing it with a permanent intraocular lens (IOL) implant.

Cataract surgery improves vision in most cases. Cataract surgery is usually done on an outpatient basis so you can go home the same day.

GLAUCOMA

Glaucoma is one of the leading causes of blindness in the United States. It is a disease of the **optic nerve**, which is the part of the eye that carries the images we see from the eye to the brain. Glaucoma can damage nerve fibers, causing blind spots in our vision.

High eye pressure or **intraocular pressure (IOP)** can put you at risk for developing glaucoma. **Aqueous humor** is a clear liquid that normally flows in and out of the eye. When this liquid cannot drain properly, pressure builds up in the eye. The resulting increase in IOP can damage the optic nerve.

The most important risk factors for glaucoma include:

- Age;
- Elevated eye pressure;
- Family history of glaucoma;
- African or Latino ancestry;
- Past eye injuries.

The only sure way to detect glaucoma is with a complete eye examination. Symptoms of glaucoma are not noticeable until damage has already occurred. Early diagnosis and treatment are the keys to preventing blindness.

Your ophthalmologist can determine if you have glaucoma after examining the pressure in your eye, your optic nerve and your peripheral (side) vision.

Glaucoma is usually controlled with eyedrops. Laser surgery or operative surgery may be done if the drops do not control the disease. These treatments only stop further damage; they cannot reverse any damage or loss of sight that has already occurred. That is why early detection and taking eyedrops as prescribed are so important to prevent blindness from glaucoma.

MACULAR DEGENERATION

Macular degeneration is damage or breakdown of the **macula** of the eye. The macula is the small, central area of the retina that allows us to see fine details clearly. Macular degeneration is caused by aging and thinning of the tissues of the macula. Vision loss is usually gradual.

In some cases, abnormal blood vessels develop and leak fluid or blood under the macula. Vision loss in this case may be rapid.

When the macula doesn't function correctly, you experience blurriness or distortion in the center of your vision. Macular degeneration makes close-up work, like reading or threading a needle, difficult or impossible.

Although macular degeneration reduces reading vision, it does not affect your peripheral vision. For example, you could see the outline of a clock but not be able to tell what time it is.

Macular degeneration alone does not result in total blindness.

If you experience one or more of the following symptoms, have your eyes examined promptly:

- Words on a page look blurred in the center;
- Straight lines look distorted, especially toward the center of your vision;
- A dark or empty area appears in the center of vision;
- Colors look dim.

There is no proven cure for macular degeneration. In some people who have leaking blood vessels, laser surgery may slow or prevent additional vision loss. Injectable medications may also help to stabilize or improve the condition.

Various low-vision optical devices can help people continue with many of their normal activities. They include:

- Magnifying devices;
- Closed-circuit television;
- Large-print reading materials;
- Talking or computerized devices.

Your ophthalmologist can prescribe optical devices or refer you to a vision rehabilitation specialist or center. Because side vision is usually not affected, a person's remaining sight can be very useful. A wide range of support services, rehabilitation programs, and devices are available to help people with macular degeneration maintain a satisfying lifestyle.

DIABETIC EYE PROBLEMS

Many older adults have diabetes, a disease in which the body does not use or store sugar properly.

Diabetes can cause changes in the veins and arteries that carry blood throughout your body. This disease can affect your vision by causing cataracts, glaucoma and, most important, damage to blood vessels inside the eye.

When blood vessels in the retina are damaged, they may leak fluid or blood and grow fragile, brush-like branches and scar tissue. This condition, called diabetic retinopathy, can blur or distort the images that the retina sends to the brain.

Retinopathy progression can be slowed through good control of blood sugar and blood pressure. When retinopathy does develop, laser surgery is the most common treatment. It often does not return vision to normal but is very helpful in preventing continued loss of vision. Injection of medication and other types of surgery may also be needed.



You can have serious, sight-threatening retinopathy without any symptoms. The best protection against loss of vision from diabetic retinopathy is to have regular eye examinations by your ophthalmologist. People with diabetes should have eye examinations at least once a year, or as recommended by their ophthalmologist.

NOTES

CARING FOR YOUR VISION

Most older people have good vision. If you do develop a vision problem, early diagnosis and treatment by an ophthalmologist can help to preserve your sight.

The American Academy of Ophthalmology recommends an eye disease screening at age 40. Based on the results of the initial screening, your ophthalmologist will let you know how often to return for follow-up exams.

Adults 65 years and older should have an eye exam every one to two years, as recommended by your ophthalmologist.

COMPLIMENTS OF:

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