

WebMD[®]

FOCUS ON

WET AGE-RELATED MACULAR DEGENERATION

HEALTH SMARTS

Treatment adherence

page 10

FIRST PERSON

My life with wet AMD


page 12

CARING FOR YOU

Managing the emotional toll

page 14

WINTER 2026

LISTEN TO THIS!: Click on  to access the audio version of this guide.



SCAN ME

Access this guide online. Use your smartphone camera to activate the QR code. **PLUS**, try out our audio feature.

 **LISTEN TO THIS!**

INSIDE THE ISSUE

7

NEWS

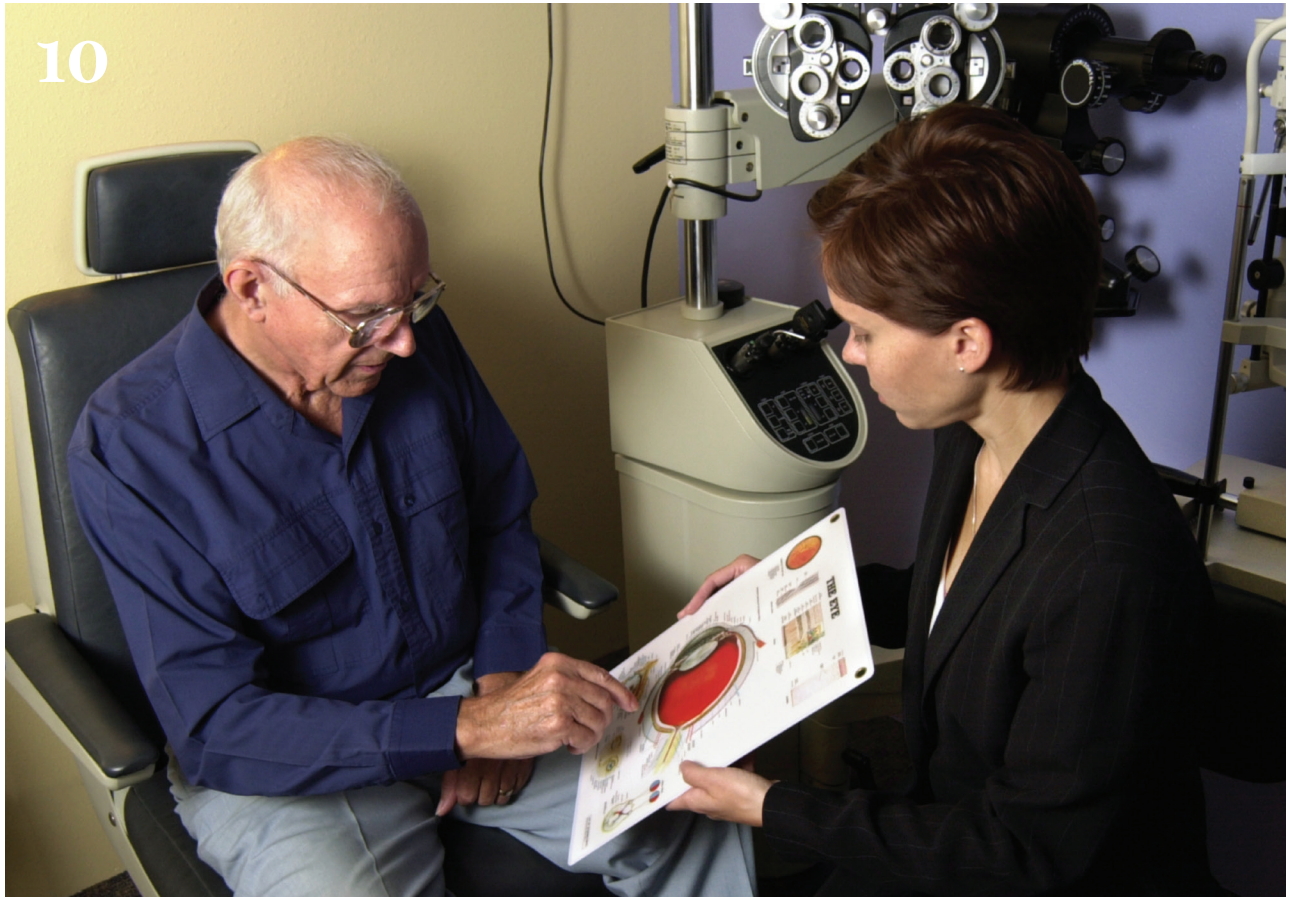
The latest research

8

GOOD TO KNOW

Understanding wet AMD

WebMD Focus On is not responsible for advertising claims. WebMD Focus On (ISSN 1553-9946) is published by WebMD LLC and may not be reproduced in whole or in part without written permission of WebMD LLC. All rights reserved. All editorial content is reviewed by our board-certified physicians, is for informational purposes only, and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. WebMD does not endorse any specific product, service, or treatment. Always seek the advice of your health care provider with any questions regarding a medical condition and never disregard professional medical advice or delay seeking it because of something you have read in a WebMD publication. If you think you have a medical emergency, call your doctor or 911 immediately. 2026 WebMD LLC. All rights reserved.



10
HEALTH SMARTS
Treatment adherence

12
FIRST PERSON
I am grateful for treatment and to be able to see

14
CARING FOR YOU
Managing the emotional toll

16
VIEWPOINT
My treatment journey with wet AMD

For people with Wet AMD



Finding EYLEA HD has changed what living with Wet AMD looks like for me.

Ken
Real EYLEA HD patient

Wet AMD=Wet Age-Related Macular Degeneration.

Diagnosed with Wet AMD in 2014, Ken is now on EYLEA HD and going 4 months between treatments. He feels that EYLEA HD has changed what living with Wet AMD looks like for him.

IMPORTANT SAFETY INFORMATION

- EYLEA HD and EYLEA are administered by injection into the eye. You should not use EYLEA HD or EYLEA if you have an infection in or around the eye, eye pain or redness, or known allergies to any of the ingredients in EYLEA HD or EYLEA, including aflibercept.
