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Glaucoma & Tips for Seniors with Vision Loss

By Lindsay Bratek

Glaucoma is the leading cause of irreversible vision loss in the United States. Nearly 2% of adults in the United States older than 40 suffer from glaucoma and it is the leading cause of blindness for those 60 and older.

While glaucoma is linked to chronically elevated pressure in the eyes (intraocular pressure), it's more accurately described as an optic neuropathy – gradual damage to the optic nerve resulting in progressive loss of vision. The progressive loss of peripheral vision in glaucoma often leads to difficulty with driving, particularly at night, and can increase the risk of falls and subsequent fractures.

All forms of the disease result from

increased intraocular pressure, but how that pressure builds-up is what differentiates each form and its potential treatment.

Open-Angle Glaucoma

Open-angle glaucoma is the most common form of the disease. The drainage angle formed by the cornea and iris remains open, but the trabecular meshwork within the eye is partially blocked which causes pressure that damages the optic nerve. The pressure increase is gradual, and patients may lose vision before they're even aware of a problem.

Closed-Angle Glaucoma

Closed-angle glaucoma occurs when the iris bulges forward to narrow or block the drainage angle formed by the cornea and iris. As a result, fluid can't circulate through the eye and pressure increases. Some people have narrow drainage angles, putting them at increased risk of angle-closure glaucoma. Closed-angle glaucoma may occur suddenly or gradually. Acute angle-closure glaucoma is a medical emergency that is often signaled by the following symptoms:

- Severe headache
- Eye pain
- Nausea and vomiting
- Blurred vision
- Halos around lights
- Eye redness
- Normal-tension glaucoma

Patients with normal-tension glaucoma experience optic nerve damage even with eye pressure that is within the normal range. Causes for this form of glaucoma are difficult to diagnose, but there may be links to reduced blood flow to the optic nerve as the result of atherosclerosis — the buildup of fatty deposits (plaque) in the arteries — or other conditions that impair circulation.

While a diagnosis of glaucoma may be made in a person's 40s, 50s, or 60s, even with careful management of the condition, vision loss may be a reality as they age.

Because vision loss associated with long-term glaucoma is a very gradual process, seniors may not be aware of how compromised their eyesight has become. Caregivers should be aware of several telltale signs of impaired vision including:

- Squinting or head tilting when trying to focus.
- Bumping into things or knocking objects over.
- Losing interest in activities that rely on vision like reading or writing.

- Trouble with depth perception and missing objects when reaching for them.
- Falling or walking hesitantly.

Individuals with declining vision may have different needs, but the following tips may help seniors adjust to vision loss:

Lighting—Improve lighting conditions in the home – taking careful note of contrasts, not just brightness. Glare can be a significant problem, so the right lighting and minimizing reflective surfaces is important. Avoid significant lighting differences, like a bright lamp shining into a dark room.

Color Keys

Strategically using light and dark colors can make daily activities much easier for a person with limited vision. Like colors can make it difficult for those with visual impairments to detect doorways, stairs and furniture and especially smaller objects that blend into their surroundings.

Bathrooms, which often have little contrast, can pose a challenge. Choose towels, washcloths and bathmats that contrast sharply with the color of the tub/shower, counters and flooring.

Painting door jambs throughout the home with a contrasting color and using brightly colored tape to highlight the edges of steps are other modifications that can be used to improve safety in the home.

