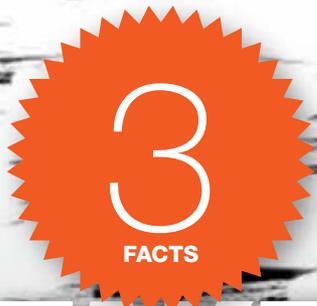


Glaucoma is
symptomless
Early detection is key

Cataract surgery
Innovations to
improve your sight

Vision exams
Are you staying
current?

VISION HEALTH AND WELLNESS



TAKE CONTROL OF YOUR EYE HEALTH

Professional Triathlete Aaron Scheidies talks
macular degeneration and how it's made him stronger

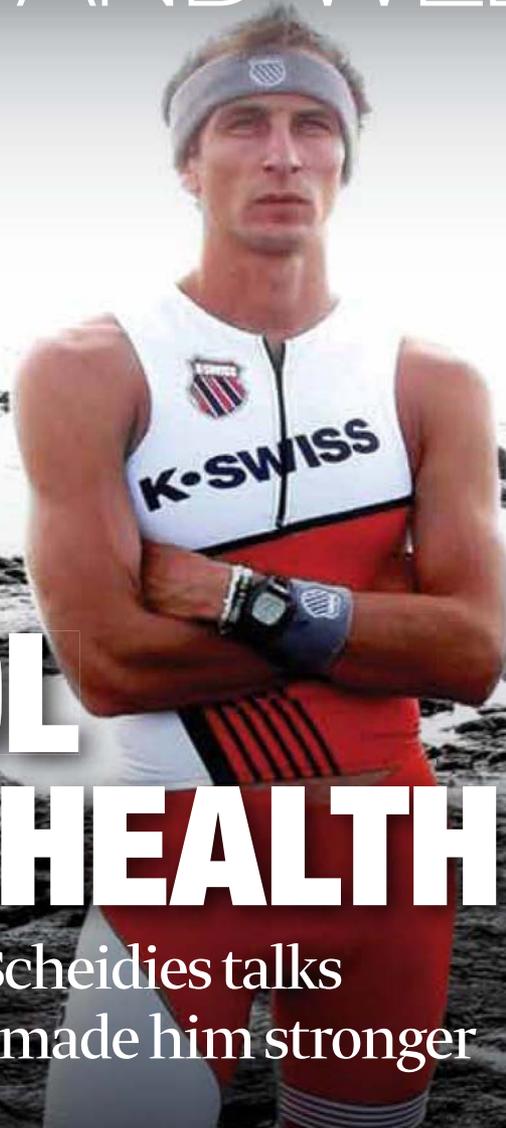


PHOTO: AARON SCHEIDIES

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CHALLENGES

Patients can empower themselves with **sight-saving information** to help maintain good vision throughout their lifetime.

Prevention is the best Rx for healthy eyes

Good eyesight is a special treasure, something we all hope to enjoy for as long as possible. Unfortunately, for millions of Americans, that precious gift is threatened by serious eye disease.

As ophthalmologists, our sole objective is to partner with our patients and use our expertise to help preserve the best eyesight possible. Ophthalmologists are medical doctors who complete four to six years of specialty training to be competent in everything from prescribing contact lenses and glasses to performing the most complicated surgeries on the eye. On a daily basis, we see firsthand how a wide variety of vision problems can affect lives.

Many of the most serious eye diseases are associated with advancing age—diseases such as cataracts and age-related macular degeneration. Some diseases are found more commonly in certain ethnic groups. For example, African-Americans are at higher risk for glaucoma than

Caucasians, while Caucasians have a greater chance of developing age-related macular degeneration. Hispanics have a higher frequency of diabetes than Caucasians and the associated, potentially blinding, diabetic eye disease known as diabetic retinopathy. But knowledge is power. So, arming yourself with information about your risk factors and knowing your family medical history are crucial to maintaining healthy eyesight over a lifetime.