- Injections into the eye with EYLEA HD or EYLEA can result in an infection in the eye, retinal detachment (separation of retina from back of the eye) and, more rarely, serious inflammation of blood vessels in the retina that may include blockage. Call your doctor right away if you experience eye pain or redness, light sensitivity, or a change in vision after an injection.
- In some patients, injections with EYLEA HD or EYLEA may cause a temporary increase in eye pressure within 1 hour of the injection. Sustained increases in eye pressure have been reported with repeated injections, and your doctor may monitor this after each injection.
- There is a potential but rare risk of serious and sometimes fatal side effects, related to blood clots, leading to heart attack or stroke in patients receiving EYLEA HD or EYLEA.
- The most common side effects reported in patients receiving EYLEA HD were cataract, increased redness in the eye, injury to the outer layer of the eye, increased pressure in the eye, eye discomfort, pain, or irritation, bleeding in the back of the eye, blurred vision, vitreous (gel-like substance) detachment, and vitreous floaters.
- The most common side effects reported in patients receiving EYLEA were increased redness in the eye, eye pain, cataract, vitreous detachment, vitreous floaters, moving spots in the field of vision, and increased pressure in the eye.

Long-lasting EYLEA HD:



Delivered significant vision improvements*



Is the only Wet AMD therapy that helped 8 out of 10 people go up to 4 months between injections after 3 initial monthly treatments[†]



May provide noticeable improvements on your retinal imaging that you and your retina specialist can see

*Patients on EYLEA HD saw an average of about 6 more letters on an eye chart in a clinical study at 1 year, similar to patients on EYLEA[®] (aflibercept) Injection. Results may vary.

[†]Combined trial results from 2 groups of people from each clinical trial who received EYLEA HD every 3 or 4 months after 3 initial monthly treatments. After 3 initial monthly treatments, your specialist will choose a 2 to 4 month treatment schedule. Some patients may need to resume monthly treatments. Dosing may vary.



