



EYEPOINT[®]
PHARMACEUTICALS

About Wet Age-related Macular Degeneration (Wet AMD)

Wet AMD: What Is It?

WET AGE-RELATED MACULAR DEGENERATION (WET AMD) IS ONE OF TWO TYPES OF AMD.

The other type is dry age-related macular degeneration (dry AMD).¹

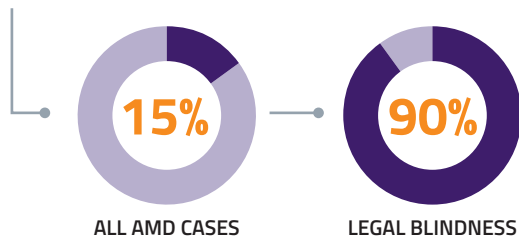


Approximately
11 million
Americans are
impacted by AMD.¹



Dry AMD and wet AMD
can lead to
vision loss
if left untreated over time.²

WHILE LESS COMMON THAN DRY AMD, WET AMD IS RESPONSIBLE FOR:¹



WET AMD OCCURS WHEN ABNORMAL BLOOD VESSELS GROW UNDER THE CENTER OF THE RETINA (THE MACULA).

The macula is located in the back of the eye and is the part of the retina responsible for the sharpest detection of light. The retina encodes and sends messages to the brain that then interprets the messages into images. The new blood vessels that are the hallmark of wet AMD may leak fluid and/or blood into the macula (part of the retina) causing anatomic disruption and resulting distortion or disruption of central vision. In some cases, this can result in permanent central vision loss.¹

Symptoms to Look Out For³

WET AMD SYMPTOMS USUALLY APPEAR PAINLESSLY AND SUDDENLY AND MAY WORSEN RAPIDLY.

They may include:

- **Visual distortion**, such as straight lines appearing wavy
- **Reduced central vision** in one or both eyes
- **Need for brighter light** when reading or doing close-up work
- **Increased difficulty adapting** to low light levels, such as when entering a dimly lit room
- **Increased blurriness** of printed words
- **Decreased color intensity** or brightness
- **Difficulty recognizing faces**
- **A well-defined blurry spot** or blind spot in one's field of vision

Factors That May Increase Your Risk³

ALTHOUGH THE EXACT CAUSES OF WET AMD ARE NOT FULLY KNOWN, THERE ARE SOME FACTORS THAT MAY INCREASE ONE'S RISK FOR WET AMD:

Age 55+



Family history and genetics



Cardiovascular disease



Race—AMD is more common in Caucasians



Smoking cigarettes or regular exposure to smoke



Obesity



Diagnosing Wet AMD⁴

TO DIAGNOSE WET AMD, THERE ARE TWO OFFICE TESTS EYE DOCTORS CAN PERFORM:

- 1 Evaluation of the appearance of the back of the eye using an ophthalmoscope, typically after the pupils are dilated



These drops may make your vision blurred and sensitive to light for a few hours

- 2 Optical Coherence Tomography (OCT) scans

Eye care specialists who suspect wet AMD will usually refer patients to a retinal specialist to confirm the diagnosis and initiate therapy if indicated.

Your doctor may conduct a fluorescein angiography to detect leaking blood vessels.



To do this, the doctor injects fluorescent dye into your arm and traces it through the blood vessels in the retina, where the appearance of fluorescent leakage can reveal the presence of abnormal blood vessels.

Wet AMD Treatments and Future Treatment Directions

WET AMD IS NOT CURABLE, BUT THERE ARE WAYS TO SLOW THE RATE OF VISION DECLINE OR STOP FURTHER VISION LOSS.⁴

The number one treatment option is the use of anti-vascular endothelial growth factor (anti-VEGF) inhibitors that are injected with a tiny needle directly into the vitreous cavity of the eye through the white of the eye (sclera) to stop the leakage of the abnormal blood vessels.

- Following diagnosis, people will usually have a series of monthly injections until the retinal specialist or treating ophthalmologist determines that the leakage is stable.
- At that point, the need and frequency for further treatment will be based on many factors; however, most patients continue to require therapy for the rest of their lives.
- Many patients find it challenging to adhere to recommended treatment regimens and frequent follow-up appointments, leading to less-than-optimal results and further vision loss.⁴

Treatment can begin after any stage of the disease is diagnosed, but early diagnosis and treatment has been shown to preserve more vision and quality of life for patients. This makes it important to have an annual eye exam so the proper tests are performed, and to see your eye care professional if any changes in vision are detected.⁵

References

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