

Ophthalmologists offer advice for taking care of your eyes

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ANN ARBOR, MI — Opal Redman, 73, didn't need a crystal ball to know that eye problems could threaten her vision.

"Since my mother became legally blind in her seventies, I just assumed I would also have problems," she said. "From an early age I started watching for warning signs that my eyes were going bad. I always had regular eye exams."

Since then, Opal has had cataract surgery on both her eyes, been diagnosed with glaucoma, and doctors found shingles in her right eye. But even after all that, Opal is seeing clearly, something she credits to good eye care.

Unfortunately, Opal is an exception. More Americans than ever are facing the threat of blindness from age-related disease, according to a recent report by the National Eye Institute. More than 1 million Americans age 40 and over are currently blind and an additional 2.4 million are visually impaired.

However, according to Opal's doctor, Dr. Susan Thoms, an ophthalmologist at the University of Michigan Health System's Kellogg Eye Center in Livonia, blindness can be reduced with early detection and treatment.

"Seeing into our future is all part of good eye health," said Thoms. "The key is to recognize changes in your eyesight and to get regular eye exams. Our eyes actually start to age at birth, but most people begin to notice

changes in their eyes and in their vision during their forties."

While eye diseases like cataracts, glaucoma, and age-related macular degeneration become more common as people get older, there are things people can do to help maintain clear eyesight.

CATARACT

Cataract is the leading cause of blindness in the world, affecting more than 20 million Americans age 65 and older. A cataract is a clouding of the eye's natural lens. When the lens becomes cloudy, the light is blocked and scattered, and therefore the image we see is blurred. Cataract is a natural part of aging, said Thoms.

"The most common thing we see associated with aging that affects vision is a cataract. Basically, everybody will have the start of one by age 70."

When the cataract significantly impairs vision, patients can undergo surgery, removing the cloudy natural lens and replacing it with a lens implant. Although a very small number of patients can have serious complications with surgery, it is highly successful in restoring vision in about 97 percent of patients.

GLAUCOMA

Glaucoma is a chronic disease that affects more than 2 million Americans, but what's even more alarming is the fact that another 2 million people don't know they

have it. Glaucoma is a deterioration of the optic nerve, often related to an increase in the fluid pressure inside the eye. Damage to the optic nerve leads to loss of the field of vision and eventually tunnel vision.

"Glaucoma is a very sneaky disease because, in most instances, it has no symptoms," said Thoms. "The key to preventing vision loss from glaucoma is early detection on a routine eye exam. A family history of glaucoma places one at higher risk of developing it."

Glaucoma is most commonly treated with eye drops designed to lower the fluid pressure in the eye. A Laser treatment can also be helpful in lowering the pressure. If neither of these treatments is effective, surgery to relieve the fluid pressure is an option.

MACULAR DEGENERATION

"The eye condition that I think is most feared by seniors is macular degeneration, and unfortunately it is extremely common in this population," said Thoms. "We don't know why some people develop it and some don't, but we think there is some genetic predisposition to it."

Age-related macular degeneration is the leading cause of permanent vision loss in our senior population. It's a condition that affects the part of the retina responsible for sharp central vision. If it progresses enough it can destroy central vision completely.

There are two forms of macular

degeneration — dry and wet. Dry macular degeneration is the more common type and usually less severe than wet. At this time, there is no cure but a recent study demonstrated some slowing of progression in some patients who took large doses of antioxidants and zinc. These high dosages must not be taken without approval of the patient's physician. Wet macular degeneration is much more devastating. A small number of these patients benefit from laser treatment, although it is not a cure.

HEALTHY EYES

"I think the single most important thing for maintaining the health of the eye is to have regular eye examinations," said Thoms.

"Once you reach 40, you should have your eyes examined every two years, provided there is no family history of eye disease or any abnormalities noted on examination which would warrant more frequent testing."

Thoms also recommends protecting our eyes by wearing UV sunglasses, eating a healthy diet that includes lots of green vegetables, and maintaining good health habits such as not smoking and controlling diabetes.

"It's really important to watch your eyes because you don't get replacements," said Opal. "If you are losing your vision, that's a major problem and you can't wait until it's gone and then try to do something about it. You have to watch as you go."

Facts about aging eyes

■ Americans aged 40 and over are currently blind and 2.3 million are visually impaired.

■ Age-related macular degeneration is the most common cause of blindness and vision impairment in Americans aged 60 and older.

■ More than 1.6 million Americans over age 60 have macular degeneration.

■ Cataract is the leading cause of blindness in the world.

■ Cataract affects 20.5 million Americans age 65 or older.

■ 2.2 million Americans have been diagnosed with glaucoma, and another two million do not know they have it.

For more information visit the following Web sites:

■ U-M Kellogg Eye Center: Macular Degeneration www.kellogg.umich.edu/conditions/retina/macular_degeneration.html

■ U-M Health Topics A-Z: Age-Related Macular Degeneration www.med.umich.edu/libr/eyes/eyes25.htm

■ U-M Health Topics A-Z: Cataract www.med.umich.edu/libr/eyes/eyes07.htm

■ U-M Kellogg Eye Center: Glaucoma www.kellogg.umich.edu/conditions/glaucoma/glauc.html

■ U-M Health Topics A-Z: Glaucoma www.med.umich.edu/libr/eyes/eyes16.htm

■ National Eye Institute, www.nei.nih.gov

■ American Academy of Ophthalmology, www.aao.org

Botsford physician named chairman of MHHA

Dr. Paul E. LaCasse, vice president and chief medical officer of Botsford General Hospital, was installed as chairman of the Board of Directors of the Michigan Health and Hospital Association during the association's annual meeting at Mackinac Island. He is the first osteopathic physician elected to the position and is only the second chairman who is not a hospital CEO.

LaCasse is a strong advocate of

a "patients and communities first" philosophy for Michigan hospitals.

"The reason for being of Michigan's charitable, non-profit hospitals is only to serve our patients and communities," he said. "Putting patients and communities first has been, and should be our measure of success."

In his inaugural remarks to the association, LaCasse addressed some of the challenges

facing Michigan hospitals. These include patient safety, quality care, emergency preparedness, health status and funding.

"How we respond to these issues and the hundreds of other issues we deal with daily becomes clear when viewed through the best interests of our patients and communities," he said.

LaCasse is a graduate of the University of Michigan and the Michigan State University

College of Osteopathic Medicine. He also earned a master's degree in Public Health, Health Services Management and Policy from the University of Michigan School of Public Health.

A member of Botsford General Hospital professional staff since 1979, LaCasse served first as an Emergency Department physician. In a 1990, he was named medical director for Botsford General Hospital. He also was affiliated with Blue Cross and

Blue Shield of Michigan, first as medical consultant and later as associate medical director for Provider Services.

LaCasse was named a fellow in the American College of Osteopathic Emergency Physicians. His professional affiliations include memberships in local, state, and osteopathic associations and physician executive associations. He is past president of the Oakland County Osteopathic Association.

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