

SOUTHWESTERN NEWS

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MACULAR DEGENERATION TREATMENT NOW AVAILABLE AT UT SOUTHWESTERN

DALLAS – April 18, 2000 – Ophthalmologists at UT Southwestern Medical Center at Dallas can begin offering patients with age-related macular degeneration (AMD) a chance at improved vision following the Food and Drug Administration's approval of photodynamic therapy.

Millions of aging Americans with AMD are at risk of losing some or all of their critical sight; the condition robs them of the central vision needed to read, drive and recognize faces.

Photodynamic therapy, a painless technique that received FDA approval last week, uses a cool red-light laser that is beamed into the eye of a person who has the wet form of AMD.

The laser activates a light-sensitive drug that finds its way through the bloodstream to abnormal blood vessels in the macula of the patient's eye, said Dr. Albert Edwards, assistant professor of ophthalmology and a macular-degeneration specialist who treated patients at UT Southwestern during recent FDA trials of the procedure.

The process selectively destroys the abnormal vessels and scar tissue without damaging the retina, he said. The macula is the portion of the retina that permits keen vision.

"Photodynamic therapy has the potential to decrease visual loss," Edwards said.

Dry AMD is how the condition begins, as an accumulation of abnormal deposits under the retina. Wet AMD occurs when new blood vessels that bleed and leak fluid grow underneath the retina.

Jo Ann Martin of Arlington underwent a thermal-laser treatment on her left eye in January 1999 to stop blood vessels in her eye from leaking. But the procedure did not restore vision in the eye.

Then she noticed a problem starting with her right eye as she put on eyeliner. With her left eye closed, she couldn't see.

Edwards performed photodynamic therapy on the right eye of the 65-year-old woman in late November. Martin will return later this month for a second treatment.

"I can do just about everything that I could before," Martin said. "I can see the television with both eyes just fine. Before I had the treatment, all I could see was black. It's come a long way."

The Department of Ophthalmology will hold a series of seminars about AMD and treatment options at Zale Lipshy University Hospital and at Maggiano's Little Italy, a restaurant at Northpark Center. For times and dates, call 214-648-2672.

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Edwards and Dr. John Alappatt, assistant professor of ophthalmology, will perform the outpatient procedures at James W. Aston Ambulatory Care Center. Most patients need three treatments to stop leakage from blood vessels in the macula. A follow-up visit is needed about three months after the last treatment, Edwards said.

The procedure begins when the drug, verteporfin, is injected into the patient's bloodstream and allowed to circulate for 15 minutes – the time needed for the drug to find its way to abnormal blood vessels of the macula, Edwards said. Then the red light is used for 83 seconds, he said.

"The procedure is very precise," Edwards said. "It's probably best done by retina specialists."

Patients must stay out of the sun for 24 hours after the procedure because the same red-light wavelength exists in sunlight and would continue to activate the drug.

The number of people affected by AMD will reach epidemic proportions as baby boomers move into their late 60s, said Dr. James McCulley, chairman of ophthalmology, director of the Jean H. and John T. Walter Jr. Center for Research in Age-Related Macular Degeneration and holder of the David Bruton Jr. Chair in Ophthalmology.

Research has shown that macular degeneration is often hereditary, but there is evidence that smoking and other factors can influence the development of the condition, Edwards said.

"I think that AMD will clearly be one of the most important areas in ophthalmology in the next decades," McCulley said.

Research could eventually help prevent macular degeneration. "Our scientific capacity is such that we can realistically expect to find the causes of macular degeneration and, in the future, initiate effective preventive measures," he said. "The ultimate would be to prevent it. In the meantime, there are going to be decades of development of effective treatments for those who've already developed it."

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