Introduction and Guest Background

these vitamins can actually reduce the chance of progression, but the way the study was formed is that it demonstrated that a specific type of dry macular degeneration, we call it the intermediate form of macular degeneration, and that a retina specialist or an eye doctor would be able to tell you if you had that, if you had dry macular degeneration, that form was shown to really and truly have a significant reduction in progression to the other form of macular degeneration that we consider more severe, which is the wet form.

Welcome to the IQ Podcast. I'm Dr. Ronni Banek, here to help you boost your IQ with powerful insights that connect your eyes, your brain, and your whole body wellness.

This episode was recorded during the iHealth Summit, where the world's leading experts shared breakthrough insights in vision and holistic eye care. Welcome back everyone to another session on the iHealth Summit.

Today I'm so honored to have as my guest a leading retina specialist and educator, Dr. Avneesh Deobakta. Thank you so much Dr. Deobakta for joining us today on the iHealth Summit.

Thank you for having me. Absolutely. And just for our audience, Dr. Deobakta also goes by Dr. D. You may hear me calling him that during the interview.

So Dr. Deobakta is an associate professor of ophthalmology at New York Eye and Ear Infirmary of Mount Sinai, where I also teach. And I know that Dr. Deobakta, you're one of the key educators at the institution.

What drove you towards this subspecialty of ophthalmology, retina, and then also what drove you to wanting to treat patients with macular degeneration.

Thank you for having me again. I think this is wonderful. I wanted to do ophthalmology basically in the middle of medical school when I found out just how important eye health was for patients.

So one of the biggest differences that I found when it came to just what you wanted to focus on in life and certainly in medical school, it generally had to do with whether you could help patients the best.

And there was one of the biggest examples of this was when I saw a patient who actually was so impacted by her vi having cancer that I real that I wanted to focus upon into the science of the incredible.

One of the be field is that it's a myst The fact of the matter is that the things that we can do, especially in things like retina, but certainly other parts of ophthalmology, can actually change how people live because it can really help functionally people as they move through their life.

I wanted to focus on something like that and so I'm very happy that I'm part of the team. Absolutely and I'll share with you in the audience there have been studies asking the population which of the five senses is most important and most people first of all choose vision depending on the study anywhere from 75 to 95 percent of people choose vision as the most important sense and when people are also surveyed about what's the most important aspect of their health they would like to preserve Second to cancer, losing vision is one of the most scary things that people would want to avoid.

Thank you, first of all, for being on the summit and for sharing your expertise and for doing what you do and caring for so many people with retina issues and helping them preserve and protect their site.

Let's now shift to talking specifically about macular degeneration. Could you first just give us the broad overview, like a 30,000 foot view of what is macular degeneration, whom does it tend to affect, and what are its different

types?

I know that's a loaded question, but just give us an overview, Dr. D. Sure, of course. So macular degeneration is the leading cause of a leading cause.

It's not the but it's a leading cause of vision loss that affects the central part of the eye called the retina or in the back of the eye. And the center part of the retina is called the macula.

So this degeneration actually affects that specific part of the retina.

What Macular Degeneration Is

Now, the problem is that if that part doesn't work very well, then patients are unable to see using their central vision. So you can imagine if you're somebody who likes to read, somebody who likes to drive, somebody who likes to see faces, if this part of your eye is affected negatively, you can have a really big problem in life.

Fortunately, not everyone gets it. And even more fortunately, there are two types. The first type and most frequent type is the dry form of the disease.

And that dry form can affect around 80% to 90% of people who are affected by macular degeneration. And that form, often we can use nutritional supplements and that sort of thing to cause, to slow it down.

And then there's a wet form, which is a little bit more severe, but fortunately most of the therapies that we have, actually address the wet form of macular degeneration.

And even though it's more intense, it's actually the sort of I would say, the one that we can actually intervene upon the best. So I would say from a 30,000 foot perspective, macular degeneration is very important to keep an eye on.