**Scan to see
Ken's story**

**Ask your retina specialist
today about EYLEA HD for
vision improvement and the
potential for fewer injections.**

- You may experience temporary visual changes after an EYLEA HD or EYLEA injection and associated eye exams; do not drive or use machinery until your vision recovers sufficiently.
- These are not all the possible side effects of EYLEA HD or EYLEA. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

INDICATIONS

EYLEA HD[®] (aflibercept) Injection 8 mg and EYLEA[®] (aflibercept) Injection 2 mg are prescription medicines approved for the treatment of patients with Wet Age-Related Macular Degeneration (AMD), Diabetic Macular Edema (DME), Diabetic Retinopathy (DR), and Macular Edema following Retinal Vein Occlusion (RVO).

Please see Brief Summary of full Prescribing Information for EYLEA HD and EYLEA on the next page.

REGENERON[®]

Copyright © 2025 Regeneron Pharmaceuticals, Inc. All rights reserved. 11/2025 US.EHD.25.07.0165

Consumer Brief Summary

EYLEA HD® (aflibercept) Injection 8 mg and EYLEA® (aflibercept) Injection 2 mg

This summary contains risk and safety information for patients about EYLEA HD and EYLEA. It does not include all the information about EYLEA HD and EYLEA and does not take the place of talking to your eye doctor about your medical condition or treatment.

What are EYLEA HD and EYLEA?

EYLEA HD and EYLEA are prescription medicines that work by blocking vascular endothelial growth factor (VEGF). VEGF can cause fluid to leak into the macula (the light-sensitive tissue at the back of the eye responsible for sharp central vision). Blocking VEGF helps reduce fluid from leaking into the macula.

What are EYLEA HD and EYLEA used for?

EYLEA HD is indicated for the treatment of patients with:

- Macular Edema following Retinal Vein Occlusion (MEfRVO)
- Neovascular (Wet) Age-Related Macular Degeneration (AMD)
- Diabetic Macular Edema (DME)
- Diabetic Retinopathy (DR)

EYLEA is indicated for the treatment of patients with:

- Macular Edema following Retinal Vein Occlusion (MEfRVO)
- Neovascular (Wet) Age-Related Macular Degeneration (AMD)
- Diabetic Macular Edema (DME)
- Diabetic Retinopathy (DR)

How are EYLEA HD and EYLEA given?

EYLEA HD and EYLEA are injections administered by your eye doctor into the eye. Depending on your condition, EYLEA HD and EYLEA injections are given on different schedules. Consult with your eye doctor to confirm which EYLEA HD or EYLEA schedule is appropriate for you.

Who should not use EYLEA HD or EYLEA?

Do not use EYLEA HD or EYLEA if you have an infection in or around the eye, eye pain or redness, or are allergic to aflibercept and/or any other ingredients in EYLEA HD or EYLEA.

What is the most important information I should know about EYLEA HD and EYLEA?

- EYLEA HD and EYLEA must only be administered by a qualified eye doctor. Injections into the eye with EYLEA HD or EYLEA can result in an infection in the eye, retinal detachment (separation of retina from back of the eye) and, more rarely, serious inflammation of blood vessels in the retina that may include blockage. Call your doctor right away if you experience eye pain or redness, light sensitivity, or a change in vision, after an injection
- In some patients, injections with EYLEA HD or EYLEA may cause a temporary increase in eye pressure within 1 hour of the injection. Sustained increases in eye pressure have been reported with repeated injections, and your eye doctor may monitor this after each injection
- There is a potential but rare risk of serious and sometimes fatal side effects related to blood clots, leading to heart attack or stroke in patients receiving EYLEA HD or EYLEA
- You may experience temporary visual changes after an EYLEA HD or EYLEA injection and associated eye exams; do not drive or use machinery until your vision recovers sufficiently

What are possible side effects of EYLEA HD and EYLEA?

EYLEA HD and EYLEA can cause serious side effects.