Of course, we all know that prevention is the very best medicine. That is why the American Academy of Ophthalmology recommends that all adults get a baseline eye disease screening at age 40, even if they have no signs or risk factors for eye disease. This is the time when early signs of age-related disease and changes in vision may start to occur, and catching these conditions in their early stages is the best way to preserve sight. Based on the results of the initial screening, your ophthalmologist will prescribe the necessary intervals for follow-up exams. Of course, if you have certain

diseases such as diabetes, you should follow your primary care physician's advice and possibly be evaluated earlier. And any sudden change in vision should always signal the need for a complete examination.

Ultimately, the best eye health requires a combination of a healthy lifestyle, complete eye examinations as needed, and the best care possible if you require medical or surgical treatment. Fortunately for all of us, we are witnessing some powerful innovations in eye care. In my 30 years as an ophthalmologist, I have witnessed the development of devices, technologies, procedures and therapies that effectively treat diseases that, not very long ago, led to blindness. The work that ophthalmic researchers are doing now is helping us advance quality patient care, and, most importantly, preserve vision.

Finally, I'd like to emphasize that your partnership in managing your eye health is critical—and high quality information is a key element in this partnership. To be fully empowered, you must get the most trustworthy, clinically accu-

rate eye health information. Reading the articles in this publication is a great start. I encourage you to learn even more about keeping your eyes healthy by visiting the American Academy of Ophthalmology's EyeSmart website, geteyesmart.org. On behalf of ophthalmologists everywhere, I wish you the gift of great vision—always.

David W. Parke II, MD

CEO of the American Academy
of Ophthalmology
editorial@mediaplanet.com



FACT

1

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CORRECTIVE
EYEWEAR TO
COMPENSATE
FOR
REFRACTIVE
ERRORS



WE RECOMMEND



Determined to win
Legally blind triathlete
Aaron Scheidies
triumphs over macular
degeneration and
shares his winning
moments.

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MEDIA PLANET

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Publisher: Elba Flamenco
elba.flamenco@mediaplanet.com
Business Developer: Rebecca Ramgren
rebecca.ramgren@mediaplanet.com
Designer and sub-editor: Ariela Anelli
ariela.anelli@mediaplanet.com
Managing Director: Justin Guttman
justin.guttman@mediaplanet.com
Senior Designer & sub-editor:
Missy Kaykomissy.kayko@mediaplanet.com

Contributors: American Academy
of Ophthalmology, Avery Hurt, Rohit
Varma, M.D., M.P.H.

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NEWS

Question: I don't wear glasses or contacts, why do I need to get a vision exam?

Answer: Because eye exams can catch "silent" diseases like glaucoma and diabetic retinopathy before they cost you your eyesight.

EYES: THE WINDOWS TO YOUR OVERALL WELLNESS

Your eyes are just as important as any other organ in your body.

"Somewhere along the way, we pulled the teeth and the eyes out of the body," says Jeff Spahr, staff vice president of Vision and Voluntary benefits for the parent company of Anthem Blue Cross. It's a gruesome image, but an apt one. For many years dental and eye care were extras that were sometimes, but not often, tacked on to healthcare plans. That has changed with dental plans, but until recently eye care was still often considered an extra. But when eye care is covered, people do take advantage of it, explains Jim McGrann, president of VSP Vision Care. "Sixty-one percent of patients take advantage of eye insurance when they have it." Fortunately eyes are beginning to make their way back into the body, too. And that's a very good thing.



PHOTO: ISTOCKPHOTO.COM

A deeper look

The eyes are the only place where a doctor can see your blood vessels without an invasive procedure. A comprehensive eye exam not only checks for eye disease—glaucoma, cataracts, macular degeneration—it is a low-stress way to screen for hypertension, high cholesterol, and diabetes, explains John Lahr, OD, medical director of EyeMed Vision Care. It's important to consult your vision care professional as comprehensive exams aren't necessarily recommended for everyone on a regular basis. Eye exams can also catch potentially serious illness in its early stages before symptoms have

become noticeable. When an ophthalmologist finds signs of vascular illness, he or she can alert the patient's primary care provider ensuring treatment that in many cases can reverse the course of the illness.

The advantages to this aren't lost on insurers or employers. "In the last ten years there has been a trend to embed coverage for eye exams [in health plans]," says Richard Sanchez, President and CEO of Advantica.