Because if we don't, we can really lose our vision. Thank you so much for that overview, Dr. D. Now I want to ask you, so we oftentimes call macular degeneration age-related macular degeneration or AMD for short.

What patient age group typically gets affected? What is the demographic you typically see in your practice of patients with AMD? So typically it's people who are older than 60 to 65, but that doesn't mean that you can't have someone who is younger that can be affected by macular degeneration.

And the reason why is because a lot of what we know about macular degeneration is that it's actually Partly familial, so I often say it's one-third family, one-third genetic, and then two-thirds environment.

And so over the course of a life, you develop some of these environmental changes in your body, certainly based on what we're eating, based on what our activities are, including smoking and such.

And a lot of these things then come to pass when folks are older. But again, I just want to emphasize it's not only older folks, younger folks can get it.

And certainly if you have a family history of macular degeneration, it's something that you always want to look into. But that's the reason why we call it age related.

Dr. Deobakta, what I'm hearing you say is that AMD, the risks are it's a combination of your nature, meaning your genetics and also nurture. There's also many other things, diet, lifestyle exposures that may come into play.

Is that safe to say like it's a combination of both things? Absolutely. I think that's a perfect way of putting it. You have to care about both your family history, but also the stuff you eat, the way your lifestyle is that impacts it as well.

So it's something that we also have control over and that's key to think about. Yeah, that's what I always tell my

patients because I know some of them, they get genetic testing done.

Now that we have commercially available genetic tests like 23andMe, for example, some of these home genetic tests do check for some of the genes, not all the genes, but some of the genes that are associated with macular degeneration.

What do you tell people if they've had one of these tests and they come back to you saying, oh, doctor, I have one of the genetic markers. Am I going to go blind?

What do you typically tell them? Yeah. So first I always tell patients whenever they get one of those types of tests to not panic because a lot of it is just information overload.

And I will tell them, look, it's important because it got them into the clinic in the first place. So let's go ahead and do the tests that we do, which are things that we do for all patients in general eye exam, check the back of the eye, dilated pupils, all of the things that maybe people remember or have heard about when it comes to checking their eyes at a retina specialist office or even just any any eye doctor or any doctor, get our battery of tests before we start concluding something that's permanent or something like that, because there's a lot of things, like I said, that we have control over.

And so I often say those tests are great to get you in the clinic, but don't come to a conclusion until you speak with a doctor. Yeah, and I also try to reassure my patients that even if they have a genetic marker, it doesn't mean that they're destined to get the disease, right?

Because we know that there are over 50 genetic markers for AMD and half of those markers, probably more than half, we don't even know what they really mean or what they really do in the eye.

So I tell them, like you said, don't panic. Let's take it step by step. So let's talk a little bit more first about dry macular degeneration. What are the hallmarks of it?

What do you see on your exam and what symptoms may a patient have if they have dry macular degeneration?

Risk Factors and Genetic Testing

So dry macular degeneration is the less severe form of macular degeneration. And it's the one that people most get if they have macular degeneration and what it is this it's deposits of a small sort of material that develops over time underneath the retina and right in the center part of the retina.

We call that the macula. That's why this is called macular degeneration. Now, what it can do is it can affect the center part such that you can start getting distortions in vision when you're reading.

It won't happen all at once. So oftentimes the way you learn about this is that you go in and you see your doctor, your retina specialist or whomever, and someone picks it up and says, look, we took a photo of the back of your eye and we have a variety of tests that we can do.

And we saw these little deposits that are sitting underneath your retina. And so now we're going to keep watching it or we're going to, and then we get into the discussion about what we do for it.

But that's generally what dry is now. How do we treat dry? There's no treatment to cure this. That's the unfortunate part. However, there are many things that you can do from a nutritional perspective, from oral supplementation.

There are things called a reds to vitamins. There are omega-3 fatty acids. You can change your diet. things like that can actually help slow down the progression when you're in that dry form and when you have macular degeneration in general.