- **See important safety information listed under "What is the most important information I should know about EYLEA HD and EYLEA?"**

The most common side effects reported in patients receiving EYLEA HD include:

- Cataract
- Increased redness in the eye
- Injury to the outer layer of the eye
- Increased pressure in the eye
- Eye discomfort, pain, or irritation
- Bleeding in the back of the eye
- Blurred vision
- Vitreous detachment
- Vitreous (gel-like substance) floaters

The most common side effects reported in patients receiving EYLEA include:

- Increased redness in the eye
- Eye pain
- Cataract
- Vitreous detachment
- Vitreous floaters
- Moving spots in the field of vision
- Increased pressure in the eye

There are other possible side effects of EYLEA HD and EYLEA. For more information, ask your eye doctor.

It is important that you and/or your caregiver contact your doctor right away if you think you might be experiencing any side effects, including eye pain or redness, light sensitivity, or a change in vision, after an injection.

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

What should I tell my eye doctor before receiving EYLEA HD or EYLEA?

- Tell your eye doctor if you have any medical conditions
- Tell your eye doctor if you are pregnant or are planning to become pregnant. It is not known if EYLEA HD or EYLEA may harm your unborn baby
- Tell your eye doctor if you are breastfeeding. It is not known if EYLEA HD or EYLEA may harm your baby. You and your eye doctor should decide whether you should be treated with EYLEA HD or EYLEA, or breastfeed, but you should not do both

How are EYLEA HD and EYLEA supplied?

EYLEA HD is supplied in a clear to slightly opalescent, colorless to pale yellow solution. It is provided in a glass vial containing the amount of product required for a single injection into the eye, which is 0.07 mL of a 114.3 mg/mL solution (or 8 mg of the medicine product).

EYLEA is supplied in a clear, colorless to pale yellow solution. It is provided in a pre-filled glass syringe or vial containing the amount of product required for a single injection into the eye, which is 0.05 mL of a 40 mg/mL solution (or 2 mg of the medicine product).

Where can I learn more about EYLEA HD and EYLEA?

For a more comprehensive review of EYLEA HD and EYLEA safety and risk information, talk to your health care provider and see the full Prescribing Information at EYLEAHD.com and EYLEA.com.

LISTEN TO THIS!

THE LATEST ON WET AGE-RELATED MACULAR DEGENERATION

1 in 5

Number of people with wet AMD who have a significant improvement in vision with standard treatment.

SOURCE: Royal College of Ophthalmologists

7 in 10

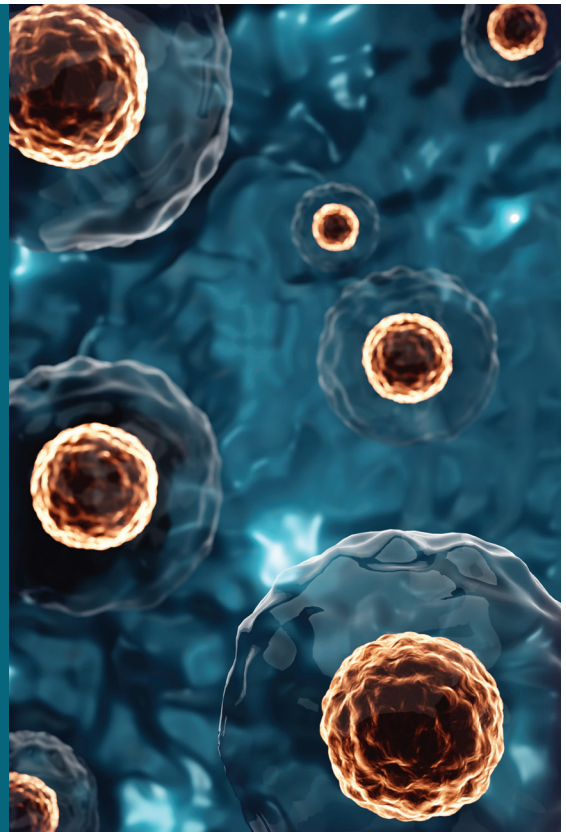
Number of people who start wet AMD treatment with "good" vision and still have "good" vision a year later. Early treatment is key to maintaining vision.

