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Short Communication

Tackling an Age-Related Macular Degeneration in the Low and Middle Income Countries

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Age related macular degeneration (AMD) is one of the public eye health problem that accounts for the 8.7% of the total blindness in the world [1]. AMD has been the most common cause of blindness among elderly in developed countries [2,3]. Life expectancy has been markedly improved in low and middle income countries like in higher income countries due to facilities in health care services and improved nutrition. With the ageing population, AMD has been the emerging cause of visual impairment and blindness among elderly in the low and middle income countries [4-7]. Population based studies reported AMD as the most common cause of morbidity among the elderly and leading cause of blindness after cataract [5].

Many risk factors have been identified to be responsible for the occurrence of AMD. Risk factors have divided in to modifiable and non-modifiable factors. Both the modifiable and non-modifiable risk factors are responsible for the onset and progression of AMD. Ageing, genetic association, and racial factors are the important non-modifiable risk factors. Smoking, sunlight exposure, poor nutrition are the major modifiable factors [6,8,9]. AMD can be reduced by avoiding these modifiable factors. Consumption of healthy diets that includes green leafy vegetables, sea foods are essential in all age groups.

There are two major types of AMD; dry AMD and wet AMD [10]. Dry AMD progresses slowly. Studies have reported delayed in progression of dry AMD in cases of intermediate dry AMD with the use of anti-oxidant vitamins. The useful vision can be saved on timely diagnosis and treatment with anti-vascular endothelial growth factors (Anti VEGF) in cases of wet type of AMD. Irreversible blindness results on delayed diagnosis and treatment. The financial constrains prevailed in the low middle income countries has greatly affected the needy people for getting regular treatment using anti VEGF in wet AMD. There is also limited access of many anti VEGF drugs in these countries. The awareness on AMD and its sequalae among the public is very low [11,12].

Awareness campaigns on AMD, routine eye check -up especially after 50 years of age at least once in a year, regular follow up for those with AMD cases as suggested by ophthalmologist, avoiding all the modifiable risk factors and timely detection and appropriate treatment of AMD could save the useful vision from AMD. The emerging threat of AMD in the low and middle income countries should be taken seriously so as to avoid irreversible blindness.

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