

SupportSightNEWS

FREE MATTER
for
the BLIND or
HANDICAPPED

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A MESSAGE FROM EXECUTIVE DIRECTOR LEA S. BRAMNICK

Dear Friends,

The people who created this Foundation inspire me. Karen and Herbert Lotman are acting today, because of their values, their commitment and their dedication to making a better tomorrow.

The Lotmans have macular degeneration in their family and have real concerns about the genetic link to future generations of their family. That is why they have chosen to devote their time, effort and resources to the Macula Vision Research Foundation; making its success a major focus of their lives, with the hope that the members of their family – and yours – will not endure needless suffering from this disease.

We are very proud of the work of the Foundation – we have been able to create a program from scratch, without preconceived ideas, always moving forward to support cutting-edge research and to enhance the lives of those with macular degeneration. Our momentum is real and growing in the most positive ways.

The Macula Vision Research Foundation gives 100% of all funds raised to research and education. All administrative costs are covered.

One of the Foundation's missions is what brings MVRF SupportSightNEWS to you ... to provide public education, advocacy and support to those with macular degeneration. Please continue to send your ideas, experiences and questions.

Now there is hope. Research is making a difference.

And, support and helpful information for those with macular degeneration through the Foundation's SupportSight program are enabling people to live more positive and productive lives.

I am privileged to be part of the progress and promise of the Foundation's work. We look forward to a future vision that is healthy, bright and strong.



Lea Bramnick



SupportSightNEWS

A MESSAGE FROM THE MVRF FOUNDERS

Dear Friends,

WOW! It has been an outstanding year for the Macula Vision Research Foundation.

For the first time, as we look ahead, we can imagine a world without this blinding eye disease. Cures are within sight!

A Foundation funded European researcher has identified a new gene associated with age-related macular degeneration. This is a big step in the right direction – setting the ground work for future therapies.

MVRF funded research has led to curing childhood blindness, restoring day and night vision – these early steps are a positive sign that future treatments to restore vision in macular degeneration patients should also be feasible, in the future.

Few achievements, of this century, have had so profound an effect on our lives and imagination as the first part of the Foundation's mission:

TO FIND THE CAUSE, PREVENTION, TREATMENTS AND ULTIMATELY THE CURE FOR MACULAR DEGENERATION WITH THE GOAL OF SAVING SIGHT.

The Foundation has awarded over \$13 million to those vision scientists doing ground-breaking research devoted to macular degeneration.

The second part of the Foundation's mission is **to provide public education, advocacy and support to those with macular degeneration:**

- MVRF SupportSight in 28 cities welcomed more than 26,000 people to educational seminars and small support group meetings
- the Toll-free Foundation Help Line 1-866-462-2852 answers questions from those with the disease and those who care for and about them
- the MVRF Web-site www.mvrf.org provides meaningful and easy-to-understand information
- the e-mail section of the Web-site allows questions to be answered from those in the United States and throughout the world

MVRF SupportSightNEWS is another step in helping to improve the vision of tomorrow TODAY.

Karen and Herb Lotman

MVRF IS TRULY UNIQUE! 100% OF EACH DOLLAR RAISED GOES TO RESEARCH AND PUBLIC EDUCATION. ALL ADMINISTRATIVE COSTS ARE UNDERWRITTEN.

APPROACHING EACH DAY Author Unknown

I woke up early, excited over all I get to do before the clock strikes midnight. My job is to choose what kind of day I am going to have.

Today I can complain because the weather is rainy or I can be thankful that the grass is getting watered for free.

Today I can feel sad that I don't have more money or I can be glad that my finances encourage me to plan my purchases wisely and guide me away from waste.

Today I can grumble about my health or I can rejoice that I am alive.

Today I can lament over all that my parents didn't give me when I was growing up or I can feel grateful that they allowed me to be born.

Today I can cry because roses have thorns or I can celebrate that thorns have roses.

Today I can mourn my lack of friends or I can excitedly embark upon a quest to discover new relationships.

Today I can shine because I have to go to work or I can shout for joy that I have a job to go to!

Today I can complain because I have to go to school or eagerly open my mind and fill it with knowledge and adventure.

Today I can be upset that I have housework to do or I can feel grateful that I have shelter for my mind, body and soul.

Today stretches ahead of me, waiting to be shaped, and here I am, the sculptor to do the shaping. What today will be like is up to me. And I will decide what kind of day I will have!

HOW WILL YOU LIVE THIS DAY?



Symbolizes the successful ways of living with macular degeneration.

TASK LIGHTING FOR THE PATIENT WITH AGE RELATED MACULAR DEGENERATION

By Richard L. Brilliant, O.D., F.A.A.O.

In the normal process of aging, lighting becomes a major factor, especially for distinguishing fine details. It has been estimated that a sixty year-old individual requires 3 to 4 times more light than a twenty year-old to perform the same task. This is due to the normal aging process of the eye. Changes take place in a number of components of the eye, namely: the cornea, the crystalline lens, and the pupil. Both the cornea and lens become more yellowish in color (from clear, transparent tissue in the young) while the pupil becomes more miotic (smaller). This all lends itself to less light reaching the retina. When you add to these normal aging changes a factor such as macular degeneration then even more light is required. For the visually impaired, the correct use of lighting is just as important as using the correct low vision device.