So I often say just because we tell you have macular degeneration, again, doesn't mean you can't do anything

about it. There are things you can do. Thank you for clarifying that because I know, again, a lot of people, when they hear this word, oh, you have these deposits in the back of your eye, you have dry AMD, they get so concerned and they immediately think that they're on that road to losing vision, permanently losing vision, going blind.

And I try to reassure them that's not the case. Now, in addition to seeing some distortion in vision, I've also had some patients notice that they have trouble seeing in dimmer lighting.

Is that also something that can happen with dry AMD? Is that a common symptom? Absolutely. So the sort of what we call contrast sensitivity kind of goes down.

It's very difficult sometimes to even for patients to read. The first symptom can often be that they need more light. So it's a great point to pick up.

The one thing that I will also say is that a lot of these age related diseases happen in tandem. So a lot of times it can also have Cataract, which is maybe something else the viewers have heard of, cataract can actually reduce your ability to see when dim light.

So it's very important again to have a general eye exam so people can tease out which ones are actually affecting you. And oftentimes it can happen concordantly.

And again, like I said, we can treat these things, but we need to know they're there. So it's very important to pay attention to the things that are affecting you.

Again, central vision, lighting is definitely another one, things like that. got it got it and also you said some of these things can go together like cataracts and amd or perhaps even glaucoma and amd or dry eye and dry amd so it's really just best if you're having these symptoms don't try to self-diagnose go see an eye doctor get that dilated eye exam get those tests that dr deobacta was mentioning and get a formal diagnosis that's really important I want to talk a little bit about the supplements that you mentioned.

So you mentioned the AREDS2 formula, which is a very commonly used vitamin for macular degeneration. Should everyone with AMD take that, or is that only reserved for a certain subset of patients?

So the study, so areds two is the age related eye disease study two. So it's the second big study that was done. That's this vitamin set that you can take.

It's in a pill form and you can buy it over the counter or you can buy it online, wherever it is that you want to buy it. But these vitamins can actually reduce the chance of progression.

Dry AMD Symptoms and AREDS2 Supplements

But the way the study was formed is that it demonstrated that a specific type of dry macular degeneration. We call it the intermediate form of macular degeneration.

And that a retina specialist or an eye doctor would be able to tell you if you had that, if you had dry macular degeneration, that form was shown to really and truly have a significant reduction in progression to the other form of macular degeneration that we consider more severe, which is the wet form.

So oftentimes when we tell patients, look, you should be taking supplements if you'd like. I always say I'm never going to tell somebody not to take medicines or supplements or vitamins for their eye health because I'm not sure that we should say never to do those things if you're not in the intermediate because I think they can still be very helpful for eye health.

However, I would say that if you do have the intermediate form of the dry macular degeneration, It's absolutely incumbent that you start that. And so that's the key that I would say, the distinction.

Yeah, thank you. Thank you for clarifying that. What I always tell my patients is, ideally, we should be getting our nutrients from diet. Ideally, you want to eat enough foods with lutein, zeaxanthin.

These are the nutrients that have been shown to help with macular degeneration. Let's say your diet's not fully getting all of those nutrients, then do a supplement.

And also with the world that we live in now, we're on screens for so many hours a day, we do get a lot of blue light exposure and then we go outside, we get UV light exposure.

So our eyes have a lot of demands put on them. And I always tell my patients, get those nutrients either through diet or diet and supplementation to protect your eyes.

Absolutely. Now, We're going to talk about wet AMD in just a few minutes, but recently I know that there were some medications that were just approved by the FDA for advanced stages of dry AMD.

So can you tell us a little bit more about these drugs and what type of patients are they indicated for? What have you seen in your practice in terms of results with these medications?

So this is a fantastic segue because I think this is one of the more exciting kind of things in our field. The advances as it pertains to treating what's called the atrophic or the sort of severe form of dry macular degeneration.

Now this can get a little confusing because people think severe means wet. Sometimes even in the dry form, you can start developing areas of the retina that actually get almost fully destroyed.

And we call this geographic atrophy. So geographic atrophy just means a spot in the retina that's actually been destroyed because the dry kind of just smoldered on and on.