SOURCE: Royal College of Ophthalmologists

A FRESH START

In wet AMD, abnormal blood vessels grow in the eyes and leak blood and fluid, damaging the retina and causing vision loss. But what if you could remove those blood vessels and have new cells put in? A team of researchers is pioneering a technique that would do just that. Testing the technique on 10 people with wet AMD, the researchers attempted to surgically remove entire patches of irregular blood vessels and then replaced the tissue with brand new retinal cells made from stem cells. When they successfully removed all the abnormal blood vessels before transplanting the new cells, people's retinal structure improved and vision remained stable or got better over the next year.

SOURCE: *Stem Cell Reports*



 **LISTEN TO THIS!**

UNDERSTANDING WET AMD

Learn the basic facts
about your eye disease

By Rachel Reiff Ellis

Reviewed by Timothy Murray, MD, WebMD Medical Reviewer

Age-related macular degeneration (AMD) is a condition that, when advanced, damages your macula, the central part of the back of your eye (the retina). This is the part of your eye that gives you clear, sharp vision. You need your macula for seeing fine details during daily activities like reading, recognizing faces, and driving.

The damage to your macula from AMD blurs your central vision. When the disease

progresses untreated to an advanced stage, some people can lose their central vision completely.

WHAT'S "WET" ABOUT IT?

There are two types of AMD: dry and wet. Dry AMD causes a buildup of small deposits called drusen in your macula. Wet AMD causes the growth of abnormal blood vessels under or in your retina that leak blood and fluid into your macula.

"[This] can lead to scar tissue formation, all of which can damage the central vision," says Emily Y. Chew, MD, National Institutes of Health distinguished investigator and director of the Division of Epidemiology and Clinical Applications at the National Eye Institute (NEI) in Bethesda, MD.

Wet AMD is a late-stage disease and typically causes faster vision loss than dry AMD. If you have dry AMD, it can turn into wet AMD, but not the other way around.

COMMON SYMPTOMS

When you have wet AMD, you may notice:

- + Straight lines look wavy or crooked
- + A blurry area in the center of your vision
- + Blank spots in your vision
- + Colors are duller
- + You have trouble seeing in low light

HOW COMMON IS IT?

Wet AMD is not as common as dry AMD. About 10% to 15% of all AMD cases are the wet form. But although fewer people get it, it's much more serious. With wet AMD, you're at a higher risk of significant vision loss, especially if you don't treat the disease.

"In the overall landscape of age-related eye conditions, wet AMD is a relatively rare but serious threat to vision," says Tiarnán Keenan, MD, PhD, Stadtman Investigator in the Division of Epidemiology and Clinical Applications at the NEI in Bethesda, MD.

"Because of the risk of rapid and pronounced vision loss, it is essential for those diagnosed with AMD—particularly those with dry AMD who may be at risk of progression to wet AMD—to receive regular eye exams."

WHAT'S THE OUTLOOK?

While there's no cure for wet AMD, treatment can help preserve, and even improve, your remaining vision and

prevent further damage. The primary treatment for wet AMD is medication a doctor injects directly into your eye with a small needle.

Wet AMD can lead to severe central vision loss, but Chew says it typically doesn't cause total blindness.

"Most people with wet AMD retain their peripheral vision, meaning they can still detect movement and see things out of the corner of their eye," Chew says. "However, central vision loss from wet AMD can make it challenging to read, recognize faces, and perform other tasks that require detailed sight."

With early intervention, treatment, and low-vision aids, many people with wet AMD can live independently and continue activities they enjoy.

WHO'S MORE LIKELY TO GET WET AMD?

Emily Y. Chew, MD, lists risk factors for the disease.

