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Ageing Population, Chronic Diseases Fuel Rise in Debilitating Cases of 'Low Vision'

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On a sunny day in 1994, Fred Lopez was walking to his car when he stopped to read a sign a few feet away. All of a sudden, "it was just blurry and out of focus," he says. An eye specialist told him that blood vessels had ruptured under his retina, a complication of wet macular degeneration, and that low vision was inevitable. Mr. Lopez, then an attorney in Berkeley, Calif., with the Bureau of Alcohol, Tobacco and Firearms, underwent two laser surgeries but his eyesight worsened, forcing him give up driving and switch to a desk job. In 2000, he decided to retire.

"It is like a dimmer where you keep turning down the light," Mr. Lopez, now 57 years old, says of his condition.

Mr. Lopez is one of millions of Americans who are sidelined by incurable low vision, leaving everyday tasks -- like doing laundry, reading a novel and cooking dinner -- challenging. Though the condition mainly afflicts the elderly, younger Americans are increasingly at risk of irreversible vision loss, particularly as cases of diabetes -- whose side effects may include low vision -- continue to rise. The debilitating vision impairment isn't correctable with eyeglasses or surgery and typically is caused by diseases such as macular degeneration, glaucoma, cataract and diabetic retinopathy.

As the U.S. population rapidly ages, the number of visually impaired Americans age 40 and over -- including the blind -- is expected to jump two-thirds in the next two decades, to 5.5 million from about 3.3 million, according to the National Eye Institute. The institute says injuries and the lack of mobility caused by low vision cost the government about \$4 billion a year in benefits and lost taxable income.

Those affected often sink into depression, suffer hip fractures and other injuries, and become socially isolated, as their movements become more awkward and familiar faces are harder to recognize. Not much can be done to prevent the diseases that lead to low vision, but experts say not smoking, an early diagnosis and a diet rich in antioxidants such as zinc and vitamins A and C may help slow the loss of eyesight. Vision rehabilitation therapy is also crucial in helping those with low vision lead independent lives.

The rising epidemic of obesity and diabetes also troubles vision specialists because it can lead to glaucoma -- which breaks down optic nerve cells, causing tunnel vision -- and diabetic retinopathy, which the NEI estimates will affect 1 in 12 diabetes patients. Nearly 21 million Americans suffered

from diabetes in 2005 -- 6.2 million undiagnosed -- according to the Centers for Disease Control and Prevention.

Macular degeneration is the leading cause of low vision in older Americans, according to the NEI, and there are few treatment options. Laser therapies have proved effective at slowing vision loss from the disease, which damages the part of the retina responsible for sharp central vision.

People with low vision often struggle through it on their own at first, unaware there are free clinics that specialize in rehabilitation therapy and that can help them live as independently as possible. Mr. Lopez coped with low vision on his own until he retired and took a rehabilitation class at the Lighthouse for the Blind and Visually Impaired, a San Francisco nonprofit, where he says he learned skills like how to operate a microwave oven by using bump dots on the buttons.

A Congress-mandated five-year demonstration project began in April in six areas around the country, giving tens of thousands of Medicare beneficiaries who suffer from low vision perhaps their first chance at treatment.

Medicare covers some rehabilitative therapy through local coverage decisions in about 20 states, and the project aims in part to see if increased Medicare reimbursements can cut down on other medical costs as a result of vision-related falls and injuries.

Lloyd Barnard, 80, a retired mechanical engineer in Atlanta who has wet macular degeneration in his left eye, has benefited from the project. In June, Mr. Barnard visited the Center for the Visually Impaired in Atlanta, one of only a few clinics currently billing Medicare for rehabilitative therapy under the project. The center's therapists helped him find an illuminated magnifying glass for reading and writing, greatly improving his quality of life, he says.

As they learn how to handle their condition and live as independently as they can, those who suffer from low vision pick up their own ways to cope along the way. "I have learned to enjoy each day and to see a lot more with my mind," Mr. Lopez says.