Seeing Well As You Grow Older

Seeing well as you grow older

As you age, your risk of having eye problems increases. As a result, your chances of having vision loss increase as well. The good news is there are ways to prevent, detect, treat and manage most of these problems.

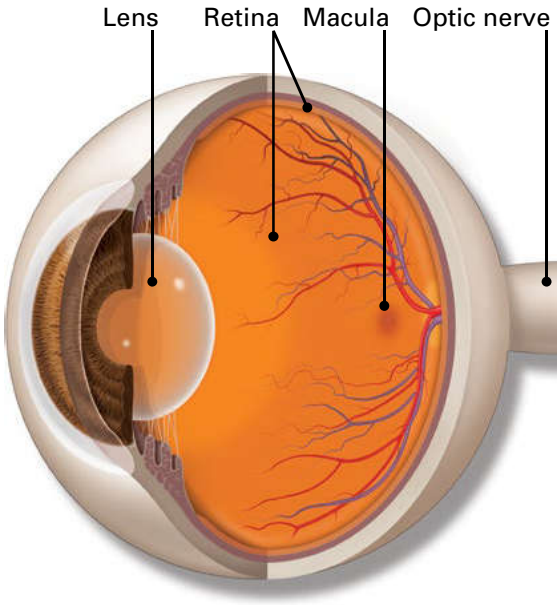
Eye Words to Know

Retina: Layer of nerve cells lining the back wall inside the eye. This layer senses light and sends signals to the brain so you can see.

Macula: Small but important area in the center of the retina. You need the macula to clearly see details of objects in front of you.

Lens: Clear part of the eye behind the colored iris. It helps to focus light on the retina (back of the eye) so you can see.

Optic nerve: A nerve at the back of your eye that connects to your brain. The optic nerve sends light signals to your brain so you can see.



The American Academy of Ophthalmology recommends everyone have an eye disease screening at age 40. Based on that screening, your ophthalmologist will tell you how often to return for follow-up exams. People age 65 and older should have eye exams every 1–2 years, or as recommended by an ophthalmologist.

At any age, if you are not sure how often to have eye exams, call an ophthalmologist.

Here are some of the more common eye conditions that occur as we age.

Presbyopia

Before age 40, the eye's lens is soft, flexible and can easily change shape. This makes it easy to focus on objects both close-up and far away. Around age 40, the lens becomes more rigid and does not change shape easily. This makes it harder to read, thread a needle, or do other close-up tasks. This is called presbyopia. We cannot prevent or cure presbyopia, but reading glasses or bifocals help you see.

Floaters and flashes

As we age, the gel-like fluid (called vitreous) inside our eyes changes. It starts to shrink and pull away from the inside of our eyes. When that happens, you may see floaters, or small specks or clouds in your field of vision. They are actually shadows of tiny clumps of cells inside the vitreous. You are more likely to see floaters when looking at a blank wall, blue sky, or other plain background.

You may see what look like flashing lights or lightning streaks. These are called flashes. This occurs when the vitreous gel pulls on the inside of the eye.

Floaters and flashes may be annoying but are usually harmless. However, if you suddenly see new floaters and a number of flashes, call your ophthalmologist immediately. This could be from a torn retina—a serious eye problem that could cause blindness. Your ophthalmologist can treat a torn retina.

Cataract

A cataract is clouding of your eye's naturally clear lens. It causes blurry vision and makes colors look dull or faded. Cataracts are a very common eye problem over age 60.

Your eye doctor can find a cataract during an eye exam. The only way to remove a cataract is with surgery. It is up to you to decide when you want to have cataract surgery. Most people decide to have surgery when they cannot see well enough to do daily tasks.

Glaucoma

Glaucoma is a disease that damages your eye's optic nerve. It usually happens when fluid builds up in the front part of your eye. That extra fluid increases the pressure in your eye, damaging the optic nerve.

Glaucoma is a common, yet serious, eye problem that is a leading cause of blindness in people over age 60. Usually there are no symptoms, so it is very important to have regular eye exams. Fortunately, there are treatments to help stop further damage and prevent blindness. Diagnosing and treating glaucoma early is key to preventing vision loss.

©2018 American Academy of Ophthalmology
Content last reviewed 09/18

Age-related macular degeneration (AMD)

Age-related macular degeneration (AMD) is one of the leading causes of vision loss over age 50. It happens when a part of the retina called the macula is damaged. You lose your central vision and cannot see fine details. But your peripheral (side) vision stays normal.

For most people, vision changes from AMD happen slowly. You may begin to notice that words on a page look blurry or there is a dark spot in the center of your vision. Also, straight lines may look wavy.

There is no cure for macular degeneration. In some cases, certain medicines or surgery may be used to slow vision loss. Your ophthalmologist can see if you have AMD and tell you if there are treatment options for it.

Diabetic retinopathy

If you have diabetes, you are at risk for diabetic retinopathy. This is when diabetes damages blood vessels in the eye. It causes blurry or distorted vision and possibly blindness.

If you are diabetic, see your ophthalmologist at least once a year for an eye exam. They will discuss ways to prevent, slow, or treat diabetic retinopathy. This includes keeping your blood sugar levels and blood pressure under control.

If you have diabetic retinopathy, your ophthalmologist may recommend medication or surgery to help prevent vision loss.

Summary

Older adults are more likely to develop certain eye problems that steal vision. Regular eye exams with an ophthalmologist are important to detect, manage, or treat these problems.

People age 65 and older should have eye exams every 1–2 years, or as recommended by an ophthalmologist. At any age, if you are not sure how often to have eye exams, call an ophthalmologist. Your vision depends on regular eye checkups and good medical care.

Get more information about lifetime eye health from EyeSmart—provided by the American Academy of Ophthalmology—at **aao.org/aging-link**.

COMPLIMENTS OF:

BRYAN VEKOVIUS, M.D.

OCULOPLASTIC SURGERY AND
NEURO-OPHTHALMOLOGY

450 ASHLEY RIDGE BLVD.
SHREVEPORT, LA 71106

(318) 675-3733

©2018 American Academy of Ophthalmology
Content last reviewed 09/18