Many individuals feel that purchasing the brightest light bulb that money can buy is a way of solving this demand for greater lighting. Often, these bright bulbs are placed in table lamps. In most cases, this does not help significantly since most of the light either shines on the ceiling and table or is absorbed by the lampshade. The use of a **task lamp**, either floor model (goose-neck or moveable arm) or desktop will direct the light specifically on the work areas, and therefore provide a better solution when performing such tasks as reading, writing, seeing food, playing games, etc. Ideally, these desk lamps or floor lamps should have a shade, to prevent glare, and have the ability to be angled so that maximum illumination is directed at the given task. These desk and floor lamps are capable of housing a variety of light bulbs. In general, light bulbs can be placed into 4 types or categories:

- Incandescent bulbs
- Fluorescent bulbs
- Halogen bulbs
- Energy saving bulbs
(full spectrum fluorescent)

Incandescent bulbs are the traditional tungsten filament bulbs commonly seen in most homes. They produce a sufficient “yellowish” light but often produce glare, especially if they are a clear bulb. A frosted finish will help eliminate some of this glare. This bulb produces a moderate amount of heat. The General Electric Reveal bulb appears to be the bulb more commonly appreciated by many individ-

uals with low vision.

Fluorescent bulbs (tubes) generally produce a bright light that stays cool to the touch and is energy efficient. Different manufacturers provide these tubes with different coatings which produce different colored hues. Individuals with macular degeneration are especially sensitive to light emitted by cool-white fluorescent tubes. The major concern with this type of bulb is that it often emits a blue wavelength of light which is responsible for glare. In spite of problems with this blue wavelength of light, it is often seen in grocery stores, offices and schools, where it provides inexpensive illumination. An individual experiencing this disabling glare can be helped by wearing yellow lenses, which absorb this blue light thereby providing visual comfort. There are now fluorescent tubes called Warm White, which can replace the regular fluorescent cool-white tubes thus eliminating the blue wavelength of light.

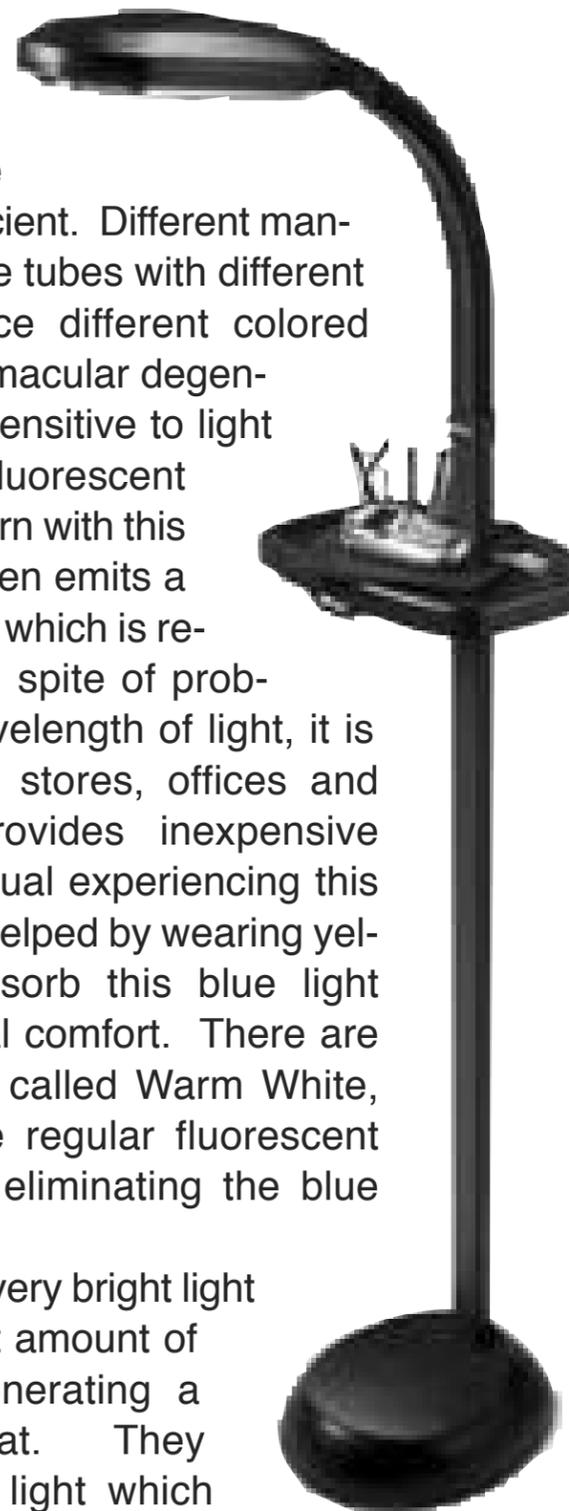
Halogen bulbs are a very bright light source that use a great amount of energy along with generating a large amount of heat. They produce a very white light which seems to provide the best contrast between print and its background. **These bulbs have been responsible for causing a number of fires as well as burning any individual who accidentally touches the bulb.**

Energy saving bulbs are fairly new and are capable of providing full spectrum light. Many individuals with low vision prefer the OTT full spectrum fluorescent bulb, which closely mimics natural daylight, most often considered the best form of illumination.

