

Common Geriatric Eye Conditions



As we age, it's inevitable that our bodies change, just as they have all of our lives. Historically, older people have believed that vision problems are just one of these natural changes that can't be corrected. Yet, today, the three most common eye older people face can at least be improved—and sometimes cured—by treatment if they are recognized through regular eye exams.

CATARACTS

A cataract is a cloudy or opaque area on the lens of the eye. A person with a cataract in the early stages rarely notices changes in vision, but as the cataract continues to change the lens of the eye, vision may become blurred, distorted or sensitive to light and glare.

Medicine won't cure cataracts. The only treatment is surgery in which the affected eye's lens is removed and replaced with an implanted plastic lens. If a cataract develops after surgery, the affected eye can be treated with laser surgery.

Studies show that exposure to ultraviolet (UV) light—a component of sunlight—can worsen the chance of developing cataracts. Therefore, protecting the eyes with UV-filtered

glaucoma cannot be cured, but lowering the pressure inside the eye with medication or surgery can control it.

sunglasses or wearing a wide-brimmed hat can help. People with diabetes are also at increased risk for developing cataracts, and managing the disease properly can help ward off cataracts.

GLAUCOMA

Glaucoma is damage to the optic nerve that causes blind spots to develop. The damage occurs when pressure in the eye builds up and decreases the flow of fluid in and out of the eye. In glaucoma's early stages, vision is left virtually unchanged. But when glaucoma becomes more severe, small blind spots in the peripheral vision begin to occur. Other symptoms include blurred vision, severe eye pain, headaches, halos around lights and nausea and vomiting.

Glaucoma cannot be cured, but lowering the pressure inside the eye with medication or surgery can control it. Regular eye exams are necessary to help prevent further optical nerve damage.

Unavoidable factors such as age, hereditary and race contribute to glaucoma, so the only way to avoid glaucoma is to have a regular eye exam, reduce your risk of eye injury and avoid medications that contain steroids unless a health care provider prescribes or recommends one.

MACULAR DEGENERATION

The macula is a section in the center of the retina that helps us see fine details in the cen-

ter of our field of vision. As we age, the macular tissues thin, causing mild vision loss that usually results in problems with reading. But in 10% of macular degeneration cases—categorized as “wet” macular degeneration—new blood vessels grow beneath the retina and cause blind spots in the center of the field of vision. Other symptoms include blurry or fuzzy vision, straight lines that appear wavy and dark or empty areas in the center of vision.

Only wet macular degeneration can be treated with laser surgery to help destroy abnormal blood vessels around the macula. For people with dry* macular degeneration, low vision aids—such as magnification and bright lights—can help them see better.

Perhaps, researchers do not know why macular degeneration occurs, other than for age-related reasons. But they believe a link exists between nutrition and macular degeneration.

Getting the recommended daily allowances of zinc and other vitamins in your diet is essential. And, as always, regular eye exams are imperative to maintain good eye health.

EYE EXAMS AREN'T JUST FOR GLASSES

To help prevent these and other eye disorders or conditions, the American Academy of Ophthalmology recommends that you schedule an eye exam every two to four years if you're between 40 and 65, and every one to two years if you're 65 or older. Remember, seeing your health care provider for eye exams regularly means more than just correcting your vision—it's foresight for a future clear of vision loss. ■

*Adapted from information from the American Academy of Ophthalmology.

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