Just a few years ago we didn't have really any treatments for this, but now we have a set of drugs. We call them anti-complement or complement inhibitor drugs.

Now you don't have to necessarily understand, nobody needs to understand what that exactly means, but it's a specific pathway that we think causes this atrophy to form and get worse.

And so when somebody has atrophy, instead of just watching it grow and get worse and worse, now we can actually give medicine within the eye. And this is done in the clinic itself, and it can slow down the progression of that.

And one of the meds is there there are multiple meds that that we use. So your doctor would pick which one might be most appropriate. But this is a completely different paradigm shift.

That's what I always say, because back in the day, we didn't have anything for it. And now we do. I really like how you described it this smoldering dry AMD and the way that I tend to describe it to my patients is these deposits under the retina they can trigger inflammation and the inflammation can progress and so the deposits get bigger and then eventually you can develop atrophy.

So it's almost like smoldering inflammation going on in the back of the eye And that's what these drugs are aimed to target, is inflammation. So you mentioned complement.

Complement is a part of the immune regulatory system. So again, the medications that are given for this type of dry AMD are used to try to stop that cascade.

Is that safe to say, like a good explanation or okay explanation for that? No, that was absolutely perfect. I think you hit it on the nose. What we're trying to do that is causing damage to the eye.

And this is one way to do it through that mechanism. Great. And again, we're going to get to wet AMD in just a

moment, but one last question about advanced dry AMD.

I know that light therapy was just approved or one of the makers of a light therapy device was just approved. We call it photobiomodulation. So it was just approved for dry AMD.

Can you just describe exactly what that is and have you started using it yet? Have you tried it yet on your patients? So it's a great point to bring up.

It is one of the, first light therapies that we are allowed to use now by the FDA because it's been approved because a study was done that showed this as you perfectly said, photobiomodulation therapy for patients with dry macular degeneration.

So if you have those little deposits on the back surface behind the retina. This is a way to treat that with using LED lights. So LED lights are those type of lights that you would see like in your TV, like you can buy them, but they can actually be shining at a specific wavelength.

So this particular type of therapy using this type of light in three different wavelengths is administered basically like nine times in almost a three to five week setting.

So you go in nine times, you get this light therapy and it's been shown to actually reduce some of these symptoms that patients have. It can actually improve vision.

That's what the study show actually started yet, but the machine is literally in-house right now. And we are going to be sending patients straight away once we're ready to go.

And when I say that, maybe next week or the week after this recording. Yeah, yeah, I am so excited for this. I would say this is, aside from the medications that we talked about, this is probably the most exciting development for patients with macular degeneration.

Advanced Dry AMD Treatments

And I know so many people are probably going to be lining up to get this therapy done. And it has been shown to improve vision by one full line in people with dry AMD, which is really incredible, absolutely incredible.

So I'm looking forward to that. Dr. Diabakta, this has been such a fascinating discussion about macular degeneration. We are going to take a very short break here from one of our sponsors, and we'll be right back with more on the iHealth Summit.

Stay tuned. Hello, I'm Dr. Rani and I'm here to talk about something we often take for granted, our vision. In my book, Beyond Carrots, Best Foods for Eye Health A-Z, I delve into how crucial it is to be proactive about your vision health.

Certain eye issues are quite common, such as dry eye and eye strain, while others frequently develop with age like cataracts, macular degeneration, diabetic retinopathy, and glaucoma.

Some of these types of eye conditions can be debilitating and even lead to loss of vision. The good news is that many of these sight-stealing conditions are preventable if you take the right steps.

Your eyes are precious and they deserve the best care possible. To ensure healthy vision for life, you need to provide your eyes with the proper nutrition they need.

Nutrients like lutein, zeaxanthin, and bioflavonoids, also omega fatty acids, are like fuel for your eyes, keeping them strong and vibrant. But here's the truth.

Sometimes our diets have gaps. That's where my Ageless Eyes supplement bundle comes in. It's the result of

years of research and my passion for eye health.