LIGHTING TIPS & HINTS SUMMARY

- Individuals with low vision can improve their functional vision by modifying the light levels to help them in their daily lives.
- When choosing the best light bulb, it is important to realize that it should be evaluated on an individual basis. No one light bulb exists that is ideal for all individuals. The most popular bulbs for in-

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TASK LIGHTING FOR THE PATIENT WITH AGE RELATED MACULAR DEGENERATION (Continued from page 2)



- individuals with low vision appear to be the full spectrum energy saving bulb (OTT light) and the incandescent bulb (Reveal bulb).
- Maximum illumination can be attained when the light source is perpendicular and as close as possible to the task (i.e. reading materials). In most cases, it is best to utilize a lower watt bulb as close to the task as possible rather than using a higher watt bulb from a further distance. As a matter of fact, if you double the distance of the light source from the reading materials, you need a bulb 4 times as strong to keep the same brightness on the page. Triple the distance and you will require a bulb 9 times as strong.
- The light should be placed directly where needed. Use a task lamp with a shade that can swivel and be raised or lowered to provide direct illumination without glare.

- **Place the light on the side of the eye with the best visual acuity for reading, and on the opposite side of the working hand when writing.**

Hopefully, this information will provide the reader, with a visual impairment, some insight into the importance of lighting and the most beneficial light sources. 



HOPE

RESEARCH SUPPORTED BY THE MACULA VISION RESEARCH FOUNDATION

Robert Molday, Ph.D. Chairman, MVRF Board of Scientific Advisors

The Macula Vision Research Foundation (MVRF) supports a wide-range of basic and clinical research on age-related macular degeneration (AMD), the leading cause of vision loss in the U.S. and other countries world-wide. The overall goals of MVRF-supported research are to understand the genetic, molecular and cellular basis of AMD and use this information to develop improved diagnostic tools, preventative measures, and therapeutic treatments which will slow or eliminate vision loss in affected individuals. A research area currently being funded by MVRF is:

Defining the role of the immune system, inflammation and oxidative stress in the pathogenesis of AMD. Recent studies have revealed that a poorly regulated inflammatory response and oxidative stress underlies many forms of AMD. MVRF-funded research is directed towards the design and development of therapeutic drugs that can inhibit the inflammatory response and oxidative stress pathways which are known to cause photoreceptor cell death in dry and wet forms of AMD.



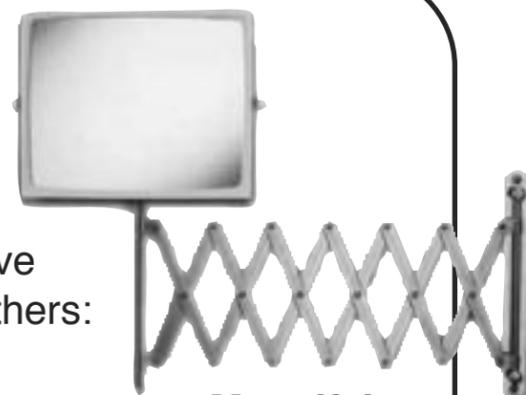
DO NOT use back burners. Put pots on the front.

WHAT WORKS FOR YOU?

How are you coping with less vision?

Please send MVRF SupportSightNEWS your creative coping ideas so that we can share them and help others:

- What enabled you to think positively?
- What encouraged your change in attitude?
- What did you discover, so that you can _____?
- What tool or gadget have you found that helps you to do something you want to do?



Magnifying Mirror

NEWEST TECHNOLOGY IN LOW VISION AIDS

Deborah M. Kogler, LDO, Magnifiers & More

HAND HELD PORTABLE ELECTRONIC MAGNIFIERS

These hand held devices replace the need for multiple magnifiers. Magnification levels from 2x to 16x make these units a necessary item for anyone with a vision impairment. They are compact enough to carry with you to the store, church, doctor's office and restaurant. The high resolution screens vary in size from 3.5 inches to 6 inches. They are powered by rechargeable batteries and come with designer styled carrying cases.



CCTV, READING MACHINES, VIDEO MAGNIFIERS

The newest technology in desktop video magnification offers larger screens and more compact units. The newer screens range from 17 inches to 22 inches and have magnification levels from 2x to 80x (depending on screen size). These units create an optimal reading environment, decreasing eye fatigue, which allows for faster reading times and longer periods of comfortable reading. Most have adjustable monitors that can compensate for height and sitting position. The desktop units are the ideal unit for extended reading time and writing. They also work well for hobbies.



PERSONAL GROOMING, COOKING, HOBBIES

Other desk top units have cameras mounted outside of the screen and allow for distance, mid range and near tasks. The magnification ranges from 3x to 46x and have screen sizes from 17 inches to 22 inches. Some models are adaptable to a laptop computer. They are ideal for extended reading, writing, hobbies, personal grooming, cooking and distance viewing. Several of the newer units are compact and portable. They are very helpful for someone on the go!

