



## Prevalence and actions for Macular Disease (MD).

There are many forms of macular disease.

- 👁️ Some are genetic.
- 👁️ Some affect younger eyes.
- 👁️ Some come on later in life.
- 👁️ Some may be preventable some are not.

**When MD appears in later life it is called Age-related Macular Degeneration or AMD.** AMD is the most common cause of sight loss in the developed world. It is less usual in the under 60's but by age 60 around one in every 2,000 people has detectable AMD. As we are all living longer so the number of people affected by AMD is increasing, and in the UK by the age of 90 one person in five will be affected. About half are registered as visually impaired.

**MD affects the sight of people in different ways.** You may not notice any change in your vision in the early stages, especially if you have MD in only one eye. However, as the condition progresses, you will notice some of the following signs. If you notice any changes to your normal vision it should be mentioned to your Optometrist. It may not mean you have progressive MD but if your ECP (Eye Care Practitioner) is aware you are worried then s/he can monitor, reassure or if necessary refer you for further tests.

- Gaps may appear in your vision or dark spots like a smudge on glasses, especially first thing in the morning.
- Objects in front of you might change shape, size or colour or seem to move or disappear.
- Colours can fade.
- You may find bright light glaring and uncomfortable or find it difficult to adapt when moving from dark to light environments.
- Words might disappear when you are reading.
- Straight lines such as door frames and lamp posts may appear distorted or bent.

If you report any of these signs your optometrist may want to use some drops in your eyes which dilate the pupils so making it easier to see what is happening at the back of the eye. These drops may make your vision blurred and very sensitive to light so you will not be able to drive for a few hours.

If your optometrist suspects you have MD you may not be routinely referred to a Hospital Eye Department, it depends on the form.

- ◆ **If it is Dry AMD** you may not be referred to hospital as there is no treatment available yet. You may be asked to monitor any distortions using an Amsler grid (ask your ECP) or against everyday household grids such as looking at bathroom tiles or a window frame.
- ◆ You may be referred for confirmation of the diagnosis or if the optometrist thinks you need a hospital low vision service. If your sight has worsened and you would like to be registered as sight impaired you will need a hospital appointment.
- ◆ **If it is Wet AMD** you should be referred to a retinal specialist at a hospital directly and seen within one to two weeks.