

Eyes Only *December 2018*

The membership newsletter of the
ASSOCIATION FOR MACULAR DISEASES

A Selection From Our New Website: OEPatients.org

NIKOLAI STEVENSON A GUIDING VOICE

by Matthew Stevenson

In winter 1979, living with the effects of age-related macular degeneration, Nick Stevenson attended a meeting of a support group in Garden City, New York with his wife, Shirley. About half a dozen so-called maculars gathered on folding chairs in a church basement, and from that modest meeting grew the Association for Macular Diseases, which now has members in all fifty

states, and in countries around the world.

Nick Stevenson (his first name was Nikolai) served as president until he died in 2012, but the organization lives on with volunteers and staff, many of whom still take heart from his encouraging words, the most famous of which were: "Surely it would not be to sit down on a chair and give up. Willing or not, we must fare forth: we must remain part of the world."

Nick was born in 1919 in New York City. Both of his parents were academics: his father, Milivoy, was a professor at Columbia University and his mother,

Beatrice, was the director of the Institute of World Affairs.

Nick's childhood was divided between New York City and Montclair, New Jersey, where he graduated from high school with the class of 1936. Also in his class was Shirley Gray, with whom he reconnected after World War II. They would be married for fifty-nine years. Nick's undergraduate years were spent at Columbia University, where he graduated in the class of 1940.

During the war, Nick was a combat infantry officer with the United States Marine Corps. In the desperate fighting on Guadalcanal, he was awarded the Silver Star for leading a bayonet charge into Japanese lines, which helped to secure victory in the Battle of the Tenaru River, the first American offensive of the war. He won the Bronze Star at Peleliu

and left the service as a full colonel.

After the war, he worked in the sugar business and eventually founded his own company, Stevenson, Montgomery & Clayton, which had seats on the sugar exchanges in New York and London.

For his work, he traveled constantly across the United States and, later, the world, finding domestic customers for sugar or cargoes that could be shipped to the United States.

On many of these trips he criss-crossed the country by train, a love of his from his earliest days. Later, when he could no longer travel for his business — given his diminished eye sight — he converted his passion for travel to the cause of impaired eyesight.

Nick loved nothing more than to visit communities

around the United States and speak to those living with age-related macular degeneration. He went across Florida, the Mid-West, and the Far West, always in search of new members for the organization or to help those who were already members.

Sometimes he traveled with eye doctors; on other occasions he would travel with friends in the eye world who he had met at earlier seminars. Wherever he went, he carried with him a sense of optimism that life was still worth living, even for those who could no longer drive or read a book.

Later on, when the reach of the association extended to Europe, he would frequently attend conferences in England and other countries. No one is quite sure how he managed, usually alone, to navigate airports in such countries as

France or Israel, but he did, and in so doing, he built up not just the membership of the association but its endowment, which today continues to fund research and support for many living with vision loss.

To all who knew Nick, he was a remarkable individual, whose passion, be it on the battlefield, in business, or with charity, was to “move ahead.” We are all richer for what he gave to our organization. ■

WHAT IS A CATARACT?

By Amilia Schrier, MD

A cataract is a natural lens that becomes cloudy, or less than clear. Cataract is the leading cause of reversible blindness and vision loss in the world.

The natural lens always becomes more opaque and

denser with age, but this process may be accelerated by trauma to the eye including previous ocular surgeries, certain medications such as steroids, medical conditions such as diabetes, poor nutrition, and extreme sun exposure, amongst many other conditions.

As the natural lens opacifies, a decrease in vision may be noted. The ability to distinguish objects, halos, glare, or even doubling of images can occur. If an individual's vision is unable to be corrected adequately with glasses or contact lenses, the patient may be a candidate for cataract removal.

Cataract surgery involves the removal of the cloudy natural lens and replacement with an artificial lens implant. The surgery may take many different forms, from extraction of the lens in total to a fragmentation

of the lens. The replacement lens implant is made from a type of plastic, usually acrylic or silicone, and may correct vision for distance, near or both.

In addition, some lens implants can correct pre-existing astigmatism allowing for more spectacle independence. The choice of lens implants is made after a discussion of the patient's visual needs by patient and physician.

A prescription for glasses may be necessary for best visual correction post-operatively depending on the patient. The techniques and implants used are determined by a combination of the patient's input and physician expertise.

Cataract surgery is one of the safest surgical procedures. However, there is no surgery that is risk-free. Complications, although very rare, may

result in loss of vision and this needs to be considered prior to undergoing cataract surgery.

