

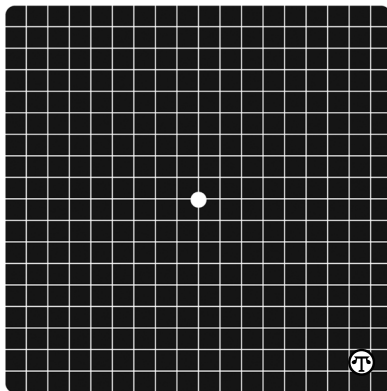
Open Your Eyes To Healthy Vision

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(NAPSA)—Most people consider vision their most valued sense yet many of us take our eyesight for granted and hardly think twice about what it would be like to lose our vision. Every day I sit with patients whose vision is threatened by age-related macular degeneration, a devastating condition that is also called AMD. AMD is the leading cause of blindness in Americans over 60, and affects more than 15 million people in the U.S. More than 1.6 million people have advanced AMD, which can jeopardize the ability to read, drive, watch TV and even recognize family and friends' faces. But thanks to recent medical advancements, patients now have better chances at preserving vision and slowing vision loss than ever before.

Dry and Wet AMD

There are two forms of AMD, dry and wet. Dry AMD is more common, accounting for 90 percent of AMD cases, but it accounts for only 10 percent of the severe vision loss caused by AMD. Dry AMD is characterized by the development of yellow-white deposits underneath your retina, known as drusen. In the early stages of AMD, you may see a blurred spot in the center of your vision. Over time, dry AMD may develop into wet AMD, the more serious form of the disease. In wet AMD, abnormal blood vessels that are weak start to grow and often leak blood and fluid in the back of the eye, which is why the disease



The Amsler grid is a simple self-monitoring grid that people at risk for wet AMD can use every day at home. More information about AMD and free Amsler grids are available by visiting www.myeyehealth.org or calling (866) 702-EYES (3937).

is called wet. The blood and fluid can cause the macula (the central part of the retina, responsible for central vision) to become distorted and scarred, which harms and blurs central vision. Wet AMD can develop rapidly, often leading to severe vision loss in the affected eye within months.

Most cases of wet AMD begin as dry AMD, so it's important to know if you are at risk for wet AMD so you can monitor your vision and catch wet AMD early. Unfortunately, patients often seek care for wet AMD too late. Recent studies suggest that the earlier wet AMD is caught and treated, the better vision outcomes may be.

Help Protect Your Eyesight

Because early treatment for wet AMD may garner the best

results, it's important to monitor for changes in vision and if you're over the age of 60, you should schedule regular eye exams with your eye doctor. If you're diagnosed with dry AMD and are told that you are at risk for developing the wet form, your doctor may give you a simple self-monitoring tool called an Amsler grid, which is a convenient way to help monitor your vision at home. The Amsler grid only takes about two minutes to test both eyes separately (with reading glasses if you have them) and should be used daily. Post the grid at eye level either on your refrigerator door or bathroom mirror—or somewhere easy to remember, so it becomes part of your daily routine. Catching wet AMD early is critical, so if you notice any changes in your vision, such as blurriness or wavy lines on the Amsler grid, you should immediately make an appointment with your eye doctor.

Treating Wet AMD

Recently, wet AMD patients have benefited from major scientific advancements in treatment. Just a few years ago, laser therapies were the only available treatments and they were only appropriate for a small amount of people with the condition.

Today, a drug called Macugen (pegaptanib sodium injection) is available and was approved by the U.S. Food & Drug Administration (FDA) to treat all types of wet AMD and is proven to preserve vision over the long term by slowing vision loss.

For more information on Macugen, visit www.macugen.com.

MACUGEN is indicated for the treatment of neovascular age-related macular degeneration.

Important safety information

MACUGEN is contraindicated in patients with ocular or periocular infections or with known hypersensitivity to pegaptanib sodium or any other excipient in this product.

Safety or efficacy of MACUGEN beyond 2 years has not been demonstrated.

Intravitreal injections including those with MACUGEN have been associated with endophthalmitis. Proper aseptic injection technique—which includes use of sterile gloves, a sterile drape, and a sterile eyelid speculum (or equivalent)—should always be utilized when administering MACUGEN. In addition, patients should be monitored during the week following the injection to permit early treatment, should an infection occur.

Increases in intraocular pressure (IOP) have been seen within 30 minutes of injection with MACUGEN. Therefore, IOP as well as the perfusion of the optic nerve head should be monitored and managed appropriately.

Serious adverse events related to the injection procedure occurring in <1% of intravitreal injections included endophthalmitis, retinal detachment, and iatrogenic traumatic cataract.

Most frequently reported adverse events in patients treated for up to 2 years were anterior chamber inflammation, blurred vision, cataract, conjunctival hemorrhage, corneal edema, eye discharge, eye irritation, eye pain, hypertension, increased IOP, ocular discomfort, punctate keratitis, reduced visual acuity, visual disturbance, vitreous floaters, and vitreous opacities. These events occurred in approximately 10% to 40% of patients.

Rare cases of anaphylaxis/anaphylactoid reactions, including angioedema, have been reported in postmarketing experience following the intravitreal administration procedure.