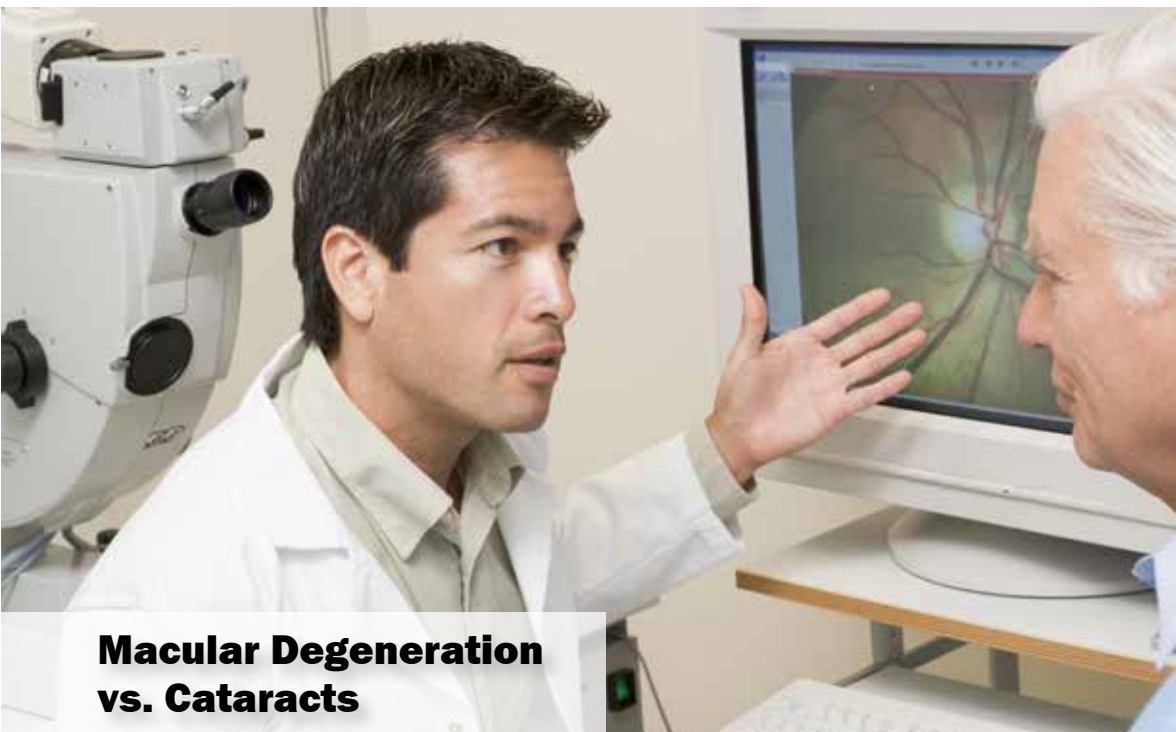
Get Organized —Designate spots for commonly used items and be sure to return objects to the same place every time so that your loved one always knows where things are. Sometimes using a basket to store like objects can make it easier to find things like keys, remotes to electronics and other items.

Even with household modifications, home may not be the safest place for a senior with deteriorating vision, or even complete vision loss. Assisted liv-

ing communities and adult homes are well prepared to provide the assistance these seniors need, while promoting as much independence as possible. “Our senior care communities were designed to account for the loss of vision often associated with aging and chronic conditions like glaucoma,” said Kristina Dott, Community Relations

Coordinator for Elderwood Village at Colonie, an adult home community in the greater Albany, NY area.

January is glaucoma awareness month. Remember to take great care of your eyes, understand the warning signs for glaucoma – including family history – and if you are 40 or older, get your eyes examined annually.



Macular Degeneration vs. Cataracts

Macular degeneration and cataracts are two different eye conditions that have some shared symptoms, including blurriness and vision loss. The risk for both increases with age.

Macular degeneration results from the wearing out of the macula, a part of the retina at the back of the eye. A healthy macula provides you with central, high resolution vision. A damaged or worn down macula causes deposits to accumulate and sometimes new vessels to grow, which cause a loss of central vision and increase blurriness.

With cataracts, a cloudy area develops in the lens of one or both eyes. Cataracts can cause blurriness,

light sensitivity, and other vision interference.

Symptoms

If you’ve noticed changes in your vision or the feeling in your eyes, reach out to a doctor. Vision changes may be particularly noticeable when driving, watching TV, or reading.

A primary care doctor can provide an evaluation, but you may need an appointment with an ophthalmologist, a doctor who specializes in eye health.

Macular degeneration is sometimes referred to as age-related macular degeneration (AMD). According to the National Eye Institute Trusted Source, AMD is broken down into two main

types: wet and dry. Dry macular degeneration (dry AMD) is more common than wet macular degeneration (wet AMD).

The symptoms of AMD vary depending on the type and how the condition is progressing. The progression of dry AMD is divided into three stages: early, intermediate, and late. Wet AMD has a much more sudden onset and causes a severe loss of central vision.

In late-stage dry or wet AMD, the following symptoms may occur:

- seeing straight lines as crooked or wavy
- seeing a blur at the center of your vision
- developing blank spots in your vision
- difficulty seeing in low light
- noticing that colors are faded

Dry macular degeneration

According to the Centers for Disease Control and Prevention (CDC), 70 to 90 percent of people with macular degeneration have dry AMD.

This form occurs when the macula thins and small collections of yellow protein and lipid deposits called “drusen” grow under the retina. Over time, people with dry AMD will slowly lose their central vision.

In the early and intermediate stages, dry AMD often does not cause any noticeable symptoms. However, some people experience mild symptoms, like central vision blurriness or difficulty seeing in dim light. Sometimes dry AMD leads to wet AMD, but not always.

There is no treatment for late-stage dry AMD. But research is underway into the immune system’s role in dry AMD and whether stem cell treatments might help. A high antioxidant vitamin preparation has been found to slow down the progression of dry AMD.