- + Older age
- + Family history of AMD
- + Race (higher rates in White adults)
- + Smoking
- + Diet (foods high in antioxidants and omega-3s lower your risk)
- + Poor cardiovascular health

 **LISTEN TO THIS!**

TREATMENT ADHERENCE

Sticking to your wet AMD management plan matters

By Rachel Reiff Ellis

Reviewed by Timothy Murray, MD, WebMD Medical Reviewer

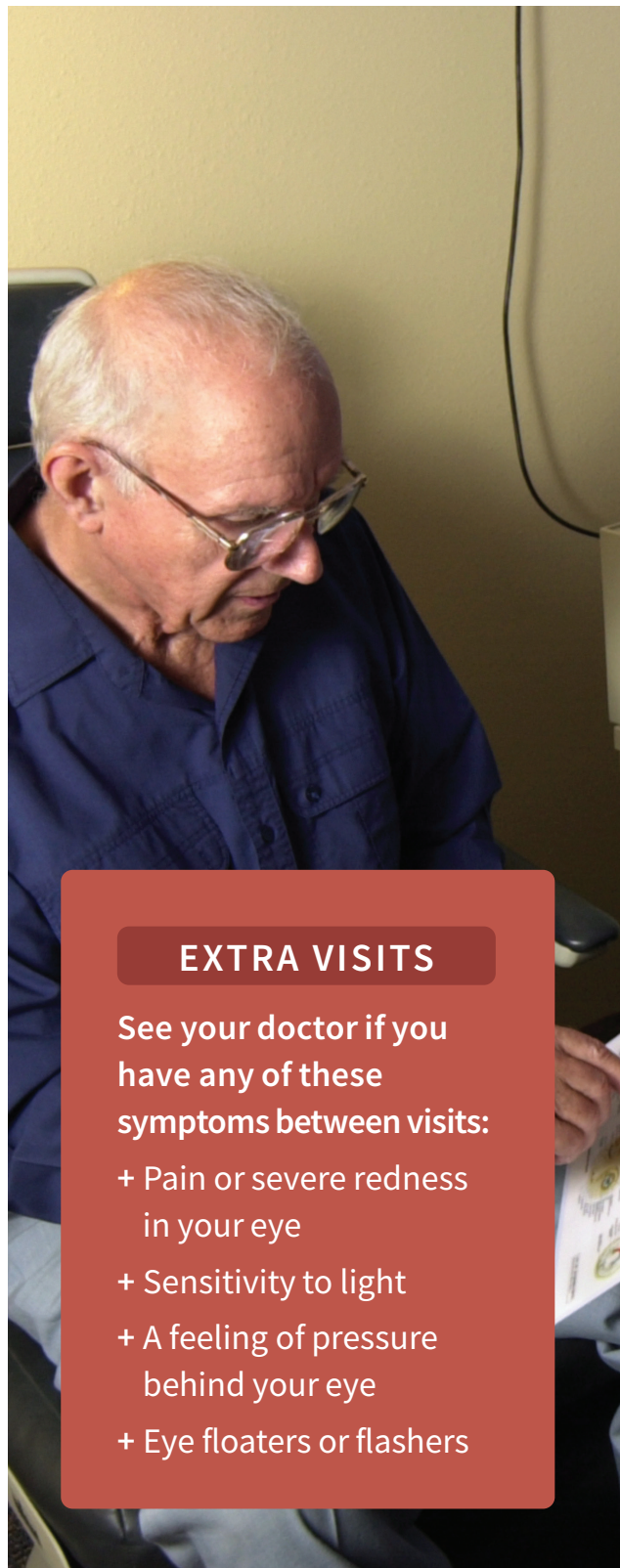
No matter what disease you're treating, following doctor's orders for screening, medication, or other therapies is vital for getting the best outcome. This is especially true when you have wet AMD. Your outcomes improve—and you can preserve more of your vision—when you stay on schedule with your treatment visits.

AN OUNCE OF PREVENTION

A recent study in *JAMA Ophthalmology* shows 18% to 57% of people with AMD miss their ophthalmology appointments. What's more, the study showed that even missing one appointment can make a negative impact on your vision when you have AMD.

