



News release

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SMOKERS TWICE AS LIKELY TO LOSE THEIR SIGHT



The UK's 13 million smokers are twice as likely as non-smokers to lose their sight in later life according to definitive new research² published today on RNIB Eye Test Action Day.

The link between smoking and AMD (age-related macular degeneration) is now as robust as the link between smoking and lung cancer, yet few people are aware of the link or even of AMD. AMD is the UK's leading cause of sight loss - there are around 500,000 people in the UK with AMD - and an estimated 54,000 people have the condition as a result of smoking³.

A report published today by AMD Alliance UK⁴ reveals that only seven per cent of people know that AMD affects the eyes but that seven out of ten smokers would either stop smoking permanently (41%) or cut down (28%) if they thought it could harm their eyesight.

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Pauline Edwards, 50, from Salford, has AMD after smoking most of her adult life.

Pauline said: “I smoked for years. Now I have AMD, am partially sighted in one eye and am likely to go blind. When you smoke you cannot imagine what it is like to have lung cancer and especially when you are young the risk of dying earlier doesn’t come into it. I am a nurse, I saw people die from smoking-related diseases and that did not make me kick the habit. But if I had been told that I could lose my sight because of smoking I would have given up. I stopped the day I found out.”

Steve Winyard, RNIB’s Head of Campaigns and Chairman of AMD Alliance UK, said: “Smoking is the only proven cause of AMD that people can do anything about yet people are not aware of the link and most people have not even heard of the condition. The message is simple: do not take up smoking and if you do – stop! People also need to make sure they have regular eye tests to check their eyes are healthy – an eye test can save your sight.

“RNIB is calling on the Government to introduce specific warnings on cigarette packets and to fund a major public awareness campaign on the dangers of smoking to your eyesight. RNIB is also joining the British Medical Association and the Royal College of Ophthalmologists in calling for a ban on smoking in all enclosed public places and workplaces across the UK.”

The benefits of quitting smoking are very real. Studies have shown that people who stopped smoking 20 years ago have a similar risk of developing AMD as non-smokers do and the risk starts to decrease after ten years of not smoking⁵.

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3/ SMOKERS TWICE AS LIKELY TO LOSE THEIR SIGHT

Simon Kelly, Consultant Ophthalmic Surgeon at the Bolton Eye Unit and co-author of the report published today, would also like to see warnings on cigarette packets. He said: "Knowledge of the link between smoking and AMD is very low but evidence from Australia and New Zealand shows that raising awareness of this link creates a powerful message for the general public. A survey amongst patients in Bolton also published today suggests that fear of blindness is as compelling as fear of lung cancer and heart disease as a motivator to quit. In my clinical experience when people are diagnosed with AMD and learn of the link with smoking they are often sufficiently shocked and motivated to want to stop smoking straight away."

RNIB today launches a hard-hitting advertising campaign across the UK to raise awareness of the link between smoking and sight loss.

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For further media information please contact Paul McDonald or Becca Bryant, RNIB Press Office on 020 7391 2223 (out of hours mobile: 07968 482812) Ref: 23.

Notes to Editors:

1. Every day another 100 people in the UK will start to lose their sight. There are around two million people in the UK with sight problems. RNIB is the leading charity working in the UK offering practical support, advice and information for anyone with sight difficulties. If you, or someone you know, has a sight problem RNIB can help. Call the RNIB Helpline on 0845 766 9999 or visit www.rnib.org.uk.
2. Smoking and Age-Related Macular Degeneration: A Review of Association, Thornton J, Edwards R, Mitchell P, Harrison R, Buchan I, Kelly SP, published in Eye 07/09/2005
3. Kelly SP, Thornton J, Lyratzopolous G, et al: Smoking and blindness, British Medical Journal 2004; 328: 537- 8

4. AMD Campaign Report 2005 (UK), Awareness of Age-related Macular Degeneration and Associated Risk Factors, Barbara McLaughan, 07/09/2005
5. Seddon JM et al. (1996): A prospective study of cigarette smoking and age-related macular degeneration in women. JAMA 1996/276:1141-6
6. NHS sight tests are available free to people under 16 or under 19 in full time education and to people over 60. People who are on benefits and low incomes are also eligible. Glaucoma sufferers and their close relatives over 40, diabetics and people who are registered blind or partially sighted also qualify. Vouchers are available to assist with the cost of glasses.
7. RNIB recommends full eye tests for children under the age of 16 and adults over 60 every year, other adults should have a test once every two years unless advised otherwise by their optician.
8. The AMD Alliance UK is made up of the Royal National Institute of the Blind, Age Concern England, the Macular Disease Society, NALSVI, Fight for Sight and the Wales Council for the Blind.
9. The Royal College of Ophthalmologists is the professional body for ophthalmologists, responsible for creating and maintaining standards in ophthalmic training and practice. It organises the examination system, sets the curriculum and inspects training units. It maintains a Continuing Professional Development (CPD) system and provides a range of surgical skills courses for trainees. It organises a scientific congress, produces clinical guidelines and the scientific journal "Eye" and promotes study and research in ophthalmology. For further information visit www.rcophth.ac.uk
10. Smokers wanting friendly help and advice on how to quit can ring Quitline 0800 00 22 00 and speak to a trained QUIT counsellor or email stopsmoking@quit.org.uk for a same day personal reply. A free QUIT pack is also available to all smokers wanting to stop.
11. ASH is a campaigning public health charity working to eliminate the harm caused by tobacco. For further information visit www.ash.org.uk

BACKGROUND INFORMATION

What is AMD?

Age related macular degeneration is the leading cause of blindness and severe visual impairment for people over 50 in the developed world. Approximately 25 to 30 million people around the world are affected by some form of AMD. Macular degeneration is often related to ageing, hence the name age-related macular degeneration. The main types of AMD are called “dry” and “wet”. Dry AMD causes slow decay of the cells of the macula, the tiny part of the retina at the back of the eye responsible for central vision and interpreting detail.

What is wet AMD?

Wet AMD occurs less often (10 to 15 percent of all cases) than the dry type. However the risk of severe sight loss is much greater. It is characterised by the development of abnormal, leaky blood vessels in the macula. In advanced cases, scar tissue may form, causing irreversible blind spots, and in many cases leading to blindness.

What causes AMD?

The cause of AMD is still unknown, and the only clinically proven risk factor is smoking. However, other known risk factors include genetics or family history, hypertension, sun exposure, being overweight and a diet low in certain vitamins, minerals, and antioxidants.

Are treatments available?

Treatments are available for wet AMD, but not for dry AMD as yet. The two clinically proven treatments for some cases of wet AMD are photodynamic therapy (PDT) which uses a light-sensitive drug to seal leaky blood vessels, and laser photocoagulation, which uses hot lasers to do the same, but has the possible side effect of blind spots. Several new promising treatments are under development.

Can anything else be done?

Regular eye exams are an essential element of early detection, and the only way maximum benefit can be gained from available therapies. Additionally, people experiencing AMD should, as early as possible enquire about comprehensive low vision rehabilitation, which will allow them to adjust gradually to their vision loss and make the most of their remaining vision. An increasing range of low vision devices, together with professional support and counselling, can mean the difference between continued independence and increased reliance on other supports.