Thanksgiving Greetings and Best Wishes

The Board of Directors and Advisory Trustees
Retina Research Foundation
November 2014

Dear Friends,

Retina Research Foundation is proud to share with you – our friends and supporters – the celebration of 45 years of excellence in retina research and education. Our shared mission of vision preservation worldwide continues to be the guiding light that directs our path going forward.

The cornerstones of our success have been and still are:

- Strong leadership of the Board of Directors and Advisory Trustees;
- A diverse, worldwide variety of research, educational and subspecialty training programs, in affiliation with the key vision societies and outstanding universities;
- Dedicated friends and supporters.

This winning team has been the secret of RRF’s ability to achieve its goals to an extent far beyond what was imagined in 1969.

As a friend and supporter, you play an important role in our success. Without you, none of what we have achieved or will achieve would be possible. If you have not yet given to RRF, we ask that you consider doing so now. We are grateful for your ongoing interest and support.

This will be our last newsletter of 2014, so let us take this opportunity to wish you a very happy Thanksgiving, healthy and joyful holidays, and all the best in the New Year and for many years to come.

With best regards,

Frank K. Eggleston, DDS
Chairman of the Board

Nancy Japhet
Fund Drive Chair

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Retina Research Foundation is dedicated to the eradication of retina disease through programs in research and education.
My Eyes?  
Now and in the Future  

Answers to some of the most frequent questions doctors receive from their patients

We have received many thanks for the article in the summer newsletter featuring Dr. Petros Carvounis. Retina Research Foundation is fortunate to have two retina specialists serving on the Board of Directors in addition to Dr. Alice McPherson. This month’s issue will feature Dr. Art Willis. As always, we appreciate feedback from our readers about any aspect of the newsletter.

Arthur W. Willis, MD, of Retina & Vitreous of Texas, has served on the RRF Board since being elected in 2002. Below, Dr. Willis answers two important questions that have recently been asked by someone diagnosed with wet macular degeneration.

Patient’s question:

As my sight dims, what do you suggest in the way of lighting modifications for my home? Do you have any other advice for me (DOs and DON’Ts)?

Dr. Willis’ answer:

If you have macular degeneration, light is your best friend. You will have to experiment a little bit. Try fluorescent lighting, install them on the ceiling. You can also try incandescent or LED lighting. Sunlight is many times brighter than any light bulb. So, open your blinds and drapes to try to get as much sunlight in as possible. It also helps to have light-colored walls. Consider repainting the walls and ceiling in white.

Reading

Three things will help you with reading:

• Good light;
• Black on white print and large print;
• Get a specific reading light. Not a table lamp, but a light that you direct onto the page you are reading.

I strongly recommend trying an iPad, Kindle, or tablet computer. These devices allow you to easily enlarge the print size, and you can get books, magazines, newspapers, etc. on them.

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Patient’s question:

It is my understanding that macular degeneration is inherited. How should I advise my children on eye care to prevent or delay developing this condition?

Dr. Willis’ answer:

Macular degeneration is inherited between 15 – 50% of the time. In general, if a woman has macular degeneration, her daughters are more likely to get it, and for men, their sons.

If your parent has macular degeneration, there are some simple things you should do.

1. When you get a routine eye exam for glasses, tell your doctor that a parent has macular degeneration and ask to be checked for it.

2. If you smoke cigarettes, stop. Large studies have shown that smoking has a negative effect on macular degeneration.

3. Take one of the eye vitamins. They contain Zinc, Vitamins E, C, and beta-carotene. Do not take beta-carotene if you smoke or have been a smoker. It increases your risk of lung cancer. More recently, Lutein has been recommended also. These are available in many multivitamin formulas and in commercial products such as I-Caps and Preservision.

4. Diet: Eat a diet rich in antioxidants. Fruits (blueberries, cranberries, and blackberries) and vegetables (kidney beans, pinto beans and dark leafy vegetables) are high in antioxidants and should be included in your diet.

5. UV light can be damaging to your retina, so wear appropriate sunglasses.

Macular degeneration is a disease of aging – most likely you won’t get it until you are in your 60s or 70s, so start early with a healthy diet. There is no cure for macular degeneration, and you can’t prevent it, but you might be able to delay its onset or lessen its severity.

Arthur W. Willis, MD, of Retina and Vitreous of Texas, has extensive experience in treating all types of vitreoretinal disease, with special interest in the surgical treatment of macular disease, including macular pucker, macular hole and vitreoretinal traction syndrome. He is Clinical Associate Professor of Ophthalmology at Baylor College of Medicine, Houston, Texas.
The Importance of Eye Care in Diabetes

A recent study, described in the Dec. 19, 2013, JAMA Ophthalmology online, found that fewer than half of Americans with damage to their eyes from diabetes are aware of the role that diabetes plays in visual impairment. The research also found that only six in 10 had received a full eye examination in the year leading up to the study.