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NEEDLE NOSE PLIERS W/ MAGNIFIER

BIG NUMBER MEASURING SPOONS



LARGE PRINT BINGO CARDS

NEWEST TECHNOLOGY IN LOW VISION AIDS

(continued from page 4)

JITTERBUG, KEYBOARDS

Items such as the Jitterbug phone, www.jitterbug.com, make using a cell phone much easier for the vision impaired person. The easy to see keypad and live operator help 24 hours make this model a terrific cell phone option.

Large print keyboards and magnification software make using the computer less frustrating. Zoomtext software is the most popular and simplest to use. Zoomtext comes with a tutorial that helps with the use of this software.

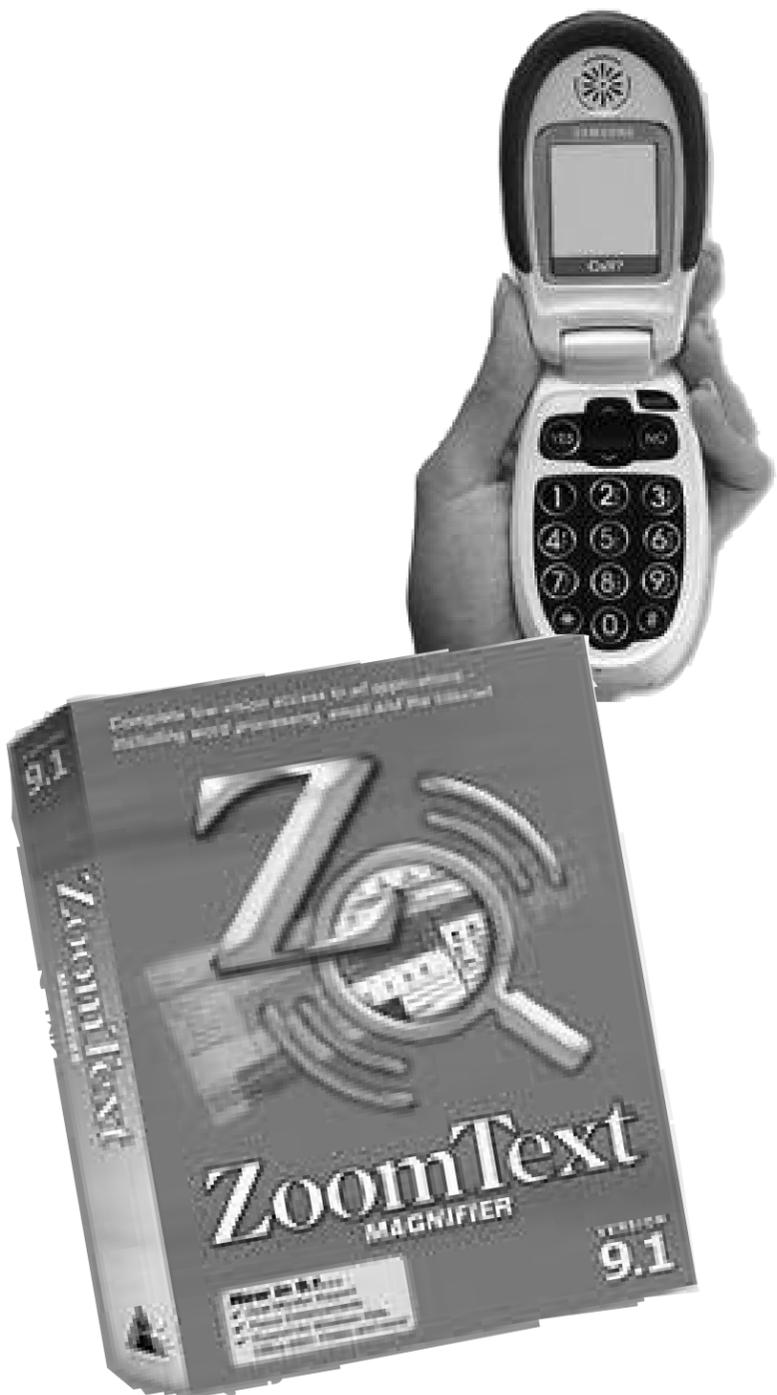
ZOOM TEXT, EYE PAL SOLO

Another great technology device is electronic readers. These devices read out loud almost anything printed - books, newspapers, mail, labels, bills, instructions on the food packages, even text on a crumpled piece of paper - quickly and easily.

Many of the electronic readers can be connected to a screen, laptop or just used as a stand-alone device. For example, take the SOLO (pictured), out of the box, plug it in, and place under the camera a document, a book or newspaper; press a button and within seconds it begins to read aloud the printed material. To read another document simply replace the current document with a new one. Orientation of the page does not matter. You can place the document upside down, landscape, etc.

To use magnification capabilities, connect SOLO to any computer monitor or your big screen TV. Place a document under the camera and magnified text will appear on the screen in a few seconds. You can also listen to the text read aloud while following the words on the screen. The simple keypad is used to control reading, adjust magnification, change color and contrasts, read by word or by sentence and save a page to read later.

