

Still Fighting for Sight

Why I stepped out of clinic to fight for our AMD patients

By Amanda K. Lee, OD

Every now and then, things happen in your life that make you pause and take notice: a first love, graduation from school as a doctor, the birth of a child and someone asking if you'd step out of your private practice—one you've help build with pure grit and determination—to do something completely different.

That's what happened when I was approached by MacuLogix to become its director of Professional Relations. I had thought previously about doing something else within the eye care industry, but when your practice is successful and growing and patients like and respect you, you already have a pretty good reason to get up in the morning. It's hard to focus on anything outside of your day-to-day.

Then, I started to dig into statistics about age-related macular degeneration (AMD), and it was sobering. AMD is the leading cause of poor visual outcomes and disability in the industrialized world and the third-leading cause globally. In the U.S., AMD (9.2M) is more prevalent than diabetic retinopathy (4.9M) and glaucoma (2.7M) combined. Plus, that AMD number will actually double in the next 20 years as the population over age 65 and those with AMD both double.

Let's put it into perspective a little bit differently. What most doctors, including me, don't know is how AMD stacks up against other diseases that we are bombarded with every day. According to a study published in December 2016, "In the U.S., the prevalence of AMD is similar to that of all invasive cancers combined and more than double the prevalence of Alzheimer's disease. This high prevalence leads to an annual \$4.6 billion direct health care cost due to AMD in the U.S. As the aging population increases, this expenditure is likewise expected to increase proportionately."

Considering the statistics of AMD and what MacuLogix is capable of



Dr. Lee displays her passion.

doing, that question and that opportunity haunted me. The more I thought about it, the more exciting it became.

Suddenly, I couldn't ignore the huge unmet need to detect and treat AMD patients in my hometown, in the U.S. and even in the entire world. Unfortunately, both ophthalmologists and optometrists are missing this devastating disease in at least one-out-of-four patients; and three-out-of-four AMD patients are self-diagnosing only after one of their eyes has an acute decline in vision. At that point, it's most often too late, and damage to the retina is not repairable. That means that there are a few hundred patients walking out of our practices each year without either of us (patient or the doctor) knowing if they have early stages of AMD that we could be treating today. I gave 100 percent to my patients every day, and we still missed some of those patients.

In 2017, my business partner, **Tammy Tully, OD**, and I starting using the AdaptDx dark adaptometer from MacuLogix in our clinic and quickly detected new cases of AMD. We immediately took action to educate, treat and monitor those patients. With the first few patients, I was worried they wouldn't like hearing the news of an early AMD diagnosis. But they proved me wrong. While surprised, they were thankful that we had the technology to diagnose the disease and the knowledge to help them understand it. Some were even relieved as they could

finally make sense of why they were having so much trouble seeing or driving at night.

The AdaptDx actually helps us find patients with subclinical AMD up to three years before we can see it in the retina. What?? (needle on the record) Up to three years before we can see any visible signs of drusen! This technology can help us prevent blindness caused by AMD by enabling us to detect it earlier and proactively monitor disease

progression. I believe it's life-saving. Remember that blindness—the end result of untreated AMD—contributes to disability, depression and death.

I knew I had to do something to help get this message out—beyond the patients in my community. I had to change other eye care providers' minds just like my mind was changed by my Vision Source® colleagues who were even earlier adopters of this technology. I could continue to see a few thousand patients a year in my practice or I could be an agent of change and make a real dent on the looming AMD statistics. I had found my calling.

Optometrists nationwide, especially Vision Source doctors, can change the outcome of this devastating disease. We already have the knowledge and the technology; we just need to be shown how to put it into practice. Great doctors did that for me, and now I want to pay it forward.

The more proactive optometrists are when it comes to diagnosing and managing early AMD, the fewer people will needlessly lose their sight. I became an OD so that I could help people by preserving and protecting their vision. Taking this new position provides me with the opportunity to change the standard of care for AMD and preserve the vision of patients beyond my Myrtle Beach, South Carolina. It has become my crusade—and I'm asking each of you to join me so that Vision Source can take the lead in changing the outcomes of AMD. Talk about a fantastic reason to get up in the morning. 🙌



Dr. Tully

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—Dr. Lee

