

90 YEARS



NEW HAMPSHIRE ASSOCIATION FOR THE BLIND

Volume 24, No. 3

Summer 2006 Newsletter

SAVE THE DATE:

THE NEW HAMPSHIRE ASSOCIATION FOR THE BLIND 1ST ANNUAL SPOOKY SILENT AUCTION

Saturday, October 21, 2006
9 A.M. to Noon
The Grappone Center

Come enjoy a buffet breakfast, silent and live auctions, theme basket raffles, 50/50, and a wooden horse race. There will be hundreds of great items and offerings!

If you are interested in helping with the event, being a sponsor, or donating an item to be auctioned, please contact Judy at 603-224-4039 or email:

jcarlson@sightcenter.com



Living With Blindness Age-Related Macular Degeneration

Age Related Macular Degeneration (AMD) is a quiet, physically painless, and unpredictable eye disease that has fast become the most prevalent cause for vision loss among adults in America, Europe, and Australia. AMD accounts for the vision impairments of nearly 45% of the Association's clients.

In basic terms, AMD is the breakdown and eventual loss of vision from the macular, the center of the retina. The retina is made up of rod and cone cells which convert light into messages for transmittal. The macular is concentrated with mostly cone cells and is responsible for the central acute vision or visual details, such as facial features, letters on a page, or color perceptions. The rod cells, which significantly outnumber cone

cells and make up the majority of cells in the retina, provide light and dark contrast or background perception.

Individuals with AMD can see peripherally, out the edges of their eyes, but anything in the focal point or direct line of vision is not clear or precise.



In AMD, the delicate transfer system of oxygen and waste between the cone cells in the macula and through the three different tissue

layers beneath the retina no longer functions correctly. When oxygen doesn't reach the cone cells the waste products produced build up; the system becomes clogged and vision is lost.

There are two types of macular degeneration: dry and wet. Experts currently think both types start as dry macular degeneration. Dry macular

AMD — continued on 2

Reduce Your Risk: Protect Your Vision

Five-Star Prevention Program

- ★ **Do not smoke: Avoid secondhand smoke**
- ★ **Wear sunglasses with blue blockers and ultra-violet protection**
- ★ **Eat plenty of dark green leafy vegetables**
- ★ **Choose the right oils and eat them in the right amounts**
- ★ **Take a balanced dose of vitamins and minerals**

DON'T SMOKE: If you do smoke, stop! Avoid breathing secondhand smoke. Smoking negatively affects blood circulation and the health of blood



This Newsletter is published by the New Hampshire Association for the Blind

Current newsletters and Annual Reports are available in Braille, on disk, and on audiocassette. If you prefer to receive future editions of our publications in one of these alternate formats, please call the Association at 1-800-464-3075.

vessels, raising the risk of wet macular degeneration development. Eyes are overloaded with free radicals that use up the essential nutrients naturally occurring in the eyes. Smoke inhibits important vitamin processing.

PUT ON YOUR SUN GLASSES: Protect your eyes from the sun!

Limiting exposure to **ultraviolet light (UV)** and even more important from **Blue light rays** is thought to help keep this disease from getting worse. Blue light rays are what most of the glare experienced from sunlight is from. Blue light rays are what give the sky its blue color. Eye protection that blocks indoor and outdoor glare of these blue light rays doesn't dim the view like some sunglasses do. The tint of blue blocker protection is yellow or amber colored.

EAT YOUR VEGETABLES: Vegetable's containing **Lutein**, an important antioxidant for the macula are **dark green leafy and orange vegetables, foods high in**

antioxidant vitamins.


Research suggests that what you eat may reduce the risk of the further degeneration, which is typically found with AMD. Best greens to eat: Kale, collard greens, spinach, Swiss chard, cress, parsley, mustard greens, red peppers, romaine lettuce, and beet greens, okra, broccoli, peas, and leaf lettuce.