Get Yours

"The dental industry did a great job of [elevating the importance of dental cleanings]," says Sanchez. "Now we are trying to do this for eyes. Whether you have a plan or not," he says. It could save your vision and it could save your life. And if it isn't already, it soon might be covered by your insurance.

FACT

2

DIABETIC
RETINOPATHY
AFFECTS MORE
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MILLION
AMERICANS
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AVERY HURT

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INSPIRATION



SPREADING THE WORD
Aaron is a spokesperson for FloraGLO® Lutein using his personal story to educate others on the value nutrition plays in maintaining healthy vision.
PHOTO: AARON SCHEIDIES

Aaron Scheidies: Facing up to vision loss

Question: What did one man do when faced with vision loss?

Answer: Finished the Ironman Triathlon, perhaps the most grueling test of physical fitness in the world.

When **Aaron Scheidies** was in sixth grade he found out the vision problems that had bothered him since second grade were due to Juvenile Macular Degeneration (JMD), an incurable condition that would leave him virtually blind within a few years. The news was devastating to the sixth-grader. He became severely depressed and developed unhealthy coping mechanisms, such as Obsessive Compulsive Disorder and an eating disorder.

Vision loss hit Scheidies especially hard because he had aspired to be a professional soccer player. However, his strength of will and character that was such an asset on the soccer field came to the forefront in coping with his new circumstances. "Eventually, I became more resilient and started looking for challenges rather than letting challenges come to me," says Scheidies. He turned to endurance sports, first tackling swimming. "Swimming was very freeing," he recalls. "I didn't have to worry when I was in the water." He got over his emotional difficulties, added long-distance running and cycling to

his athletic repertoire, and now 29, with only 10 percent of the vision of a fully-sighted person, is a seven-time triathlon world champion and eight time national champion. In 2005, Scheidies and four other blind athletes teamed up to conquer the Ironman in Coeur d'Alene, Idaho, an event that consists of a 2.4 mile swim, a 112 mile bike ride, and a 26.2 mile run—all under 17 hours. They were the first blind athletes to complete the Ironman and Scheidies did it in 12 hours and 49 minutes. Scheidies has raced in more than 200 triathlons since 1999, with his favorite and most accomplished distance being the 70.3 mile half Ironman.

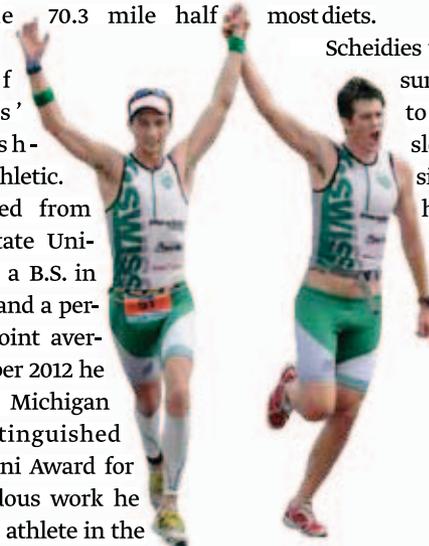
Not all of Scheidies' accomplishments are athletic. He graduated from Michigan State University with a B.S. in Kinesiology and a perfect grade-point average. In October 2012 he received the Michigan State Distinguished Young Alumni Award for the tremendous work he does as a pro athlete in the visually impaired community. In 2008, Scheidies received his

doctorate in Physical Therapy from the University of Washington.

As his vision deteriorated, Scheidies gradually moved from using strong magnification to more high-tech visual assistance, such as screen and voice recognition software.

Scheidies responded to the challenge of JMD by trying to keep his eyes as healthy as possible under the circumstances. He has always avoided eye strain, takes care to protect his eyes from sun damage, and takes lutein supplements (an essential nutrient plentiful in leafy greens such as spinach, egg yolks, and corn), that is good for vision but lacking in most diets.

Scheidies will never know for sure if the steps he took to care for his eyes slowed the progression of his disease, but he says, "I know that I did the best I could." And Scheidies' best is pretty impressive.



AVERY HURT
editorial@mediaplanet.com



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FACT

3

GLAUCOMA AFFECTS ALMOST 2.3 MILLION AMERICANS AGE 40+

NEWS



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FIGHTING GLAUCOMA THROUGH AWARENESS

Glaucoma is the second leading cause of blindness in the world, affecting more than 6 million people. If left untreated, it can lead to blindness. It starts with damage to the optic nerve and leads to progressive, and irreversible vision loss.