The Ageless Eyes bundle contains the three essential supplements I recommend to my patients. Let's start with Fortify, a blend of powerful ingredients that protect against stressors like blue and UV light, eye strain, free radicals, and oxidative stress.

Next is Nourish, a complete multivitamin. Nourish provides the foundational building blocks your eyes need for cellular function and repair, along with powerful bioflavonoids that support the delicate structures within your eyes.

And then there's Soothe, a unique complete blend of omegas 3, 6, 7, and 9. This blend of omegas supports a healthy inflammatory response, nourishes dry eye, and helps fight against macular degeneration.

Remember, taking care of your eyes isn't just about today, it's an investment in your future. By being proactive now, you can enjoy healthy vision for years to come so you can continue reading, using a device, staying independent, and seeing the faces of your loved ones.

So, join me in taking the first step towards a lifetime of clear, vibrant vision. It's time to introduce your eyes to the Ageless Eyes Bundle. I invite you to learn more on my website about each of the powerful supplements that make up the trio in the Ageless Eyes Bundle.

Let's embark on this journey together because your eyes deserve nothing but the best. The Ageless Eyes Bundle. See the world with clarity and confidence.

Welcome back, everyone, to the iHealth Summit. Today we're chatting with Dr. Avneesh Deobakta, a leading retina specialist who is really a wealth of information about macular degeneration.

So next, Dr. D, I'd love to pick your brain about wet macular degeneration because I know people are so afraid of this. What is it? What happens? How do you treat it?

What's the prognosis? So first, I always say, le breath whenever someone d you're getting diagnosed a family member get diagnos degeneration. Take a deep that we have developed ba ago were therapies that c this.

So what we've devel that you can put into the called anti VEGF medicatio doesn't, it's a complica just a class of medicatio thing that starts happen generation, which is new b So new blood vessels will the dry form of macular re these new blood vessels can bleed, they can swell in t the retina itself can get couldn't do much for this really suffer and go even centrally at least when it when it came to developing this disease but now what we've created are these new medicines that are injectables into the eye and what we do is we tend to give it to patients every month until we get control of this disease and then over time we start to reduce the burden we can sometimes we have longer acting medications that have been invented now there are some implants that we can do surgically so all of these things make this disease much more treatable.

And in some cases, some patients can actually see better once we give the medicine. So like I say, don't panic if you get this disease. Yes. Thank you for describing that.

Now, I have a question, though, Dr. Deobakta. You mentioned that in wet AMD, these new blood vessels form.

Wet AMD and Injection Therapy

Wouldn't that be a good thing? I would think you have like loss of healthy retinal tissue. Wouldn't you think that the new blood vessels are a way for the eye to heal?

And you hit it on the nose. We actually think this is a attempted healing mechanism of the eye, possibly to try to fix this underlying process. The problem is that these blood vessels aren't normal.

If you build a road somewhere, let's say, if it's like a blood vessel, you want that road to work. The problem is that

these are hastily built roads, so to speak, that convey blood.

So the walls don't work as well. They don't grow to the right place. And then they'd start bleeding. And just remember the retina is part of the brain.

So, you know, you can't just kind of willy nilly grow blood vessels and have them be destroyed and scar in a place where it's brain tissue. And so that's why these are bad.

What we really want is good blood vessels to be supported and the bad ones to go away. And that's thankfully what a lot of these medicines do for patients.

These medications, when given into the eye as an injection, they help to shrink these abnormal blood vessels. And you said that some of the medications are monthly, but now some are even longer.

So how do you decide who needs a monthly injection versus an injection every three to four months? So I think one of the biggest changes in the way we treat wet macular degeneration is that because we have such variety in medications that have been invented in the last 20 to 25 years, we can actually individualize some of our treatment protocols for patients who are working age or in some cases where it's difficult for them to come in to the office because of disability or what have you.

What we often do is we pick a medication initially that we often administer monthly But then depending on how the patient's responding on the images that we get, and certainly the stressors in the life of the patient, we sometimes can actually pick medicines or extend the existing medication to be injected at a less frequent time period.