CONTROL BLOOD PRESSURE & SERUM CHOLESTERAL LEVELS:

Choose the right oils: Vegetable oils that are polyunsaturated, such as sunflower, safflower, and soybean are rich in Omega-6, but are not the healthiest choice for us, or a good choice for cooking. Instead **Omega-3 oils with high levels of oleic acid, such as olive, canola, flaxseed oil, are monounsaturated** oils that tolerate heat and light well, and even maintain nutritional content well when used in cooking. Avoid partially hydrogenated oils, whenever possible; they are not a natural substance and

Continued on next page

AMD — from page 1

degeneration is more common. The changes in vision may be hard to notice at first. Thus, regular eye checkups are important. There is currently no way to restore the vision lost from dry macular degeneration. However, it may suddenly turn into wet macular degeneration, which is more serious. If wet macular degeneration is caught early, laser treatment may help slow vision loss. 

Continued from previous page
when metabolized the waste products are not easily expelled from the body.

TAKE A BALANCED DOSE OF VITAMINS AND MINERALS: A ten year study by AREDS — Age-Related Eye Disease Study, of persons with moderate or advanced AMD, proved that vitamins work to reduce the progression of AMD. Vitamins are now considered a treatment along with laser treatment for wet AMD. If you already have AMD, taking a good multi vitamin and mineral supplement is important. Studies have not yet proven that supplements may help prevent its development or stop its progression totally, but according to experts there is no reason not to take them regularly. Experts recommend good quality cold processed supplements are

best and that you seek the advice of your doctor.

EXTRA ★

SCHEDULE ROUTINE EYE EXAMS: Regular monitoring of eye health helps minimize vision loss. Doctors can detect the onset of the disease earlier than any symptoms will appear. If AMD is diagnosed early there is more chance to slow its progression. Doctors treating individuals who have dry AMD, may suggest they monitor their vision with the Amsler Grid, which helps pinpoint any changes that otherwise might go undetected. If dry AMD turns to wet AMD, laser treatments can prevent further loss from developing, but lasers

cannot repair vision loss. A thorough eye doctor appointment every two years is recommended if AMD has not been diagnosed. 🦾

Resources:

Information contained in this newsletter has been used with permission.

- Lylas G. Mogk, M.D. and Marja Mogk, Ph.D. *Macular Degeneration, The Complete Guide to Saving and Maximizing Your Sight.* Random House Publishing Group 1999. 2003. ISBN 0-345-45711-0

Online Resources Consulted:

- <http://www.amdalliance.org>. & <http://www.macular-degeneration.org>

The Association gratefully received a \$25,000 grant award from Trustees of the Cogswell Benevolent Trust of Manchester for the Orientation and Mobility Program. Part of this funding will be used to purchase a supply of White Canes, as well as to sustain the orientation and mobility instruction that gives individuals the thinking and the physical agility to be mobile and safe in their home and communities.

Leading Risk Factors For Age-Related Macular Degeneration

- Age (the older, the higher the risk after the age of fifty)
- Smoking
- Family history
- Blue or light colored eyes
- Diet low in dark green leafy vegetables
- Diet too high in omega-6 fatty acids and too low in omega-3 fatty acids

Classes Receive Grant

A \$7,500 grant award from Harvard Pilgrim Health Care Foundation is funding a Diabetes Series of Independent Living Classes that are designed specifically for clients with Diabetes. Clients meet for three classes covering healthy food and nutrition, medicine management, and exercise. A five week hands on Healthy Cooking and Nutrition class is also supported through this grant. 🦾

Ethel Partan and other attendees at the Diabetes Food and Nutrition class held at the McGreal Sight Center in Concord.



Charles Bonnet Syndrome: You're Not Going Crazy!

Charles Bonnet Syndrome: Are you seeing funny things in odd places: Cartoon characters in the back yard, polka dotted sidewalks, faces or life size figures you have never seen before? No, you are not CRAZY...you have Charles Bonnet Syndrome.

Charles Bonnet was credited as the first person to describe the low vision syndrome which was given his name in the 1930's. His first description was in 1769, of his grandfather's experience of seeing men, women, birds, and buildings that he knew

were not there. Later in life, when Bonnet's own vision deteriorated, he experienced similar phantom visions. The medical origins of the Charles Bonnet Syndrome are still unknown, even though it is very common, with between 10 and 40 percent of people with low vision experiencing phantom images. There is no reliable way to determine who will or won't experience the syndrome. Nor is there any way to measure the frequency or duration of occurrences any individual might have.