Treatment for your disease involves a physical injection in your eye that only an ophthalmologist can do in their office, and when you skip it, you're risking further vision loss.

“Just like blood pressure medications, for example, the drug must be delivered at certain



EXTRA VISITS

See your doctor if you have any of these symptoms between visits:

- + Pain or severe redness in your eye
- + Sensitivity to light
- + A feeling of pressure behind your eye
- + Eye floaters or flashers



THINKSTOCK/VIA GETTY IMAGES

BARRIERS TO CARE

Purnima S. Patel, MD, lists common reasons she sees for missed treatments.

- + Difficulty with transportation to frequent visits
- + Trouble coordinating visits with work and/or work-related travel
- + Feeling bothered by post-injection pain or irritation

intervals to assure its efficacy,” says Ninel Z. Gregori, MD, spokesperson for the American Academy of Ophthalmology and an ophthalmologist at the University of Miami Bascom Palmer Eye Institute in Florida.

Consistency is key. The goal is to keep fluid buildup at bay to avoid worsening symptoms.

HOW WET AMD ADVANCES

Wet AMD is a late stage of the disease and progresses faster than dry AMD. When you don’t treat wet AMD, you may start to notice the effects quickly.

“The natural course of wet AMD without treatments is typically severe loss of central vision, and this can significantly impact daily activities such as reading, driving, and working on the computer or iPad,” says Purnima S. Patel, MD, spokesperson for the American Academy of Ophthalmology and ophthalmologist at ORA Vision Laser Surgery Center in Norcross, GA.

Consistent treatment with injection medication can stop and even reverse vision loss in some cases, so make a plan and commit to prioritizing visits to help preserve your eyesight.

 **LISTEN TO THIS!**

MY LIFE WITH WET AMD

**I am grateful for treatment
and to be able to see**

By Anita Lambert

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

My mother had macular degeneration, and I knew it had a hereditary component. One day I woke up and my vision was distorted. I had been living with dry AMD for over a year when, one morning, I discovered that my left eye had gone black. I knew immediately it was wet AMD.

I called my ophthalmologist and got sent to the retinal specialist right away. They took me right in and said there was only one way to treat this. They said it would have to be done that day and every few weeks after that. I started the injections into my affected eye.

RESTORING VISION

The treatment started working from day 1. My doctor explained it wouldn't be instantaneous, but over several days, the drug dried up those leaky blood vessels behind my retina. The blood gets reabsorbed, just like if you've got a black

and blue mark on your skin. Within two weeks, my vision was restored.

I have a clear field of vision now. I go less often for the injection than I did at first, but the treatment is for life.

MODIFICATIONS AND MUCH GRATITUDE

My distance vision isn't good. To see close-up, I need a light source over my shoulder. To read, I take my glasses off and bring the page about



JOHNER IMAGES/VIA GETTY IMAGES;
INSET PHOTOGRAPHY BY BRIGHTFOCUS FOUNDATION



8 to 12 inches from my face. But I can read. I can write my checks and see the television. Sometimes my vision isn't sharp, but I'm grateful to be able to see. When I look at anything that's straight, like the edge of a door, I see waves. I have some vision distortion, but I have vision.

We have this treatment because of all the people who agreed to participate in the clinical trials. Treatment isn't easy. It can be unnerving. But I'm so thankful we have this prescription that can help some people improve or even restore some of their lost vision. I still shake when I go into the office, but I realize it's a miracle. It's a miracle technique thanks to whoever these brilliant researchers and companies were who thought to do this.

ANITA'S TIPS



Make sure you have an ophthalmologist you trust and see regularly.



Put an Amsler grid on your refrigerator and look at it daily, so you'll know if your AMD is getting worse.



If you have other risk factors, manage them. Don't smoke, manage high blood pressure, and stay out of the sun or wear sunglasses.