High blood-sugar levels associated with poorly controlled diabetes can damage the small blood vessels in the retina, causing poor blood flow or leaking of fluids from these blood vessels. The condition, known as diabetic macular edema, can cripple central vision and the ability to see detailed images. Left untreated for a year or longer, macular edema can lead to permanent vision loss.

The study leader was Neil M. Bressler, MD, professor of ophthalmology at the Johns Hopkins University School of Medicine and chief of the retina division at the Johns Hopkins Wilmer Eye Institute. Data was collected between 2005 and 2008 from Americans enrolled in the National Health and Nutrition Examination Survey (NHANES). Among almost 800 people over the age of 40 with a self-reported diagnosis of type 2 diabetes and who had retinal imaging done, 48 had diabetic macular edema.

When asked in the survey whether a physician had told them about the relationship between diabetes and vision problems, approximately 45 percent had been told. Study participants were also asked whether they had seen a health-care provider about their diabetes in the previous year (46.7 percent had), and whether they had received an eye examination, including pupil dilation, in the previous year (59.7 percent had).

“As a nation, we are woefully inadequate as health-care providers in explaining to our patients with diabetes that the condition can have a detrimental effect on their eyes,” said Dr. Bressler. “The earlier we catch diabetic eye disease, the greater the likelihood that we can help patients keep their good vision. Clearly, this research shows how far we have to go to educate people about this frequent and feared complication.”

The National Institute of Diabetes and Digestive and Kidney Diseases encourages people with diabetes to “If you have diabetes, get a comprehensive, dilated eye exam at least once a year.”

www.hopkinsmedicine.org

www.nei.nih.gov/health/diabetic/
On October 1, 2014, Retina Research Foundation celebrated its 45th anniversary. We’d like to share this important milestone with you by taking a look back at the origins and original concept of RRF, because with your help we have far surpassed our humble beginnings.

Originally named Southwest Eye Foundation, Retina Research Foundation was established in 1969 with the purpose of furthering research into ophthalmological diseases, specifically diseases of the retina. One gift from a grateful patient, Joe Hill, got things rolling. In founding RRF, Dr. Alice R. McPherson followed the principles of Dr. Charles L. Schepens, her teacher and mentor, and Dr. Jules Gonin, the father of retinal surgery. Only through clinical and basic science research can you get the information and the tools you need to improve your patient care.

The first officers of RRF were Dr. Alice McPherson, President; Fred E. Wallace, Vice President; John C. Dawson, Sr., Secretary; and Knox Tyson. As the Foundation grew, other community leaders joined our mission and served in leadership roles. At the present time, the Board of Directors of RRF is composed of 22 prominent individuals from the realms of business, medicine, law, accounting, finance, broadcasting and philanthropy. Several Directors are carrying on traditions of family service to RRF. Furthermore, many of those who serve on our Board of Advisory Trustees are also second generation RRF leaders or family members of early Directors.

All executive management is carried out by the Boards at no cost to the Foundation, and one staff person handles all administrative responsibilities.

Beginning with our first pilot study grant funded in 1973 at Baylor College of Medicine, our focus has always been on supporting basic science through collaboration with the finest universities and ophthalmological organizations. We did not want a building, and we did not want scientists working directly for us. All of our grants, chairs, professorships, awards, fellowships, and educational programs are administered by our collaborating universities and organizations. This is the key to our ability to funnel such a large percentage of our budget directly into the scientific programs that we have established.

We hope that you will agree that our time has been well-spent. Stay with us because the best is yet to come!

“Research is creating new knowledge.”

Neil Armstrong
(Apollo 11 astronaut; first person to walk on the moon in 1969)
EyeCare America: Public Service Program

The Foundation of the American Academy of Ophthalmology (through EyeCare America) provides eye care through volunteer ophthalmologists at no cost to those who qualify. Applicants must be U.S. citizens or legal residents without an ophthalmologist and who do not belong to an HMO or do not have eye care coverage through the Veterans Administration. To be eligible to apply for the program, an individual should fall into one of the two categories below.

- Those who are age 65 or older and who have not seen an ophthalmologist in three or more years;
- Those who are determined to be at increased risk for glaucoma (by age, race and family history) and have not had an eye exam in one year or more may be eligible to receive a free glaucoma eye exam if they are uninsured.

Visit www.EyeCareAmerica.org to see if you or someone you know qualifies for medical eye care at no out-of-pocket cost.