Overview

Have you recently discovered that you or a family member has age-related macular degeneration (AMD)? What does it mean to be diagnosed with this condition? What can you, family members, doctors, or other health care professionals do about it? And how does a person with limited vision continue activities such as reading, writing, watching TV, dining out, traveling, or even using a computer?

If you have not yet found answers to these and other questions, you are not alone. Many people who have been diagnosed with AMD, or have family members with AMD, feel they lack specific information about it. You may be anxious and fearful of the future. The goal of this course is to provide AMD-related information that enables you to take an active role in the rehabilitation process.

The course is divided into five lessons. Lesson 1 compares healthy eyesight to the symptoms and progression of AMD. It also identifies risk factors. Lesson 2 explains the process of diagnosing the disease and the doctor-patient relationship. Lesson 3
provides information about how to maximize vision. Lesson 4 suggests ways to continue accustomed activities. Lesson 5 discusses the emotional impact of AMD. A resource list includes sources of further information, vision aids, and reading materials. A supplement describes current treatments and research.

You do not need any prerequisites to begin this course. You do need the materials that The Hadley School for the Blind has provided and writing materials in the medium of your choice. If you are taking the audio version of the course, you need your own tape recorder.

The reviews that follow each section are for your personal development only. Use them as comprehension checks by comparing your responses to the ones provided. Do not send your responses to your Hadley instructor. You can always contact your instructor, however, to clarify concepts or discuss your answers. To do so, refer to the contact information card that is included with your course materials.

To complete the course, you are required to submit five assignments, one at the end of each lesson. These assignments enable your instructor to assess your
mastery of the material in the lessons. You can mail, fax, or email your assignments to your instructor. If mailing them, use the enclosed labels. The enclosed contact card lists your instructor’s fax number and email address. Students who are eligible to mail materials as Free Matter for the Blind may do so provided the materials are in large print or on cassette or computer disk. The minimum size for large print is 14-point type.
Lesson 4: Continuing Accustomed Activities

Can a person with low vision dine out, travel, read, and watch television? Realistically, individuals with low vision do have to make adjustments, and in some cases cease to do certain activities. But it would be a mistake for a person with advanced stage AMD to stay at home all the time and eliminate all of his or her activities. Lesson 1 compared healthy eyesight to the effects of AMD, and it listed some risk factors. Lesson 2 explained AMD diagnosis and the doctor-patient relationship. Lesson 3 described methods and devices that help people use their remaining vision to the fullest extent possible. This lesson discusses ways to continue accustomed activities. Continuing accustomed activities, or helping a family member to do so, will enable you to take an active role in the rehabilitation process.

Objective

After completing this lesson, you will be able to discuss continuing many activities with AMD.
Lifestyle Adaptations With Low Vision

This lesson discusses the following activities:

- driving and traveling
- reading, writing, and other close work
- home life
- employment and computer use
- sports and entertainment
- dining and socializing

If you are aware of other activities that are becoming challenging due to low vision, consult with a low vision specialist. Also, use the Resource List included with your course materials for information on some of the types of aids mentioned in this lesson. For more suggestions concerning living well with low vision and blindness, refer to the Resource List and the Hadley School Course Catalog.

Driving and Traveling

If you live anywhere other than in a big city, you are probably accustomed to driving a car wherever you need to go. Giving up driving can therefore be a major decision. Most people today have been driving since their late teens, so a driver’s license has become a
symbol of maturity and independence. Giving it up can be an emotional hurdle.

To determine whether a person should discontinue driving, first find out whether he or she can legimitately hold a driver’s license. Each locality, whether state, province, or country, has minimum vision standards for driving. Some states give restricted driver’s licenses to people with low visual acuity. Generally, this means driving only in daylight, within a certain radius, and on specific types of roads.

It often happens that a person with early stage AMD puts off getting an eye exam for fear that he or she will not pass the state licensing requirements. And because many states require testing only once every two years, it’s easy to keep a license even after vision has deteriorated beyond legal limits.

It is dangerous to drive with limited vision. If you have AMD, you probably wonder if you would lose your independence by giving up your license. Think, though, how easily accidents happen, even around your home. Would you be endangering yourself or others by continuing to drive? Weigh the risk of serious injury
against the possible inconvenience of finding alternative transportation.