So sometimes I've gotten patients out to almost every four months now. Back in the day, that would have been ludicrous, okay, saying that inject controlling wet macular degeneration every three to four months.

Now it's relatively common, not for everyone, but it certainly is the case that could be the case for some people. It's certainly easier for the patients.

They don't have to go in as often. They don't have to take time off from work or school or have to accompany their family member if they're extending it from one month to three months or four months even, which is wonderful.

Now I have an important question for you. I'm sure a lot of our audience may be interested in this question. Have you ever been able to get a patient off of these injections where they're doing so well that these new blood vessels have gone away and they no longer need these eye injections?

happened? So I will say while it is very infrequent, the answer is yes. Okay, but it's very, I don't want the patient to come in with that expectation, but I do want them to keep the hope because there are medicines that we can give and there are these medicines are so much more advanced than they used to be.

I will say they target different pathways there. They last longer that sometimes you can get a patient to have therapy that has really controlled their disease to the point where we say, you know what, let's observe it this time.

And we would never be able to say that 20 years ago. That's amazing. And I understand it's not the norm. That would be the exception where a patient can get off the medications, but just the hope to know that this is not something I have to do lifelong.

There is a chance that I could stabilize and no longer be so dependent on these medications. That's great to know. So now, Dr. Dayabakta, in the last couple of minutes that we have together, I want to really shift to talking about prevention.

If I had to ask you, what are the top three things people can start doing today, immediately after watching this interview, that will help them reduce their risk of vision loss from macular degeneration?

What would those three things be? So I often say that I try to break it down into different things you can do that are pretty easy or at least incremental.

So the first I always say is don't smoke. Now that may be less and less today than it was in the past, but I would say that behavioral modification is key.

Don't smoke. If you can stop smoking, even incrementally, that's very helpful. The second is to get regular eye checkups. Coming in and seeing your doctor, or at least paying attention to the fact that this can be the thing that affects your eyes, that you could have a disease, you have a family history, or you just want to get regular eye checkups, that's very important.

And then the third thing and I always say it's you are what you eat. We all know this. So when it comes to diet or when it comes to having good systemic health, I've often said that the retinal health is very strongly tied to systemic health.

So if you're obese or have sedentary lifestyle activities, you want to start walking around or becoming a little bit more physically active. We talk about diet.

We talked about the supplements just now, but you want to be able to eat a really nice diet with green leafy vegetables, colorful fruits and vegetables.

can eat fish, so you can eat fish, nuts, things like that actually are vetted to have the supplements and the vitamins that you already need, but they'd be in your food.

And I think being mindful of it is the most important part because we are what we eat and it's the number one incremental thing you can do to really help yourself.

So those would be the three things that I would say. Amazing. Oh my goodness though, I have so many questions for you. I know we don't have that much time left, but the first thing you said, stopping smoking cessation.

We all know that smoking can lead to so many health issues, but we also know that it can increase one's risk for macular degeneration. What about secondhand smoke or even, for example, fumes?

Like some people work around fumes or maybe they're cooking a lot or they're exposed to barbecue fumes. Is there any research to guide us about that type of exposure?

Yeah, so we know that if you're in areas where it's more polluted or smoky or that sort of thing, or if you're in a house where someone else smokes, you can develop macular degeneration later on in life.

Now, again, this doesn't happen immediately. It's not the next day you get macular degeneration. But over time, consistent exposure to pollutants, to smoke from anybody.

And then, of course, smoking yourself can cause you to get worse. I often tell patients who are smokers and have children, I say, listen, like, this one isn't just you either.

Prevention, Diet, and Common Myths

So it can also affect your family members and that often is actually something that patients think about and say, oh my gosh, I didn't realize that my behavior is actually affecting people around me because even secondhand smoke can cause patients to develop macular degeneration later in life.

Absolutely. And again, I love what you said earlier about being mindful of all of these choices that we have. It's a choice to smoke. It's a choice to be exposed to certain types of environments.