The images are most often reported as not trou-

bling, but rather lighthearted, pretty, or amusing. Usually individuals see the same image or set of images reappear and often in the same place or at the same time of day. People have described these images as pleasant things or figures with pleasant expressions, and even that they make eye contact.

Be reassured that "seeing things" is a fairly common experience for persons with AMD. If you are bothered or frustrated by the experience, consult your doctor who may be able to prescribe a treatment for you. If the images are at all frightening they are not typical of the Syndrome and may indicate other issues that need addressing. 🦋



LEAVE A LEGACY®

**Do a good deed for others,
and do a good deed for yourself, too!**

Consider a charitable gift annuity.

For as little as \$5,000, you can receive income for life for one or two people at a guaranteed locked-in rate. The Annual interest rate is determined by your age at the time of the donation. You'll create a lasting legacy for a charity important to you, increase your spendable income, and a portion of the gift offers an immediate one-time tax deduction. Interest rates range from 5.7% to 9.9%.

You have the power to make a difference in the lives that follow, in ways you cannot imagine today.

For more information on planned gifts to the New Hampshire Association for the Blind, contact George F. Theriault, CFRE, President and CEO, at 1-800-464-3075 or gtheriault@sightcenter.com.

Many Thanks!

Thank: vt. Be obliged, show gratitude, acknowledge, show appreciation, and be obligated to

Thanks: n recognition, gratitude, thankfulness, gratefulness

How many ways are there to say “thank you?” Not enough. On June 3, 2006, the New Hampshire Association for the Blind held its 3rd Annual Blind Awareness Walk. This fabulous event was due to generosity and commitment. Many people, organizations and businesses willingly donated time, money and goods to make this day a reality. In our continuing efforts to further our mission “to advance the independence of people who are blind and visually impaired” the 2006 Walk Committee, Board and staff are profoundly grateful. Thank you for all you do to make a difference. 🐾

2006 Walk Committee:



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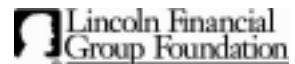
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Memorial and Tribute Gifts

These thoughtful gifts are in memory of a loved one or honor special occasions or individuals. They represent another important way to support the mission of the Association and essential vision rehabilitation services. Tributes to the following individuals were received from December 15, 2005 to May 15, 2005, and we extend warmest thanks to all donors.

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All brave Men and Women
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Free, Permanent Fishing License Available

New Hampshire residents who are blind may apply for a free, permanent fishing license.

The requirements to obtain a license are:

- You must be registered with the Blind Services Department. A letter from the Blind Services office is required. You may request it be sent directly from Blind Services to the Fish & Game Office.
- Proof of residency in NH; a copy of an official NH Non Drivers photo ID is acceptable.
- An Application completed and signed: Call 271-3422 for one to be mailed to you or computer users may find the link below to access the application on the web. www.wildlife.state.nh.us/Licensing/license_forms/APP_Blind_Fishing_License.pdf
- Send the above documentation with the application to: New Hampshire Fish and Game Department, 11 Hazen Drive, Concord, NH 03301.



New Hampshire Association for the Blind McGreal Sight Center

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Our Volunteer Spirit

John Spallone, a newly trained volunteer, found the digital recording studio of particular interest, while touring the McGreal Sight Center with our Volunteer Administrator, Lynne Saltonstall. They noticed, as they discussed the operation of the studio and the various pieces of equipment, that the duplicating machine was temporarily out of service. John seized the opportunity and offered to donate another duplicator.



John Spallone with the new duplicator.

Soon thereafter, in memory of John's wife, Sally, who passed away in October 2005, a new high speed audio cassette duplicator was delivered to the NHAB recording studio.

Now, two high speed duplicators are in service; cassette copies can be made in half the time!

John has begun his Association volunteer work by serving on the Spooky Silent Auction Committee and a media relations committee. His extensive professional experience in the field of engineering and small business ownership and his 20 years volunteering for the Easter Seals will be a great asset to the Association. Our sincere thanks for the Spallone family donation. Attached to the machine is a brass plate with this inscription: *In memory of Celeste "Sally" G. Spallone By her family, 2006.* 🐾