If you have a family member who you believe should not be driving, first check the vision requirements for your locality. Arrange a time for an open, frank conversation with your family member. Plan carefully exactly when you will address this with an individual, because timing is very important. For example, when people are rushed, tired, or hungry, it’s difficult to address emotional matters. Point out the difference between the legal requirements and the individual’s current visual acuity. Listen respectfully to your loved one. He or she should feel free to express some distress and even anger about the possible loss of independence. Describe alternative transportation options, such as buses, taxicabs, and rides from friends and family. Be honest; don’t downplay the inconvenience factor. And when the person decides to stop driving, praise him or her for being wise and courageous.

Some people may ask about the use of bioptic glasses for driving. Eye doctors and general practitioners, as well as occupational therapists, can work together to
assess whether driving with bioptics is recommended. They evaluate the individual’s general health, medications, color vision, glare sensitivity, reaction ability, and previous driving experience. Many states, provinces, and countries allow people using bioptics to hold a restricted license.

What about traveling by other means: bus, train, or air? Central vision loss makes it difficult to identify bus numbers, train platform and plane gate numbers, and directional signs. Whether visiting people or experiencing new places, anyone can enjoy the journey with a few special tools and a positive attitude. Plan for more time at every stage of the trip. Once you’re at a station or airport, ask for help, or arrange with the airline, bus line, or railway for assistance in advance. Before the trip, practice or help your family member to practice using whatever tools a low vision specialist has recommended. These may include various types of handheld or attached telescopes for seeing gate numbers and signs.

You’ll probably want to tour the area you’re visiting. Be prepared to get close to objects you’re interested in, such as paintings or plants. Ask whether you can touch
exhibits. Skip those types of tours that would be meaningless. If you are accompanying a family member with low vision, adjust to a slower pace, describe the surroundings, and have an upbeat approach to each adventure.

**Reading, Writing, and Other Close Tasks**

If you or a person you know begins to have difficulty with close tasks, the first thing to do is increase the lighting. People with AMD need about three times as much light as do those with healthy vision. This section discusses task lighting. The next section, Home Life, includes information about general room lighting. Much of the information presented here applies to both types of lighting. You can increase the amount of light in a number of ways as follows:

- Increase the wattage of the bulb, but only if the lamp is designed for higher wattage. For example, using a 100-watt bulb in a lamp designed for a 60-watt bulb can cause a fire.
- Use a different kind of bulb. Experiment to find out which works best for you. Three types of bulb exist: incandescent, fluorescent, and halogen. Each of these comes in varying wattages and styles. Fixtures are usually designed to take certain kinds
of bulbs. Incandescent bulbs are the cheapest. The higher the wattage, however, the more heat they produce. Fluorescent bulbs are more expensive. But they demand less electricity to produce the same amount of light as an incandescent bulb, and they generate less heat. Some fluorescent bulbs labeled “full spectrum” do not produce glare; conventional ones often do. Halogen bulbs produce an intense light, but they also give off a lot of heat.

- Try a full spectrum lightbulb. Though they’re more expensive than regular bulbs, many people are convinced that they see better with bulbs that simulate true daylight.

For reading and close tasks, adjusting the blinds or curtains can make a big difference. In addition, rearranging the furniture so that your back is to the window allows the light to fall over your shoulder rather than directly on your face.

Task lighting is best aimed below the level of your eyes, illuminating your work or project directly. Task lamps have a covered bulb with a gooseneck or hinge connection to the base so they are adjustable. Also, you can easily carry a small task light from place to
place in the home. Therapists suggest aiming the light at an angle so that the light falls on your work but bounces away from you. Use a dark tablecloth or blotter on your work surface to reduce glare.

A person with low vision can find most reading materials in large print. Most libraries have a section of books in large print. A few newspapers and magazines also appear in large print. The Resource List includes sources of large print reading material. If you use a computer, print material in large print: 14-point typeface or larger. Choose a plain style that does not have decorative lines on the tops and bottoms of letters.