This is a general overview of just some of the numerous technology devices available for the visually impaired. I encourage all to investigate their options. And remember: **Success is not final, failure is not fatal; it is the courage to continue that counts.** ~ Winston Churchill 



EYE OPENING FACTS YOU CAN STILL DO IT! ✨

By Mary Betty Roeder

STAY IN THE SOCIAL GAME OF LIFE

I can't recognize you...Tell Me Who You Are

I never forget a face but must admit I do have trouble remembering names. I believe that this is something many of us can relate to.

As long as we could see peoples' faces, we usually could figure out who they were but what happens when we can no longer see faces?

What to do when we meet someone who obviously knows who we are and we don't have a clue who that person is?

I have found that honesty is the best policy. I simply tell him or her that I have macular degeneration and can no longer see the features on anyone's face.

The reaction to this information is usually one of two things. Either they tell me they didn't know and "Oh you poor thing I'm so very sorry" etc. to which I simply reply "I'm sorry too" and get on with the conversation by asking about their family, etc. Or they may just say "I'm sorry I forgot" to which I reply "No problem" or something like that.

Once I did meet a man who got angry with me saying "How was I supposed to know – you don't look blind, you don't act blind so don't blame me if you can't see my face." I felt like I had to apologize for not seeing his face. I told him I was not blind, just visually impaired, but the next time we meet please tell me who you are. 👁

MY INTRODUCTION TO THE MACULA VISION RESEARCH FOUNDATION

In the elevator of the Lankenau Hospital, there was a notice of a meeting for people with macular degeneration. Since I knew that I was already an owner of this disease, I decided it would be a good idea to attend. And I did and I was amazed. The large auditorium was filled with men and women whom I assumed all had AMD. There were a number of speakers but the two people that I related to were Lea Bramnick and Mary Betty Roeder. It was an eye opener for me. They were both inspirational speakers full of wisdom, honesty and humor. They were candid and caring. The anxiety that I had been nurturing about my early symptoms – wavy lines on the grid – changed to relaxation and hope for my future vision problems.

In a few weeks I received the bright yellow invitation informing me of these support meetings with a special expert speaker on the special topic relating to AMD. I was beginning to be educated about this very popular eye problem. I discovered that my eye doctors are busy taking care of people who need immediate help and do not have time to let me know exactly what my present and future eye problems could be.

In the last year I have attended all of the meetings and every one has taught me something new and interesting. There is always new information not only to help me physically, but also to help me intellectually and emotionally. There is a sharing of ideas among the speakers and the audience.

The attitude of Lea Bramnick and the speakers at these meetings is their availability for every individual attending these meetings. I am shocked because in my life

and I am 88 years old – this kindness is very rare particularly in huge organizations. At every meeting, there is also literature with meaningful information which one can use in an actual living experience. This organization is visible in an invisible culture and it makes one feel visible. This guidance is so very important to help keep people with AMD keep living vital interesting and exciting lives. 👁

Lea -
I leave every meeting a little more energized
because a new idea will increase the
pleasure of being alive, and also you
bring joy to us by sharing the
organization's goals for our benefit.
Thank you - Lea
Hedys Myers
Nov. 2009

LIVING AND WORKING WITH AMD

By Joan

Every day with Advanced Macular Degeneration is an adventure, beginning with the moment I open my eyes. Because my vision varies from day to day, the first thing I do is attempt to focus on the picture hanging near my bed. It depicts a woman sitting on a park bench, and if she's a blur, I know I'm going to be facing some serious challenges in the coming hours.

After rolling out of bed I head to the bathroom. Lucky for me, I can't really see my wrinkles or the whiskers I know must be sprouting on my chin, so that starts me out on a cheerful note! Now for the make-up! Back when I was younger I had lush eyebrows and didn't need brow pencil. Now that I really need to apply it—well—try that without good vision. Some days I look like Groucho Marx. And who wants to leave the house without blush? If you don't want to chance looking like a circus clown though, it might be better to just pinch your cheeks hard! (For that reason, it's best to stick to light-colored lipstick too.) Also, make a mental note that Jergen's hand lotion does not taste as minty-fresh as Crest and that Lysol will absolutely not hold your hair in place as well as Aqua-Net.

Now it's off to the kitchen to rustle up some breakfast. If you're in the mood for toast, be careful of the toaster controls or you might be spreading butter on a piece of charcoal or a hockey puck instead. And the first time you sprinkle a packet of salt instead of sugar on your cereal is sure to be a memorable event. That'll teach you not to steal those little packets of salt from the fast-food joints in the first place.

Lunch and dinner aren't much easier. I've always loved to cook and wasn't about to give up making my favorite recipes. That was until the day I made

my famous chicken soup and it turned brown instead of the gorgeous golden-yellow I expected. Ugh! Could I have gotten a bad chicken? No—it turned out I had picked up beef bouillon by mistake! Well, on the plus side I'm a much better eater now. Why I'm practically a health-food nut. Forget those heavily processed cake mixes and things like Rice-a-Roni. If you can't see the directions, it's better to not even go there.