Wet macular degeneration

Wet AMD is usually more serious than dry AMD, and it occurs when atypical blood vessels start to grow under your retina. This can lead to scarring on your macula, especially when these blood vessels leak. Wet AMD leads to a much quicker loss of vision than dry AMD, and it’s always considered late-stage.

Wet AMD can be treated with photodynamic therapy and anti-vascular endothelial growth factor (anti-VEGF) drugs, which are injected into the affected eye. We’ll discuss these approaches in more detail below.

Cataracts symptoms

Cataracts are also a progressive condition that tends to be mild at first but worsens over time. As cataracts grow, your vision will change.

The following symptoms are common to cataracts:

- cloudy or blurry vision
- seeing faded colors
- difficulty seeing at night
- feeling that light from lamps, sunlight, or headlights is too bright
- seeing a halo around lights
- seeing double, which is a symptom that might disappear as a cataract grows
- frequent change in glasses prescription vision loss

Comparison

AMD and cataracts can both cause vision change and loss, and the chance of developing each increases with age. Smoking, sun exposure, and genetics are shared risk factors. However, while vision loss due to cataracts is often reversible, this is not true for AMD.

There is no way to reverse the vision loss a person experiences with dry AMD. Instead, treatment for this condition focuses on slowing vision loss and managing symptoms.

Macular degeneration (or AMD)

- This happens when the macula (in the back of your retina) wears down. It has two types: wet and dry AMD.
- Symptoms include cloudy or blurred vision, loss of central vision, and straight lines appearing wavy.
- This can be slowed down with supplements and some medical treatments, but vision loss due to AMD is permanent. Wet is more treatable than dry.

Cataracts

- These happen when proteins in your eye's lens break down.
- Symptoms include cloudy or blurred vision, double vision, and light sensitivity.
- Your vision can often be restored by surgically replacing your damaged lens with an artificial one.

In addition to adjusting nutritional intake, aiming to quit smoking and eating a rich, balanced diet can help.

People with wet AMD may benefit from anti-VEGF drugs. The American Academy of Ophthalmology explains that these medications improve vision in a third of people who receive them and stabilize vision in the majority.

Anti-VEGF medications are delivered through the eye by injection. They block a certain protein that causes blood vessels to grow in the eye. This can reduce the number of atypical blood vessels below the macula and slow leaking.

Before any of these procedures, a doctor will clean your eye and apply a numbing medication.

Cataracts treatment

Aside from using low vision aids, the main treatment for cataracts is surgery. During cataract surgery, a doctor will remove your clouded lens and replace it with a new, artificial lens known as an intraocular lens (IOL).

Cataract surgery is considered routine and safe. It takes around 1 hour, and people are usually awake during the procedure. For those who receive the surgery, 9 out of 10 experience improved vision.

New glasses or contacts can also improve your vision early in cataract development. It's not always advisable to have surgery right away. Talk with your doctor about what options are available to you.

Can you have both conditions at the same time?

It is possible to have both AMD and cataracts at the same time, as they affect two different parts of the eye.

However, while cataracts are treatable with surgery, AMD is progressive. People with both conditions can expect certain vision loss due to the AMD component.

It's important for an ophthalmologist to determine whether the majority of your vision loss stems from AMD or cataracts before pursuing any surgery for the latter.

Macular degeneration (or AMD) and cataracts are two common, age-related chronic eye conditions. Both cause vision change and loss. Low vision aids can help maximize the vision you have and help you cope with both.

Cataracts can be treated with surgery, and wet AMD can be treated with medications and laser therapies. However, the most common form of macular degeneration, dry AMD, causes permanent vision loss.

If you've recently noticed changes in your vision or how your eyes feel, seek an appointment with an ophthalmologist. An eye expert can investigate the root cause of your vision loss and help you come up with an individualized, actionable plan.

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New Drug Offers Hope for Early-Stage Alzheimers Disease

Alzheimer's disease is a progressive brain disorder that gradually destroys memory, thinking skills and, eventually, a person's ability to perform even simple tasks. Few treatments have existed, but a new drug offers hope for patients with mild cognitive impairment and mild dementia due to early-stage Alzheimer's disease.

"It's not an exaggeration to say Leqembi represents a revolutionary development in the treatment of Alzheimer's disease," says Charles J. Duffy, MD, PhD, neurologist and Director of UH Neurological Institute's Brain Health & Memory Center. "In fact, Leqembi is the first disease-modifying therapy approved in the U.S. for the treatment of the disease."