For writing letters and signing checks, guides can be helpful. These are plastic templates with spaces to be filled in over each area. Templates exist for writing checks and letters, and for addressing envelopes. A low vision therapist can recommend templates, or you can find them in low vision catalogs. Whether writing notes to yourself or a person with low vision, use a black felt-tip marker on a full-sized piece of white paper.
When a person’s vision begins to deteriorate, first increase the general room light as much as possible. Sources of room light include both natural light from windows and artificial light. Direct sunlight through glass windows can produce a disturbing amount of glare. Dark, heavy drapes, on the other hand, prevent natural light from entering. The best choice is a sheer curtain or an adjustable blind that allows light in but filters the glare.

Artificial room lights include ceiling fixtures, standing lamps, and table lamps. Some types of fixtures produce more glare than others. For example, replacing fluorescent fixtures with incandescent ones can reduce glare on your reading or work.

Lamps with shades are not a good choice for general room lighting. Traditional shades mute most of the light and funnel the rest, sometimes producing too much glare. Many people are happy to get rid of them. A good choice is a torchiere style floor lamp, which throws light upward to reflect off the ceiling. The result is a softer, glare-free illumination. Make sure, however, that the torchiere you select is safe. Halogen torchieres
have been known to set fires by igniting draperies or even an accumulation of dust.

It’s important to keep everything in the home organized when eyesight becomes poor. Everyone can work together to make the home safe. To begin with, always place items in the same place. Objects that are affixed to walls won’t be knocked over. For example, get an illuminated magnifying mirror with an extending arm, and bolt it to the wall. Toothbrush and soap holders in the bathroom, as well as knife and utensil holders in the kitchen, can also be permanently affixed to the counter or wall.

Contrast helps immensely in the home. Avoid using patterned tablecloths. Dark dishes on a light cloth are much easier to see than dishes on a similarly colored cloth. Similarly, dark-colored toothbrushes and hairbrushes show up on a light-colored vanity top. Keep a selection of mugs and cups in both light and dark colors. Pour dark-colored drinks like purple grape juice into light-colored cups, and light-colored beverages like milk into dark ones.

Using the kitchen can become so frustrating when sight deteriorates that many people give up. With some
simple adaptations, however, food preparation and even entertaining are not only possible but also enjoyable. Low vision catalogs list devices that enable those with low vision to measure, cut, chop, and stir successfully and safely. One simple solution for using the dials on the range and oven is to apply a thick stroke of enamel paint in a contrasting color so that it forms a raised marker. Low vision aids include special products that harden to form a raised line or dot to indicate the markings.

In other rooms, consider using telephones with large, illuminated buttons and large clocks. “Talking” clocks are a good option. Use double-sided tape to ensure that carpets lie flat. Use approved holders to safely secure electric cords to the floor or walls. Use bright white or yellow tape to mark the edges of stair steps and any obstacles in the home.

A person with advanced stage AMD may find it easier to see images on television when sitting close to the screen. Rearrange furniture to make television viewing easier—perhaps by setting an armchair close to the set.
Sports and Entertainment

The loss of central vision does not mean giving up physical exercise or cultural events. Indeed, regular physical exercise provides enormous health benefits. One suggestion for lowering the risk of further deterioration of the macula is to lower blood pressure and cholesterol levels. Regular exercise helps to accomplish these goals. Cultural events take the mind away from everyday frustrations and may help alleviate depression.

Nevertheless, some accommodations may be needed. If a person enjoys tennis but can no longer see the ball clearly, he or she might try walking in parks or malls. Bowling is a good substitute, since few if any adaptations are needed to continue bowling. If loss of depth perception makes walking and running outside dangerous, why not walk with a friend, use a treadmill or stationary bike, or swim? Most fitness centers have trainers who suggest modifications that allow a person with low vision to enjoy exercise indoors and out.

Stimulating the mind is as important as exercising the muscles. Therefore, take yourself or your family member out to events. You can appreciate music
concerts without seeing the performers. If getting around in a large auditorium becomes daunting, find performances in smaller venues. Theatergoers can use wearable telescopes to follow the action. At a movie theater, sitting close to the front makes it easier to see images on the screen. Attending lectures is another form of mind-expanding entertainment. It’s best to find out beforehand, however, whether the lecturer uses a lot of visuals, such as charts and slides.