Not that restaurants with their teeny-tiny menus are much better. Of course there's always a tuna or turkey sandwich, but that gets boring pretty quickly. I've learned the trick of asking the waiter what's good and then taking his recommendation. You know, I've had some great things that way that I would have never thought to order on my own.

Once the food issues are out of the way, it's time for work. Thank goodness for the Access-Link bus. I know it's coming, because I hear it cheerfully rattling down the road. I transform myself on the bus. Even if I've set my hair with Lysol or eaten salty cereal that morning, **I put on my game face. I've been at the same job for almost three decades, and everyone knows me as a consummate professional. There are many people who don't even realize I'm losing my vision.**

Besides my reputation for professionalism, I'm also known as an exceptionally friendly person, with a chipper hello and a smile for everyone I pass. Little do they know I can't see a single one of their faces! 

LOW VISION RESOURCE LIST

Gold Violin
877-648-8400
www.goldviolin.com

Maxi-Aids, Inc.
800-522-6294
www.maxiaids.com

ShopLowVision.Com
Daily living solutions
866-999-9188

LS&S, LLC
800-468-4789
www.lssproducts.com

Independent Living Aids, Inc.
800-537-2118
www.independentliving.com

WHAT TALKS?

- | | |
|-----------------------------|------------------------------------|
| Blood Glucose Monitors | Games – Battleship, Chess |
| Blood Pressure Monitors | Globe |
| Calculators | Kitchen Scales |
| Calorie Counters | Key Chains |
| Calorie Counting Pedometers | Liquid Jug |
| Carbon Monoxide Alarms | Medication Managers |
| Clocks | Microwave Ovens |
| Coffee maker | Pedometers |
| Color Identifier | Scales |
| Compass | Smoke Alarms |
| Cooking Thermometers | Talking Book Players |
| Dictionaries | Telephones |
| Emergency Alert Devices | Telephone Answering Machines |
| Fire Alarms | Telephone Dialer – Voice Activated |
| Food Cans | Thermometers – Indoor and Outdoor |
| Food Can Labels | TV Remotes |
| | Wrist watches |

LIFESTYLE AND DIETARY MODIFICATION FOR PATIENTS WITH AGE-RELATED MACULAR DEGENERATION

Michael A. Novak, M.D. Retina Associates of Cleveland



Studies have demonstrated that modifying certain factors in one's lifestyle and/or diet may be beneficial in preventing loss of vision and preventing progression of age-related macular degeneration. Since there is no cure for age-related macular degeneration, the hope is that by modifying some or all of these factors, you may prevent your vision from becoming worse.

SMOKING

A number of studies have demonstrated that smoking can make macular degeneration worse. In particular, smoking appears to be linked more closely with the development of the wet form of macular degeneration. Therefore, **it is recommended that anyone with macular degeneration should completely stop smoking.** This obviously is quite difficult for individuals who have smoked for a number of years. In such cases, their medical doctor or internist may make recommendations for the use of medications that can help in the cessation of smoking. For those patients who absolutely cannot stop smoking completely, then reducing smoking may

be beneficial also, although this has not been studied. For nonsmokers, exposure to smoking (second-hand smoke) increases the risk for macular degeneration. Reducing exposure to second-hand smoke may reduce the risk for macular degeneration.



SUNLIGHT

Other studies have demonstrated that **prolonged exposure to sunlight, especially when people are in their 20s and 30s, may contribute to the development of age-related macular degeneration later in life.** In particular, the ultraviolet and blue wavelengths of light may be harmful to the retina. Therefore, the general recommendation is that all patients with macular degeneration wear sunglasses that at least block out ultraviolet light. Blocking out some blue light may also be beneficial, but this is uncertain. Blocking out all blue light would prevent the individual from seeing blue light. Anything that is blue would then appear to be black. This color misperception may be difficult for some

people to accept. Therefore, it is recommended that all patients with macular degeneration wear sunglasses that block out ultraviolet light and do so whenever they are outdoors, except at night.

EXERCISE

Another study has demonstrated that a certain type of body habitus may be associated with progression of age-related macular degeneration. In particular, the study recommended that patients with macular degeneration exercise three times a week, an hour at a time, in order to reduce the chance that the macular degeneration may advance. **This exercise can be as simple as walking.**



NUTRITION

Lutein is a supplement that may be beneficial for patients with macular degeneration. Lutein can be taken separately or can be taken as part of a multivitamin such as Centrum Silver with lutein. The exact dosage of lutein that should be taken, however, is unclear. Research studies are under way to determine the efficacy and the dosage of lutein.

Several studies have shown that dark, leafy, green vegetables may be beneficial for patients with macular degeneration. These vegetables include spinach, kale, mustard greens, collard greens, and turnip greens. It is recommended that patients with macular degeneration eat 1/2 cup servings of these dark, leafy, green vegetables four or five times a week if possible. Because spinach is more common in this region, most patients simply eat spinach. Spinach can be eaten either cooked or fresh, as in a spinach salad. Spinach can be purchased fresh, frozen or canned. The nutrients in spinach which appear to be beneficial are lutein and zeaxanthine.