Understanding Alzheimer's Disease

The causes of Alzheimer's disease aren't completely understood, but a buildup of certain proteins in the brain is involved in the disease's progression. One protein, called be-

ta-amyloid, forms sticky plaques. These deposits interfere with nerve signaling and contribute to cognitive and memory problems. As a result, most drug companies have focused on developing therapies to get rid of beta-amyloid plaque.

How Does Leqembi Work?

Leqembi is a therapeutic antibody that attacks beta-amyloid plaque deposits by triggering immune cells to remove them from the brain. It isn't a cure for Alzheimer's disease, but it's the first Alzheimer's medication to change the disease state in the brain, rather than just treat its symptoms.

"We can't say exactly how effective Leqembi is without further research and data," says Dr. Duffy. "But the results of the first clinical trials are very encouraging. In practical, real-life terms, the research suggests that Leqembi may slow cognitive decline in some Alzheimer's patients, potentially prolonging their enjoyment of daily life with their families."

In a clinical study, early-stage Alzheimer’s patients given Leqembi therapy were shown to have 27 percent less cognitive decline than patients who did not receive the treatment.

Potential Side Effects

Leqembi is administered as an IV infusion every two weeks. Each session lasts about one hour. After an infusion, the patient is monitored for any negative reactions.

Leqembi can cause side effects, including headaches and certain infusion reactions that can usually be managed with medications such as antihistamines, anti-inflammatory medications or steroids. More potentially serious side effects of the drug include:

Serious allergic reactions, such as swelling of the lips, mouth, tongue or face, which may result in discontinuation of the therapy.

Amyloid-related imaging abnormalities (ARIA), which can include brain bleeding, swelling or a combination of both.

Symptoms associated with ARIAs include headaches, dizziness, visual changes, nausea and confusion. In

rare instances, ARIAs can be fatal.

“ARIAs most often occur in patients who have a certain genetic abnormality,” says Dr. Duffy. “For that reason, we test patients to see if they have this genetic factor prior to approving and starting Leqembi therapy.”

Does Insurance Cover Leqembi?

As Leqembi is a newer medication, coverage varies among insurance providers, including Medicare and Medicaid. Patients should talk to their provider to determine coverage before beginning treatment.

“Our first patients have not had difficulty getting insurance coverage for Leqembi infusions,” says Rebecca DiFranco, RN Care Coordinator for UH Neurological Institute’s Leqembi program. Rebecca says that Medicare typically covers 80 percent of the cost for most patients, with supplemental insurance often picking up the remaining 20 percent. What’s more, the drug’s manufacturer, Eisai Company Limited, offers a patient assistance program for those who qualify.

University Hospitals

CELEBRATING EXCELLENCE: Caregiver of the Year 2024

Caring for others is one of the most selfless and impactful roles a person can undertake, and this year, Independent You is thrilled to recognize an individual who exemplifies what it means to go above and beyond in caregiving. We are proud to announce **Avis Walker** as our **2024 Caregiver of the Year**.

Avis has dedicated 11 years to making a



difference in the lives of our clients at Independent You.

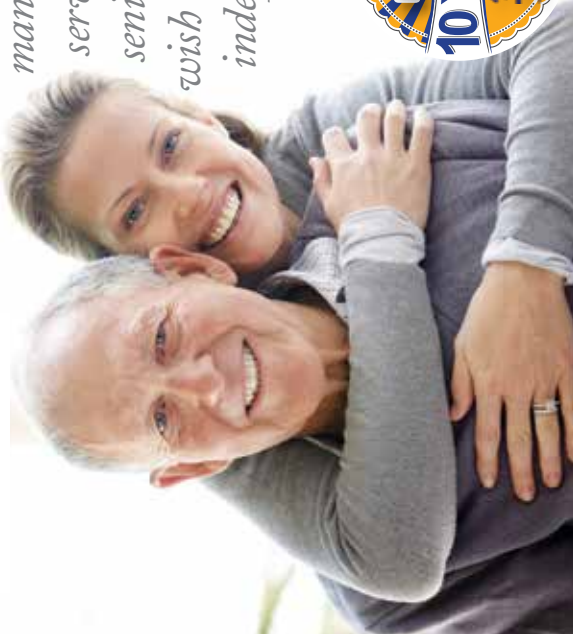
Mary Beth Crosson, Owner of Independent You expressed admiration for Avis, saying, “Avis has set a new standard for caregiving with her exceptional service and heartfelt commitment. She truly embodies the spirit of this award.”

We thank Avis for her exceptional dedication, compassion, and professionalism in her role as a caregiver. We are so grateful to have her as part of our team. Please join us in congratulating Avis on this well deserved honor.



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