

Vitamins for Macular Degeneration

Recommended Macular Degeneration Supplement Should Include:

- Vitamin A 15 mg
- Vitamin C 500 mg
- Vitamin E 400 IU
- Zinc (zinc oxide) 80 mg
- Copper (cupric oxide) 2 mg

Age-Related Macular Degeneration (ARMD) is the number one cause of legal blindness in adults over 60 years of age.

Macular Degeneration is a disease associated with aging that can lead to deterioration of sharp, central vision over time. The National Eye Institute recently sponsored a major 11-center, double-masked clinical trial that followed 3,640 patients for a period of about six years. Data from this trial (the AREDS Trial) demonstrated that high levels of zinc and antioxidants reduce the risk of advanced macular degeneration by 25% and its associated vision loss by 19% in certain patients (those with intermediate degeneration in one or both eyes or advanced degeneration in one eye). These nutrients did not provide an apparent benefit in patients with no macular degeneration or with early macular degeneration. The AREDS vitamin formulation should not be used in smokers as consumption of high-dose beta carotene (Vitamin A) found in these supplements while smoking has been linked to higher rates of lung cancer. The doses of antioxidants in the AREDS formulation are significantly higher than in typical over-the-counter multivitamins and should be verified prior to purchase. ■



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Melinda A. Hakim MD
 Cedars Sinai Office Towers
 8635 W. Third Street #390-W
 Los Angeles, CA 90048
www.melindahakimmd.com

About the Author...

Dr. Melinda Hakim is a Board-Certified ophthalmologist in Los Angeles. She is a graduate of Harvard University and the Johns Hopkins School of Medicine. She practices comprehensive ophthalmology and is fellowship trained in LASIK and refractive surgery. She was recently awarded the *American Medical Association Leadership Award* for her significant contributions to the field of medicine. Additional copies of this newsletter can be accessed at www.melindahakimmd.com

Eye Health Update

Issue One | October 2007

Cutting Edge LASIK Surgery

LASIK surgery is one of the most popular elective procedures done now in the world. On average, over 2 million cases are done per year in the United States alone. The LASIK procedure involves the creation of a flap of the cornea which is then lifted so that laser energy can be applied to reshape the rest of the cornea. This flap can be created with a blade called a microkeratome or with a laser called the IntraLase.

The IntraLase laser provides the highest level of **precision and safety** in creating LASIK flaps

The IntraLase Method uses tiny, rapid pulses of laser light to create a corneal flap. Each pulse of light forms a microscopic bubble at a predetermined depth and position within the cornea. More patients in clinical trials achieved vision that was 20/20 or better when their LASIK procedure was performed with the IntraLase Method. A microkeratome, which contains a steel blade that oscillates back and forth, is only capable of making a single, one dimensional cut across the cornea. The actual flap thickness and smoothness is



less predictable when a blade is used versus a laser. The IntraLase Method gives your doctor the ability to tailor the dimensions of your corneal flap based on what's best for your eye. Everything from the diameter of the flap to the angle of its edges can be precisely fine-tuned. In a clinical survey of LASIK patients who had their corneal flaps created using a microkeratome in one eye and the IntraLase Method in the other, the vision in the IntraLase treated eye was preferred 3-to-1. Over 1 million IntraLase procedures have been performed, and the number of laser centers investing in this advanced technology is rapidly rising. ■

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Melinda A. Hakim MD

phone (310) 652-1133

fax (310) 652-4353

Importance of Glaucoma Screening

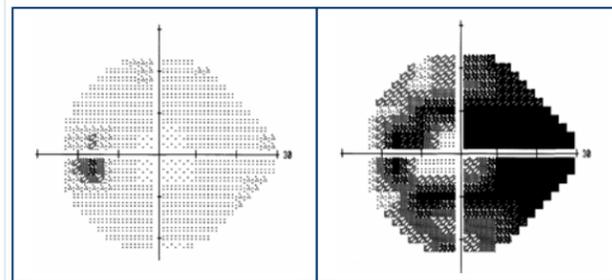
Glaucoma is a leading cause of blindness often presenting without any warning symptoms.

Glaucoma is a very misunderstood ophthalmologic disease. According to the World Health Organization, glaucoma is the second leading cause of blindness in the world. It is estimated that over 3 million people have glaucoma in the United States, but only half of those know they have it. Glaucoma is a disease of the optic nerves. Each optic nerve consists of more than 1 million nerve fibers and is responsible for sending impulses to the brain for vision. In glaucoma, the optic nerve fibers gradually die off, especially when the eye pressure is too high for them to function properly. As the nerve fibers begin to die off, patients usually start losing peripheral vision. As nerve fibers continue to die off, vision loss advances and can progress to involve central vision.