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LIFESTYLE AND DIETARY MODIFICATION FOR PATIENTS WITH AGE-RELATED MACULAR DEGENERATION

(continued from page 8)

Other studies have found that eating fish which are high in omega-3 fatty acids reduces the risk of developing the wet form of macular degeneration. **Fish that are high in omega-3 fatty acids include salmon, tuna, mackerel, anchovy and sardines.** The studies recommended that people with macular degeneration eat such fish two or more times a week. For those patients who cannot eat fish, taking fish oil capsules or omega-3 fatty acid capsules may substitute for the fish itself.

A landmark study called the Age-Related Eye Disease Study (AREDS) demonstrated that higher than normal dosages of certain vitamins can reduce the risk of loss of vision and progression of macular degeneration in up to 25% of patients with mild to moderate age-related macular degeneration. The vitamin and mineral formulation used in the study included Vitamin E 400 IU daily, Vitamin C 500 mg daily, beta carotene 15 mg daily, zinc as zinc oxide 80 mg daily, and copper as cupric oxide 2 mg daily. Rather than taking these vitamins separately, people can take a pill that contains all of the supplements in combination. There are a number of pharmaceutical companies that manufacture these combination supplements. Bausch and Lomb's OcuVite PreserVision is one of these. It requires the patient to take one pill twice a day to achieve these dosage levels used in AREDS. Patients who smoke or who recently quit smoking should avoid high dosages of beta carotene because several studies have demonstrated that beta carotene may increase a smoker's risk of lung cancer. Therefore, patients who are smokers or who recently quit should take only Vitamin C, Vitamin E and zinc. These may be taken individually or as a combination supplement in a smoker's formula.

A subsequent study, the Age-Related Eye Disease Study 2 (AREDS2), is assessing the effects of oral supplements with lutein and zeaxanthin and/or omega-3 fatty acids on the progression of age-related macular degeneration. AREDS2 is also studying whether eliminating the beta carotene from and/or reducing the zinc in the original AREDS formulation will have the same effect as the original supplement in reducing the risk of progression of age-related macular degeneration. **Before taking these high levels of vitamins and minerals, you**

should talk with your family doctor about whether taking the AREDS formulation is right for you.

A recent study which evaluated the dietary history of patients to determine what foods may contribute to progression of macular degeneration found that **processed foods** may be harmful to the eyes of patients with macular degeneration. **By processed foods, the study meant cookies, cakes, pies, muffins, french fries and potato chips.** Typically, processed foods are foods in which the manufacturer adds vegetable or animal oils or fats, especially trans-fat, to the natural food source. Therefore, it is recommended that patients with macular degeneration avoid such processed foods. Instead, patients should eat more natural foods in which nothing is added to the food. This would include fruits, vegetables and nuts. **The study found that eating fruit three times a day was much more beneficial than eating fruit just once a day.** Any type of nut may be beneficial in this regard. It is also felt that nuts may be protective to the eyes of patients with macular degeneration. Although peanut butter has nuts, the regular peanut butter that most people purchase and eat is a processed food because hydrogenated vegetable oils are added to this. Therefore, patients who prefer to eat peanut butter, but without the hydrogenated oils, should purchase natural or organic peanut butter in which no oils are added. Smucker's manufactures such peanut butter without the oils added.

For family members of patients with macular degeneration, it is recommended that they follow the dietary recommendations, exercise, avoid smoking, and wear sunglasses. However, it is not recommended that they take the AREDS vitamins.

It is impossible to predict whether following any of the above recommendations will prevent loss of vision in your particular case. However, at this point, we have nothing else that we can offer patients with macular degeneration to prevent visual loss. Therefore, anything that you can do as recommended above may be helpful in preserving your vision. 

FROM MY MIND'S EYE By Betty Mathews, DrPH THE EMPOWERMENT OF ACCEPTANCE



Four and a half years ago, Macular Degeneration intruded upon my life. What a devastating experience to realize you will never see again with the same kind of vision you have always had. I spent many days grieving my loss. This was an automatic and normal response, as I understood that grieving one's loss was part of the emotional healing process. It is necessary before acceptance is possible. My grief often turned to anger as I tried to complete a task that normally took five seconds, now took ten minutes or not completed at all. Considerable time passed before I could come to terms with the reality that this was my future. Not long there after I was feeling very self-satisfied with my progress as I had arrived at a level of managing my life that was reasonably efficient. The pitfalls of denial, excessive dependency, and the "poor me" attitude had been avoided. Low Vision devices enabled me to see what I needed and wanted to see. I believed that I had really accepted visual impairment and was making the best of it, even if the best was nothing to rave about, nor was it something I would choose.

There were, of course, a number of things I could not do, but could do without, if reluctantly. One of these, for example, was giving up my favorite breakfast grapefruit, especially when I had a grapefruit tree in my backyard for the first time ever. The problem was cutting loose the fruit sections so the special spoon would work easily. My visual helper often cut four or five grapefruit halves, loosened the sections and filled my refrigerator so it held little else. While I appreciated this effort, it was not a viable solution. Shortly thereafter I found myself cutting the grapefruit sections without thinking and slicing many things efficiently with the electric knife that I had disowned as if it were the enemy. **I was completing tasks now that I could not do before.**

Why was this? Certainly my vision had not improved. I searched a number of days for an answer before insight occurred with shocking revelation. My focus not only had changed, it had done a forward flip!