It's a choice to exercise and move more. And our diet is within our control. It's a choice as well. What is the diet

that's been most suggested for macular degeneration?

You mentioned a couple of foods, but let's say if there's a style of eating one should follow for AMD, what would that be? So typically the classical way of thinking about this is the Mediterranean style diet.

So people talk about having the types of foods that would be within that. As we said, again, the fruits, the nuts, the so effectively less processed foods tend to be better.

So if you're going to pick something up, you want something that's more fresh and not something that is on the counter or what have you and has been there on the shelf for a long time.

It's not always true. Okay, so I don't want to I don't want to say everything is bad like that. But I would say that if you're going to make a choice, I think it's always good to make a choice where you have fresh fruits and vegetables.

These are the types of things that you want to focus on. Yeah. And I want to just highlight there was a study that was published a few years back looking at the Mediterranean diet amongst a very large population in Europe.

And the researchers found that people who are on the Mediterranean style diet had a, I think, over 40% reduction in their progression of AMD, which is incredible.

40% reduced risk if you follow a particular type of diet, which is, again, highly recommended for people who are at risk for AMD. So Dr. Deobakta, thank you for sharing all of this incredible knowledge and all these strategies and tips for AMD.

The last question I wanted to ask you is, is there any particular myth or misconception out there about AMD that you often hear from your patients that you would just love to dispel today here on the iHealth Summit?

Oh yeah, I think the number one myth is that AMD is inevitably going to make you go blind. I think that's the number one thing that we can dispel just off the jump here because you absolutely can control progression.

You can create it if it's in the severe form. So I want to dispel that immediately. A lot of my patients will come in who I'm just meeting or even patients that just learned about the fact that their family member had macular degeneration and they think that's an inevitability and it's not.

What we want to just emphasize is that little changes can actually make a big change in your life. My mother always said, you don't have to change the world to make a change in your life.

You just have to have incremental progress in your life. So if you're able to eat better just every single day, just a little bit. The tips we just shared, stop smoking, show up to the eye doctor.

These are things that can actually impact whether you see later on in life or not. It's in your control in many cases. Absolutely. And the theme of our summit this year is an ounce of prevention is worth a pound of cure.

And when it comes to macular degeneration and also similar diseases like macular degeneration, there is so much we can do from a preventative standpoint to preserve our vision.

So we don't go down that slippery slope of developing advanced stages of a disease and losing visions. Thank you for your inspiring words, Dr. Deobacht.

I'm sure that they've really resonated with so many people in the audience. Thank you for sharing your insights and your wisdom. If anyone wanted to learn more about AMD or perhaps reach out to you, perhaps even become a patient, how could they find you?

So you can find me online if you type my name, and I think I'm the only name with this in America. If you write

these two words together. Like me, I also have a unique name.

You get us immediately. So just type my name, you'll find this. But of course, you can always, I work at the New York Eye and your infirmary of Mount Sinai.

Happy to see new patients and referrals. We always want to help people. If you want more information about macular degeneration, just remember you can always go to the American Academy of Ophthalmology.

There's the American Society of Retinas Specialists and the Macula Foundation. So these are three really big groups that often will put out a lot of literature on macular degeneration.

And so you can check out those websites as well. Excellent. We will share those links right below the interview. And also I wanted to just mention that there are many patient advocacy groups for macular degeneration.

So we will share those links as well. So if you're looking for more support, more information, I would reach out to those organizations because they're wonderful sources of information.

Thank you again, Dr. Deobakter, for spending some time with us during the iHealth Summit. And I thank you all for listening, and I wish you the very best in your iHealth for the years and decades ahead.

So stay tuned for our next interview coming up soon. Thank you for tuning in to the IQ Podcast. I hope you enjoyed today's episode and learned something new to help you boost your IQ.

Leave us a review and share the podcast with your family and friends. Stay connected with me for more eye-opening insights on eye health, nutrition and lifestyle.

Until next time, keep your vision clear and your IQ sharp.