

Monitoring

For the dry form, there is no effective treatment. The emphasis is on early detection of the wet form of the disease by self monitoring of vision by the Amsler grid. Once detected, early referral to an ophthalmologist is necessary.

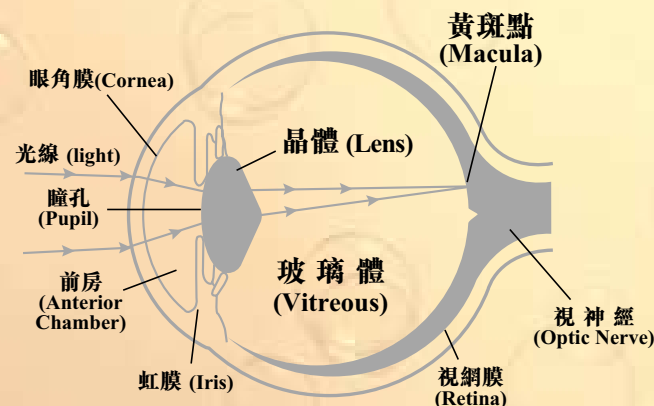
Treatment

It varies depending on the individual and includes continuous observation, laser photocoagulation, photodynamic therapy or surgery. The success of treatment in the wet form of ARMD is not too great. Late detection, failure to control progression and recurrences are common. The objective of treatment is to delay the visual loss. Nevertheless, it is rare for this condition to result in total blindness.

Rehabilitation

It aims to maximize the use of the remaining vision of the patient and improve the quality of life. It can be in the form of optical aids, low vision support and special skills training. Long term psychological and social support are also important.

Should you have any queries, please consult your doctor during follow-up



眼球縱切面圖

醫管局 (港島區) 聯網眼科服務簡介

進入廿一世紀，整個港島區的眼科服務進行了整合，透過三院（東華東院、瑪麗醫院及東區尤德夫人那打素醫院）眼科部門的協作，成立醫管局港島眼科服務聯網，提升眼科臨床醫護的水平及效率，為港島市民提供優質現代化眼科醫療服務。

我們各醫院的眼科專業人員，包括眼科醫生、護士、視光師及視覺矯正師等等，組成一支強大的眼科專業醫療隊伍，為市民提供全面的眼科服務。此外，我們亦負責策劃和推行區內眼科服務的長遠發展，並培訓眼科醫護專職人員，提升市民的健康質素。

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Tung Wah Eastern Hospital
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Queen Mary Hospital
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老年性黃斑病變

AGE RELATED MACULAR DEGENERATION (ARMD)

老年性黃斑病變

簡介

老年性黃斑病變是一種慢性疾病，是視網膜黃斑部退化的表現。黃斑部出現滲漏、出血、有新生血管生長及結疤。亦是五十歲以上之人士，弱視和致盲原因之一，隨著年齡增加，發病機會也相應增加。七十五歲以上的老人之發病率更高達三成。

臨床表現分類有二：

1) 乾性黃斑病變

大部份病人只是影響到視網膜黃斑部，視力續漸緩慢減退，多數有輕微視力障礙，目前尚未有根治的治療方法。

2) 濕性黃斑病變

黃斑部出現滲漏、出血、生長新生血管及結疤。病徵包括視物其形有變，視野中心有暗點，視力突然驟降，甚至失明；一般情況嚴重，難於治療。

檢查

有部份乾性黃斑病會逐漸演變成濕性黃斑病變。因此乾性黃斑病人需要經

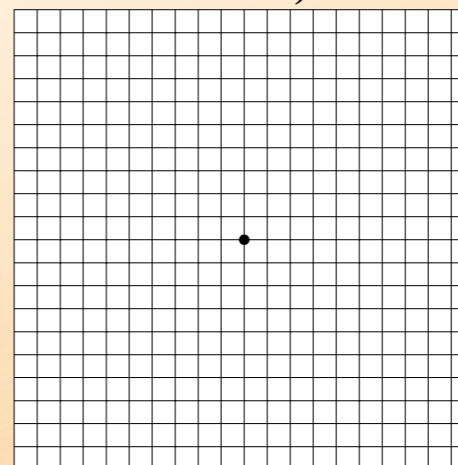
常利用阿姆斯勒柵格檢查視(Amsler Grid Test)，如發現線條變形或有暗點，應該盡早往眼科門診求診。

治療

治療方案是因個別需要而定，包括定期檢查、激光治療、光動力療法或施行手術。濕性黃斑病變的治療效果，現時仍欠理想。一般由於發病較遲，加上病情反覆，難於控制進度。

治療的目的是減慢惡化的速度，但只有極少數病人會因此病致全盲。病人可透過輔助儀器（如光學上的輔助儀器、低視力輔助器材及特別技能訓練）盡量使用僅存的視力生活。長期心理和社交上的支持也很重要。

阿姆斯勒柵格檢視 (Amsler Grid Test)



使用指引

- 先遮蓋一隻眼睛，然後檢查另一隻眼睛
- 如戴眼鏡者，先佩戴眼鏡後才檢查
- 距離阿姆斯勒柵格(Amsler grid)33cm
- 看著阿姆斯勒柵格(Amsler grid)之中心黑點，然後“感覺”中心黑點附近之線條有沒有變形或黑點中心外有暗點。如有發現線條變形或有暗點，需要到眼科作詳細眼底檢查
- 重覆以上檢查另外一隻眼睛

Instruction for use:

- Test each eye in turn with the other eye occluded
- Test distance (33cm)
- Wear near glasses if necessary
- Look at the centre dot of the chart and "sense" whether the surrounding lines are wavy (metamorphopsia), or if there is a shadow (scotoma)
- If abnormal changes are detected, please refer to an ophthalmologist for detail fundal examination

如有其他疑問，可於覆診時向醫生查詢

AGE RELATED MACULAR DEGENERATION (ARMD)

Introduction

ARMD is a degenerative disease affecting the macula of elderly people. It involves a degenerative change of the RPE-photoreceptor complex, exudation, haemorrhage, neovascularization and scarring of the macula. It is the leading cause of irreversible severe central visual loss in people over 50 years of age. The prevalence increases with age and reaches 30% in people over 75 years of age.

There are two forms of the disease:

1) Dry form

There is only degeneration of the RPE-photoreceptor complex in most of the patients. Patients experience gradual loss of vision. The visual loss is usually mild and there is no effective treatment currently.

2) Wet form

There is exudation, haemorrhage, neovascularization and scarring of the macula. Patients experience blurring of vision, blind spots, seeing straight lines as curves or even sudden blindness in severe cases. The condition is serious and treatment is difficult.

Some patients with the dry form may progress into the wet form with time.