



sister  
mother  
brother  
father  
son  
daughter  
cousin  
uncle  
aunt

Age-Related Macular Degeneration

Know your genetics.  
Protect your vision

Vita Risk®  
PREDICT AND PROTECT®



Macula Risk®  
PREDICT AND PROTECT®



## Who Is At Risk?

**Age-Related Macular Degeneration (AMD)** is mainly an inherited disease and the leading cause of severe vision loss in people over age 50.

It is a progressive disease that can destroy central vision, impairing the ability to perform everyday tasks such as reading, driving or watching television.

Your **genetic profile** can account for over 60% of the risk of developing AMD. Having a first-degree relative (mother, father, brother, sister) with AMD significantly increases your risk. In addition to genetics, lifestyle factors such as age, smoking history, Body Mass Index (BMI), and AMD status also play a role in progression to advanced AMD.<sup>1</sup>



*The incidence of AMD grows from 1 in 10 people over the age of 60 to more than 1 in 4 people over the age of 75*

## You Need To Know

Most people are unaware they have AMD until they start to lose central vision in one eye. Vision loss can happen quickly and without warning. The importance of early detection and treatment is paramount.

With current treatments, AMD may be arrested and in some cases improved. At-risk patients may benefit from **frequent monitoring** by their eye care physician and by taking the **appropriate eye vitamin supplement**.

# The Significant Role of Genetics

Many new discoveries in technology and nutrition are proving beneficial for the AMD patient. Determining a patient's genetic profile through DNA testing has shed light on the way we treat, manage and make nutritional recommendations to help preserve vision.

## Macula Risk and Vita Risk

**Macula Risk** is a DNA test intended for patients who have a diagnosis of early or intermediate AMD. Combined with a routine clinical eye examination, results of the Macula Risk test will determine your **risk of progression** to advanced AMD with vision loss over 2, 5 and 10 years.

**Vita Risk** is available as part of Macula Risk, or as a stand-alone test. Test results help your eye care physician prescribe the **safest and most effective eye vitamin formulation** for you based on your genetic profile.

The test is a non-invasive swab of the inside of your mouth.

The Macula Risk patient report contains valuable information including your genetic profile, your 2, 5 and 10-year risk of progression to advanced AMD, a vitamin recommendation specific to your genetic makeup that allows for the best outcomes without doing harm<sup>2</sup>, and important details in regard to your genetics that will help to establish **personalized treatment that is right for you**. The report is sent to your eye care physician's office.



## Patients Who Are At Increased Risk May Benefit From:

- ▶ Treatment with personalized preventive eye supplements
- ▶ Increased frequency of eye examinations
- ▶ Disease education and 'at-home' Amsler Grid testing
- ▶ Early diagnosis and treatment of 'Wet' AMD with effective therapies
- ▶ Other disease management strategies as determined by the doctor



If you are taking eye vitamins for AMD  
or you think that you or your family members  
may be at risk for AMD, talk to your eye care physician  
and discuss whether Macula Risk is right for you.



To learn more, or to reach a Genetic Counselor  
with specific questions, please contact us.

Customer Service: **1 (866) 964-5182**

Email: **customerservice@macularisk.com**

**[www.macularisk.com](http://www.macularisk.com)**

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<sup>1</sup> Yu Y, Reynolds R, Rosner B, Daly MJ, Seddon JM. Prospective assessment of genetic effects on progression to different stages of age-related macular degeneration using multistate Markov models. *IOVS*. 2012;53(3):1548-56.

<sup>2</sup> Awh C, Hawken, S, Zanke, B, Treatment Response to Antioxidants and Zinc Based on *CFH* and *ARMS2* Genetic Risk Allele Number in the Age-Related Eye Disease Study, *Ophthalmology*, January 2015 Volume 122, Issue 1, Pages 162–169