**Employment and Computer Use**

Under the Americans with Disabilities Act of 1990 (ADA), “employers with 15 or more employees are required to provide qualified employees an equal opportunity to benefit from the full range of employment-related opportunities available to others.” Such employers are also required to make reasonable accommodations available to the employee. An example of an accommodation would be providing the lighting changes, software, hardware, magnifiers, and training that would make the computer and paper copy accessible to a person with low vision.

Computers have become more and more a part of daily life. From balancing a checkbook to corresponding by
email, many users can’t imagine life without a computer. Various types of access technology enable those with low vision to see the screen. Special software exists that either displays computer data in large print or reads the material aloud in a synthetic voice.

**Dining and Socializing**

People with advanced stage AMD can tell amusing stories about mistaking one food for another, such as olives for grapes, or even a pattern on a dish for actual food. Those who can laugh about their mistakes, embarrassing as they may be, and keep a positive attitude are living life fully with low vision.

Discuss your or your family member’s vision with the hosts or dinner companions first rather than explain an embarrassing incident later. Lighting is often low in restaurants. Sit by a window during daylight, or ask for the best-lit spot in the restaurant at night. Be prepared to help a family member who has low vision find the restroom. A small magnifier helps some people read the menu, but if needed, request that someone read the menu and describe the dishes.
Parties present special challenges, because it’s often difficult to recognize faces without good central vision. Also, when a person uses eccentric viewing, he or she seems to be looking off in another direction, which is disconcerting to people who expect direct eye contact. Generally, no one can tell you don’t see well from looking at you. It’s best, therefore, to be direct and honest. Try some variation of the following:

“I don’t see well,” as you offer your hand, “could you tell me your name again?” Or, “I don’t see well; did we already meet?”

If you invite or accompany someone with low vision to a party, ensure that he or she feels included. Stay with your guest, or make sure someone else is engaging him or her in conversation. When introducing guests, find out how the person wants the low vision matter addressed.

**Section Review**

Review the information in this section by answering the following questions. A suggested response follows each item.
1. Why might it be difficult to discuss giving up driving?

For most people, driving means independence and freedom. Therefore, giving it up often becomes an emotional decision.

2. What is one of the most important changes that can help a person who is having difficulty with close tasks?

Increasing the lighting can make a big difference in a person’s ability to see when reading, doing needlework, writing, or accomplishing other close tasks.

3. What are some of the simple adaptations that can make the home safe?

It’s very helpful to keep everything organized, attach items to the wall, make good use of contrast, and secure rugs and electric cords to the floor and walls.

4. What types of sports and entertainment can a person with advanced stage AMD participate in or enjoy?
With adaptations and visual aids, a person can do many appealing and varied activities. It’s very healthy, both physically and psychologically, to be out and about in some way.

5. What are some accommodations employees with low vision can expect?

Some possible accommodations include lighting changes, software, hardware, magnifiers, and training.

6. What are some suggestions for dining out and socializing with low vision?

Try to find a table with good lighting. Ask for help with the menu and the location of the restrooms. Before going to a party, discuss how you or your family member would like the low vision issue presented during introductions.

Summary

This lesson discussed ways to continue accustomed activities. Despite changes and deterioration in visual acuity, a person can continue to engage in various interests, amusements, and pastimes.
Assignment 4

If you have received feedback on your previous submission, complete this assignment in the medium of your choice. Begin by giving your full name, address, and phone number. Also indicate the name of this course, Assignment 4, your instructor’s name, and the date. Be sure to indicate the question numbers next to your answers. Instructions for submitting your assignment are included in the Overview to the course.

Answer each of the following items in a short paragraph or list:

1. Make a list of the sources of lighting in one room of your house or office. If you are a Family Education Program student, consider a room or office that your family member with AMD uses. Then specify how both task and general lighting in the room can be increased. Take into consideration both the level of light and glare.

2. If you have AMD, identify at least two activities that you are accustomed to doing. If you are a Family Education Program student, identify activities your family member with AMD is accustomed to doing. Choose activities that have been affected or that you think will be affected by
low vision. They can be among those mentioned in this lesson or others. For each activity, describe the following:

a. How does AMD affect, or how will it affect, the ability to continue taking part in the activity?

b. What accommodations or substitutions would be worth trying?

Once you have completed this assignment, proceed to Lesson 5: Coping Emotionally With AMD.