I was now focusing not on what I had lost, but on the vision I still had. I realized that I was far from being totally blind. In fact I would never be totally blind. I was making up for much of the vision loss I did have by using available low vision devices, special lighting and using contrast to my advantage. Now what I could see was more important than what I could not see.

I truly thought that I had accepted Macular Degeneration and its limitations long before this and that I had adjusted accordingly. Now I know that was not true. I had been focused on the negative.

It continually amazes me that when we permit the negative to control our thinking it colors the way we see ourselves as well as the way we see our world. It is the way we think that determines our reality! When I allowed the negative to control my thinking about what I could not see, I created much of my own helplessness. **This experience suggests to me that acceptance occurs in stages.** Following the initial shock at the diagnosis there is grieving for one's loss. This stage is vital because it begins the process of emotional healing. This is aided by the flow of tears from time to time, by support groups and by expressed understanding of family and friends.

The second stage that emerges seems to be anger. This may take the form of stress over tasks that one is no longer able to accomplish, and the awareness that many others tend to treat you as though you were an invalid by over-helping in ways unrelated to vision loss.

As grieving and anger recede one moves on to a learning stage that may include information gathering, classes, discovering new ways to do common tasks and evaluation by a low vision expert for devices to increase vision. As one learns, there is a growing self-confidence that one can manage life satisfactorily despite limited vision. At this stage I was sure that I had accepted Macular Degeneration and the life I had created was satisfactory. Upon further evaluation I realized that I was not totally satisfied with my progress.

Only then did I grasp that still another stage in the process of acceptance was ahead. **I now needed to take possession of low vision as part of myself, to identify with it, to own it, to change my picture from a negative to a positive view of myself with impaired vision. No longer was Macular Degeneration an intruder. It is during this stage that one experiences true acceptance of one's self and others with visual impairment. This is Acceptance.**

True Acceptance is Empowering. It pushes a person to explore, to test and to discover the possible. It frees the thought processes to reach beyond the limitations that were there before. As a result one's life is positive, more rewarding and more interesting. **This empowerment potential is within each one of us. It is well worth looking for within one's self.** The way you think creates your reality. The way you think about Macular Degeneration changes the nature of its limitations. **You can change your reality by changing the way you think about your life with Macular Degeneration.** 

GIFT IDEAS FOR PEOPLE WITH LOW VISION

BY KAREN CARMEN

During the meeting of the Cleveland MVRF SupportSight Visionaries, one of the daughters of a mother with macular degeneration told a story. She explained that last Christmas, as in all of the ones before, she gave her mother a family portrait. However, last Christmas was not like the others because her mother's sight was greatly diminished by macular degeneration. Her mother opened the usual gift, lifted the top, looked in the box and asked, "What is it?" The whole family was distraught. Karen Carmen, Community Services Director for the city of Beachwood, OH, helped create this gift list for those with macular degeneration.

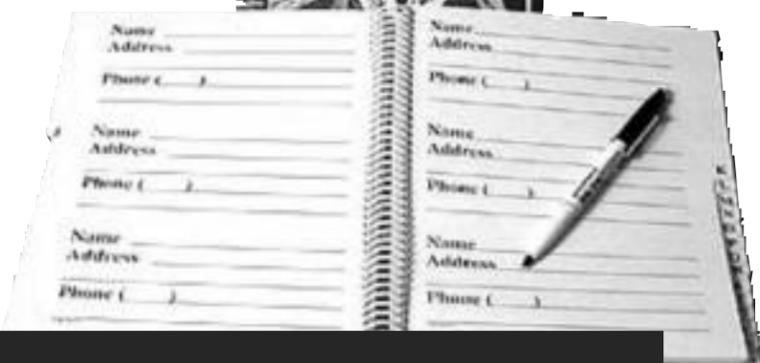
- Lighted flashlight keychain
 - Carabineer — originally used in rock climbing and great for clipping keys to and then clipping the carabineer to a purse or belt loop
 - Large print playing cards
 - Large print bingo cards
 - Large print outdoor thermometer
 - 20/20 pens
 - LED flashlights
 - Local restaurant gift certificates (especially if they deliver)
 - "Reader's Digest" large-print subscription
- Movie theatre passes/gift certificates
- A home-made stationery kit with plain white pads of paper, some with thick black lines
- A talking wrist watch with extra batteries
- A new wallet with distinct compartments so people will be able to find money, medical information, charge cards, etc.



- A children's (large buttons) tape recorder for books-on-tape with extra batteries
- A large button phone
- A large button TV remote
- A new family directory with everyone's home, work, and cell phone numbers in large print so people can call everyone when needed
- A talking picture frame (I saw one at a photography store where you can record a greeting)
- Video gift certificates
- Last year we all contributed to a large screen TV which she enjoys.
- A selection of greeting cards in envelopes according to what they are because she cannot read them in the store.
- Another year we all contributed to a CCTV.



TALKING ALARM CLOCK



LARGE PRINT ADDRESS BOOK



LARGE PRINT CALENDARS