There are two main forms of glaucoma: Narrow Angle and Open Angle.

In narrow angle glaucoma, patients are prone to acute attacks which can be characterized by sudden vision loss, seeing halos around lights, eye redness, severe eye pain, and nausea and vomiting. These patients can lose vision suddenly as pressure builds up in their eyes. The more common form of glaucoma is open angle glaucoma. In this form, usually there are no symptoms initially. Early cases can be picked up on a comprehensive eye evaluation. Formal visual field testing and optic nerve photos or drawings should be done for patients with certain risk factors on examination. These risk factors may include a family history of glaucoma (in a first degree relative), high eye pressure, and enlargement of the optic nerve cup. Other risk factors associated with glaucoma include African American or Hispanic race, far-sightedness, steroid use, trauma, thin corneas, advanced diabetic retinopathy, and age over sixty.

The treatment for glaucoma is aimed at lowering a patient's eye pressure and includes eye drops, laser treatments, and eye surgeries. One or all of these treatments may be used depending on the patient's compliance level, lifestyle, and disease severity. ■



Normal Visual Field

Visual Field in a Patient with Advanced Glaucoma

Glaucoma Facts

Important facts about glaucoma which are often misunderstood

- You can have glaucoma without having high eye pressure
- You can have glaucoma without any visual symptoms
- Young adults and children can get glaucoma
- Vision lost from undiagnosed glaucoma cannot be regained, so early diagnosis is extremely important

Revolutionary Contact Lens for Patients Over Forty

You used to love the freedom of wearing contact lenses. Suddenly in your early forties you start struggling to do close reading with your contacts. You panic. You run to your eye doctor thinking that you have a terrible eye disease. Your doctor reassures you that you have *presbyopia*—a universal condition in which you lose accommodation of your natural lens as you get older. The good news is that now you can be fitted for a contact lens that can compensate for your difficulty in reading fine print.

Technology is rapidly evolving. More and more contact lenses are being designed to allow patients over forty to read without glasses.

Many individuals with presbyopia do well with monovision—having one contact lens corrected for distance vision and one lens corrected for near vision. But some

monovision patients have difficulty with depth perception, or their brains cannot adjust to having each eye perform such different visual tasks. These patients can now be fitted with a new type of contact lens, a Multifocal lens. The unique lens design enables each eye to see both near and far. There are different variations of multifocal contacts on the market. Different zones of each lens may be designed more for reading, intermediate, or distance vision depending on the manufacturer. In addition to the aesthetic appeal of not having to wear bulky frames, Multifocal contact lenses have another advantage over progressive or bifocal glasses: there is no need to move your head or eyes to a certain part of the lens to see clearly. You can hold your head in any position. Ask your eye doctor about ordering a trial of these lenses to see if they are a good option for you. ■

Now patients over 40 can wear their contact lenses and read a menu at a restaurant without having to search for their glasses



The Latest in Dry Eye Therapy

Latest Eye Drops

Dry eye therapy is no longer restricted to over-the-counter artificial tear drops and lubricating gels. While artificial tears and gels such as Systane, Optive, Refresh, and GenTeal are excellent at keeping the ocular surface lubricated, they do not help increase tear production. *Restasis*, a prescription eye drop with a very mild anti-inflammatory (cyclosporine 0.05%) is used twice daily to allow the eye to produce more tears. *Restasis* should

not be used in patients with a history of herpes eye infections or in patients with any active eye infection.

Punctal Occlusion

For many patients, the idea of putting drops in their eyes makes them feel anxious. For some, using drops is cumbersome and the benefits are short-lived. Collagen or silicone plugs can be inserted into the puncta of the eye (the four holes which allow drainage of tears into the nose) in order for tears to remain in the eye for a longer period of time. By having an eye doctor plug the lacrimal puncta with a quick and easy procedure, patients often get

round-the-clock dry eye relief with minimal use of additional drops.

Flaxseed and Fish Oil

It has been estimated that 83% of Americans are deficient in omega 3 fatty acids found in flaxseed and fish oils. Research now shows that the long-chain omega 3 fatty acids from fish oil and the short-chain omega 3s from flaxseed oil work synergistically. Together they decrease inflammation and augment the oil and water layers of the tear film significantly improving dry eye. *TheraTears* now has a new nutritional supplement combining flaxseed and fish oils (without mercury) to treat dry eye. ■