There are two main forms of glaucoma; the open-angle and closed-angle type. The open-angle type is seen primarily in persons of European, African and Native Indian ancestry. The closed angle type is seen primarily in persons of Asian ancestry. Glaucoma in Latinos is mainly the open-angle type and usually does not exhibit symptoms. There are no early warning signs a patient can detect, without first having an eye



Rohit Varma, M.D., M.P.H.
Director of Glaucoma Service and Ocular Epidemiology Center at the University of Southern California, Keck School of Medicine

examination. With early detection by an eye doctor, treatment can help prevent permanent damage to eyesight.

Glaucoma is more common in older individuals and the risk increases with age. Large differences exist in its prevalence amongst different racial and ethnic groups. It's more likely to occur in the older Latino/Hispanic population. In the United States we estimate about 410,000 Latinos may suffer from glaucoma, and more than 75 percent, or 310,000 Latinos,

may not know they have this eye condition.

Finding answers

The Los Angeles Latino Eye Study (LALES)—the largest population-based study on eye disease in Latinos—reported a higher risk of glaucoma amongst Latinos/Hispanics with diabetes of older age, and with a family history of glaucoma. LALES also reported that individuals with glaucoma experience a significant change or measureable loss in their quality of life or ability to perform everyday activities like driving with early stages of the disease. Early detection and treatment can prevent early damage. This reduces the burden on the patient and potentially prevents their quality of

life from getting worse.

Because glaucoma damage can be prevented, and because damage can impact a person's ability to perform daily activities including driving, as well as distance, near and peripheral vision, it is important to have a detailed eye examination. Therefore, it is essential that every Latino/Hispanic of age 50 years and older has their eyes examined once a year to determine their eye health and detect glaucoma and other eye diseases early so that they can receive treatment before vision loss occurs. Understanding and managing glaucoma with your eye doctor can help make a significant difference in your daily life.

DR. ROHIT VARMA

editorial@mediaplanet.com

Are you at risk for glaucoma?

Risk factors for glaucoma include:

- Age
- Family history of glaucoma
- African or Hispanic ancestry
- Farsightedness or nearsightedness
- Elevated eye pressure
- Past eye injury
- Having a thinner central cornea (the clear, front part of the eye covering the pupil and colored iris)
- Not having eye examinations when they are recommended
- Low blood pressure
- Conditions that affect blood flow, such as migraines, diabetes and low blood pressure

For more information about glaucoma visit geteyesmart.org.

Clear view on cataract surgery

Despite the fact that cataract surgery is so common, most people don't know much about it. If you or a loved one has cataracts, you'll be glad to know that the facts are encouraging.

- Cataract surgery is 98 percent successful. Complications are rare and virtually all patients experience improvement in their vision—most experience dramatic improvement.
- Cataract surgery is typically performed on an outpatient basis. In most cases, you won't even have to get out of your street clothes, explains Chris-

tine Sindt, OD, associate professor of clinical ophthalmology at the University of Iowa. And the benefits are immediate. "Most patients find that their vision is quite good the next day," explains Rex Hamilton, MD, Director, UCLA Laser Refractive Center.

- The basic surgery includes a standard replacement lens that corrects the blurriness caused by cataracts. If you choose, you can get multifocal lenses that also correct existing vision problems such as near-sightedness, far-sightedness, and astigmatism. Most patients who choose this option, no

98%
success rate

longer have to wear glasses at all, explains Robert Melendez, MD, American Academy of Ophthalmology clinical correspondent.

- When to have cataract surgery is a personal matter. When blurred vision is troublesome enough that it interferes with daily life, talk to your doctor about surgery. "Explain your symptoms and ask for clarifi-

cation of anything you don't understand," says Sindt.

Changing lives

Most people who have this surgery wish they had done it years before. "It's pretty amazing how dramatic the difference is," says Hamilton. People who couldn't see the alarm clock, artists who could no longer see well enough to work, grandparents who couldn't see their grandchildren's faces find that after cataract surgery the world is once again clear and bright, says Melendez.

EVERY HURT

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