 **LISTEN TO THIS!**

MANAGING THE EMOTIONAL TOLL OF WET AMD

How to get help for depression or other difficult emotions

By Kendall K. Morgan

Reviewed by Timothy Murray, MD, WebMD Medical Reviewer

Depression is common when you have age-related macular degeneration (AMD), and the risk goes up as you lose vision. Avnish Deobhakta, MD, an ophthalmologist at the New York Eye and Ear Infirmary of Mount Sinai in Brooklyn, advises being up-front with your eye or retina specialist about any emotional struggles you're having.

"When patients come in for treatment, I ask how they are feeling and if they are functionally getting around," Deobhakta says. "Many patients come in and don't realize or aren't primed to talk about how this is affecting them in a functional and emotional way."

SEE A LOW-VISION SPECIALIST

Even if you aren't clinically depressed, you're likely to have a wide range of difficult emotions, including grief, anxiety, and frustration. To the extent your emotions are tied to changes in your vision, a low-vision specialist can help, Deobhakta says. For example, they can assist you with reading or in using

your smartphone or other devices.

"Low-vision specialists can help low-vision patients come up with a plan to address all the tools that they might need to be independent while still having vision loss," says Preeti Subramanian, PhD, director of vision science research at BrightFocus Foundation in Clarksburg, MD, a nonprofit dedicated to brain and eye health.





SIGNS YOU MAY NEED HELP FOR YOUR MENTAL HEALTH INCLUDE:

- + Mood swings
- + Isolating yourself from friends or family
- + Feeling sad, hopeless, depressed, or frustrated regularly
- + Worrying constantly
- + Trouble sleeping
- + Loss of appetite

FIND COMMUNITY

In addition to doctors and other specialists, look for a community of people who have similar experiences due to wet AMD or another eye condition. Subramanian notes that BrightFocus has a monthly AMD Community Circle ([BrightFocus.org/Get-Involved/AMD-](https://www.brightfocus.org/Get-Involved/AMD-)

Community-Circle) where you can come together virtually to learn how others have coped. She suggests asking your doctor about local support groups dedicated to AMD or vision loss, too.

BUILD A TEAM

Especially if you're experiencing extreme sadness or depression, Deobhakta encourages seeking help from a mental health professional. Bring in your primary care doctor and others for a well-connected approach to managing your wet AMD and its emotional toll.

"AMD isn't just a retinal disease—it's also psychological," Deobhakta says. If you lose function, there is the functional disability, but remember the possible emotional toll. This needs a team-based approach, he adds.

LISTEN TO THIS!

MY TREATMENT JOURNEY

You have one pair of eyes. Take care of them.

By Catherine Ludwig Donleycott

Reviewed by Neha Pathak, MD,
WebMD Chief Physician Editor

As an artist, two things are important—my hands and my eyes. I have to keep both working well to do what I love.

CHANGING COLORS

Some difficulty reading a menu and a blurry spot in my right eye were signs that something wasn't right with my vision. I'm so glad I scheduled an eye appointment right away.

I thought it was just something wrong with my glasses. I happened to get an appointment right before they were closing for the holidays. My ophthalmologist told me my dry AMD had progressed to wet AMD and I needed to get injections put into my eye right there while I was in the office!

It all started to make sense. I was having trouble seeing the different colors for a particular tree I was trying to paint for a piece called "Sail Away with Me."

A NEW PICTURE

Today, my wet AMD is in both eyes and is managed by injections every few weeks. I've had some surgeries to address other eye issues, but despite it all, I'm still standing at 82 and still painting! I have more than 400 pieces of art online. I even teach watercolor at a local senior center. I stay physically active by gardening. I'm grateful I can still drive safely, and I am grateful for friends. What's more, I'm not afraid to ask for help. When I'm in public, I'll ask someone if the ground has a step or is flat. It can be hard to tell.

CATHERINE'S TIPS



- Don't wait when you notice vision changes. Make an appointment with your eye doctor right away.
- Call the drug company to ask questions about side effects.
- Be open to clinical trials.

INSET PHOTO COURTESY OF CATHERINE DONLEYCOTT