Smoking and eye disease

Summary

- Smoking is a major contributing factor to the early development of age-related macular degeneration.
- There is no effective treatment for age-related macular degeneration.
- Quitting smoking, or not starting in the first place, is a way to ensure that good vision is maintained for as long as possible.

Smoking is a major factor contributing to the early development of age-related macular degeneration. Age-related macular degeneration is the most common cause of blindness in the Western world.

Recent studies have found a link between some common eye problems and cardiovascular (heart) disease. In particular, people with age-related macular degeneration were found to have double the risk of death from a heart attack or stroke than those without the condition.

Cigarette smoking speeds up the development of atherosclerotic plaques (collections of cholesterol and fat), in the walls of arteries. These are like porridge, gradually blocking arteries so that blood flow becomes limited.

Nicotine and carbon monoxide in cigarette smoke are thought to be important causes of arteries losing their elasticity. This means that arteries respond less well to fluctuations in pressure and are more likely to rupture.

How the eye is affected

The macular area of the retina has the finest blood supply in the body, serving the retinal receptors that enable us to see minute detail clearly. Obstruction and failure of the blood supply to the macula happens even before other body functions may be affected. This blood vessel damage causes a gradual failure of vision. New vessel growth and leakage can result in scarring of the retina and severe vision loss.

The average age that people present with age-related macular degeneration in the first eye is about 65 years. The second eye becomes impaired at a rate of about 12 per cent each year and about 60 per cent of patients are legally blind in both eyes by their 70th birthday. There is no effective medical or surgical cure for age-related macular degeneration, but rehabilitation advice helps people to live more independently.

The impact of vision problems

Age-related macular degeneration has extensive implications. People who have it:

- Cannot read or see detail on the TV
- Cannot easily recognise faces
- Cannot drive
- Confuse medication labels and are at risk of other illnesses
- Fall more easily and suffer more serious complications from falling
- Lose independence and may require residential care earlier than if their vision was normal.

Quitting smoking, or not starting in the first place, is a way to ensure that good vision is maintained for as long as possible. Through its low vision clinics, Vision Australia provides optical and other devices to enable people with macular degeneration to make best use of their remaining vision and continue to live independent and fulfilling lives.
Where to get help

- Your doctor
- Your local community health centre
- Vision Australia, blindness and low vision services Tel. 1300 84 74 66

Things to remember

- Smoking is a major contributing factor to the early development of age-related macular degeneration.
- There is no effective treatment for age-related macular degeneration.
- Quitting smoking, or not starting in the first place, is a way to ensure that good vision is maintained for as long as possible.

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Vision Australia

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