A majority of cataract surgery is considered elective. The surgery itself is painless, and "same-day," going home and back to normal activities in short order. Usually drops are necessary in the immediate post-operative period to protect the eye from infection and inflammation. If needed, a final prescription is given usually approximate one-month post-surgery.

Surgery is a permanent solution; the cataract does not grow back. ■

**YOU'RE NEVER
TOO OLD
TO LEARN AGAIN**

By Jerry Rosenberg

Having chaired a support group for more than 20 years in Florida, the land of

seniors and thus the land of visual impairment, I see an interesting story.

From my own observation at my meetings, where I often invite presenters, such as Magnifying America, Enhanced Vision, Optelec, Freedom Scientific, Magnifeye, OrCam, eSight, I see surprisingly little buying.

There is interest, of course, as some of these new devices now are portable and can read to you, along with other delightful add-ons and gadgets to allow us to function as independently as possible.

I know that I couldn't function without one such device and I have four: one in my office, one in my bedroom and another on my patio, plus a "mini" that I carry with me. These must-have devices of mine are video magnifiers, also known as CCTVs.

I'm legally blind: 20/400 in my left eye and 20/300 in my right. I have lectured on the advantages of adaptive devices, iPhones, as well as others that have been developed over the years, and I would love to know what keeps some people holding back.

I had a member recently call me asking where he could get a large-number flip phone. I said, "Get a smartphone. You don't have to look for numbers, you just have to program the phone and then ask them to call that person." Then I added, "Even if that person is not on your contact list, you tell the phone the number you need."

I don't think a day goes by that I'm not on my computer. I wake up to search my email and close down at night, seeing what else came in. I do research, catch up on the news of the day and visit my friends and

family as well as the stock market.

The doctor tells us our hearing is bad and we run to buy a hearing aid for an average price of \$3,000. We run to the eye doctor, retina specialist, or low vision optometrist, and fit new glasses, yet don't run to buy a CCTV. We ask others to read our mail, may not be able to read a newspaper or magazine or book, yet hesitate to get an electronic magnifier to open up the world.

One thing I picked up on while lecturing on "Low Vision Rehabilitation" really opened my eyes. A lady in the front row said, "Why should I bother? I'm 95 years old." I came back with, "What are you waiting for?"

No one knows for sure how much time we have left. Why not make the time we do have left as good as we

can make it? If we can better our lives on this Earth, let's go for it! ■

5 SIGHT-SAVING HABITS TO START TODAY

By Dorrie Rush

Vision loss is an element of aging, but that is not to say it is out of our control. To what degree we experience changes in eyesight actually has a good deal to do with nutrition and lifestyle.

It is really never too soon to begin taking care of your eyes. Starting young and developing good habits can help maintain visual function for the long term.

No matter where you're at in life, thinking about preserving your precious sight should compel action. Here are 5 good habits that can counteract the degenerating aspects of aging on the eyes.

1. Eat right and save sight.

Enjoy a nutrient-rich diet, emphasizing fish high in omega-3, a colorful assortment of whole fruits and veggies, along with plenty of citrus and lots of leafy greens, legumes, olive oil, nuts and grains.

The Mediterranean diet is known to keep the heart and brain in peak condition and to lower the cancer risk. A new study, referenced in the journal of the American Academy of Ophthalmology (AAO), shows it can also significantly lessen the long-term effects of age-related macular degeneration.

2. Prevent sun damage and injury to your eyes.

The importance of shielding eyes from the damaging rays of the sun cannot be overstated. Be sure your sunglasses block out at least 99% of UV rays. Wear safety goggles or protective glasses

when engaged in sports or when working with hazardous and airborne materials.

3. Don't smoke.

Smoking is the most common factor in developing macular degeneration. It also contributes to cataracts and damage to the optic nerve. Smoking causes vasoconstriction, which restricts the blood supply to the eyes.

4. Get your eyes checked annually.

An annual comprehensive eye exam is essential at

every age. It will help keep your eyes healthy and detect any early changes or the onset of disease. Early detection remains the most important factor in preventing loss of sight.

5. Give your eyes a break.

Spending too much time on computer screens can and will cause blurry vision, dry eyes, difficulty focusing and general strain to the eyes, neck and back. Get into the habit of giving your eyes a rest every 20 minutes by looking away for at least 20 seconds and refocusing into the distance. ■

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