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From Legally Blind to 20/70 Vision

In 2005, there were no safe, effective treatments for wet macular degeneration, but how times have changed!

In 2005, Hasseltine Knickerbocker was diagnosed with macular degeneration in both eyes.

“I didn’t know what macular degeneration was,” confides the 89-year-old great-grandmother. “No one in my family had it.”

Hasseltine says she was two weeks old when her family, including her grandparents, relocated to Miami Beach: “I met my husband in Miami at a USO dance during World War II, and he was a terrific dancer. I married him six months later.”

She says she worked during the war years, and then her husband built her a beautiful home in Miami Springs, with a front porch and a swimming pool, where she raised her family. “Now, of course, my wonderful sons are married and I have grandchildren and great-grandchildren.

“But my grandparents, no one in my family had macular degeneration.”

When Hasseltine’s vision began to fail, she scheduled an appointment with William J. Mallon, MD, a board-certified ophthalmologist and fellowship-trained ophthalmic plastic and reconstructive surgeon at the Center for Advanced Eye Care in Vero Beach. A dilated eye exam revealed her macular degeneration.

“At that time,” remembers Adam M. Katz, MD, who is board certified by the American Board of Ophthalmology, with dual fellowship training in retina care, “there wasn’t much that could be done for macular degeneration.”



Macular degeneration

“Approximately twenty million individuals in the US suffer with age-related macular degeneration, or AMD,” educates Dr. Katz, who practices with the Center for Advanced Eye Care in Vero Beach, “and almost two million patients have the advanced form of the disease, referred to as wet macular degeneration. Macular degeneration, if not treated, may cause a loss of central vision and is the leading cause of legal blindness in Caucasians over the age of sixty-five.”

Macular degeneration is a degenerative process that affects the macula, explains the doctor: “The macula is the central area of the retina, the tissue that lines the back wall of the eye and functions much like film in a

camera, recording images and transmitting them to the optic nerve for ‘processing’ by the brain.”

When the retinal tissue in the macula degenerates, patients may notice that straight lines in the landscape – such as telephone poles, the sides of buildings, or streetlight posts – appear wavy, crooked, or distorted. They may also notice a need for brighter light when reading or a gradual loss of color intensity. Tasks such as reading, driving, watching television or a computer screen, or writing checks become difficult.

Wet and dry macular degeneration

“There are specific likenesses and differences between wet and dry macular degeneration,” observes Dr. Katz. “The dry type involves the loss of cells in the macula, as well as pigmentary-type changes.

“One way to look at it is like cracks in a sidewalk. In the dry type, loss of cells is forming these cracks. Dry macular degeneration accounts for up to ninety percent of cases and involves the deterioration of the macula over time. There is not a treatment or surgical procedure to restore vision loss after it is damaged. However, its progression can be slowed with powerful doses of vitamins A, C, E, zinc, and copper. In a large study called the AREDS, which stands for Age-Related Eye Disease Study, there was a twenty-five percent reduction in the progression from the dry form to the wet form.”

Everyone who has dry macular degeneration is at risk for developing wet macular degeneration, and everyone who has the wet form had the dry form at one time, points out the doctor.

Wet macular degeneration develops when abnormal blood vessels form behind the retina and begin to leak and bleed. Eventually, they develop scar tissue that can permanently damage the retina.

Dr. Katz refers back to his analogy: “You can think of the growth of abnormal blood vessels like weeds growing up through the sidewalk cracks.

“While comprising as few as ten percent of cases, if left untreated, wet macular degeneration poses an immediate and dramatic threat to central vision.”

Back in 2005, there simply was not much that could be done for wet macular degeneration, acknowledges Dr. Katz: “Until recently, the only available treatment to seal those abnormal blood vessels was a laser. The earliest treatment was called laser photocoagulation, which was followed by photodynamic therapy, which used a drug injected intravenously to help direct the laser to the affected area. It didn’t really work that well because blood vessels would leak again and the treatment itself could cause scarring. At best, it arrested deterioration.”

There were no treatments available that would increase patients’ vision.

Hasseltine’s right eye had the dry form of macular degeneration, explains Dr. Katz: “But unfortunately, her left eye had the wet form, and there was nothing that could save her vision in that eye.”

Today’s treatments

“I have a house in Tuckasegee, North Carolina that we built on top of a mountain in 1990,” says Hasseltine.

“I go every year, and I wanted to go this year. But last fall, Dr. Katz told me why I was losing the sight in my right eye.”

The dry macular degeneration in Hasseltine’s right eye had progressed into the wet form.

“Over the last few years, researchers have come up with what are called vascular endothelial growth factor [VEGF] inhibitors,” educates Dr. Katz. “With the development of drugs like Lucentis [FDA approved June 30th, 2006] and Avastin, both manufactured by Genetech, we can really improve people’s vision and give them their lives back. These drugs are administered by an injection into the back of the eye,” he continues.

“Of course, the eye is numbed with a topical drop before the injection, both of which are very well tolerated by patients.

“The injection itself takes less than five minutes. I don’t think I’ve had a single patient complain about it.

“The recommended treatment schedule for Avastin and Lucentis is every four weeks.”

Hasseltine remembers that when Dr. Katz told her about the incredible new treatments, she said to him: “You know, I’d like to go to North Carolina for the summer.”

“He looked me right square in the eye,” she recounts, “and said, ‘Do you want to go to North Carolina or do you want to see?’”

“I quickly said, ‘I want to see.’”

On October 5, 2011, Dr. Katz began Hasseltine’s eye treatments with Avastin.

According to Dr. Katz, there is a new, third injection option for treating wet macular degeneration: “The FDA has recently approved a drug called Eylea, which is manufactured by Regeneron and has been shown to be equal to Lucentis for safety and efficacy. However, what separates Eylea from Avastin and Lucentis is that, after the initial, three-month period of injections, it can be administered every eight weeks rather than every four.

“Therefore, we have switched Hasseltine over to Eylea.

“In less than a year, the vision in her right eye has progressed from legal blindness to twenty-seventy.”

“Thank God for Dr. Katz,” says Hasseltine. “I can see.”



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