

# Letters to the Editor



## Classification of Age-Related Macular Degeneration vs. Age-Related Maculopathy

Dear Editor,

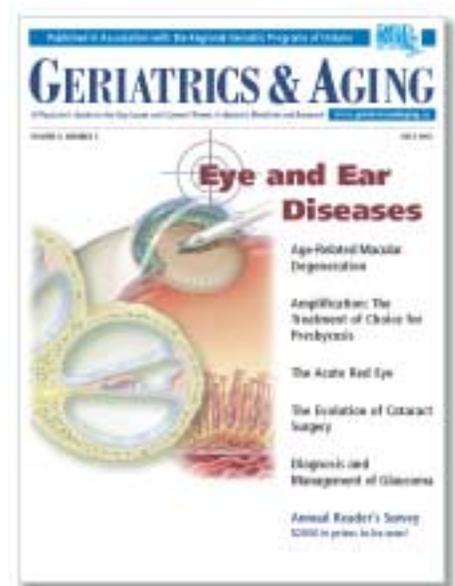
In the article "Age-Related Macular Degeneration: An Update on Nutritional Supplementation" (May 2003, Vol. 6, No. 5), the classification of macular degeneration stages may not be entirely accurate—at least it deviates from what is now accepted as standard classification in the major clinical trials. There is consensus that soft drusen represent age-related maculopathy, not macular degeneration. Geographic atrophy characterizes dry macular degeneration, while choroidal neovascular membranes and disciform scar characterize wet macular degeneration.

Sandeep Jain, MD  
Instructor in Ophthalmology,  
Harvard Medical School, Boston, MA, USA

Dr. Sohel Somani, author of the article "Age-Related Macular Degeneration: An Update on Nutritional Supplementation", responds:

I appreciate the opportunity to respond to Dr. Sandeep Jain's comments on the classification scheme of Age-Related Macular Degeneration (ARMD). While most would agree that geographic atrophy represents late dry ARMD, there is no clear consensus in the literature on how to classify drusen and retinal pigment epithelial changes. Some studies classify them as a mild to moderate dry macular degeneration, while others classify them as age-related maculopathy.

The classification scheme used in the *Geriatrics & Aging* article is similar to that used by The Age-Related Eye Disease Study Group (AREDS).<sup>1</sup> Namely, this group classified ARMD into four levels depending on the type and extent of drusen, as well as the presence of geographic atrophy and



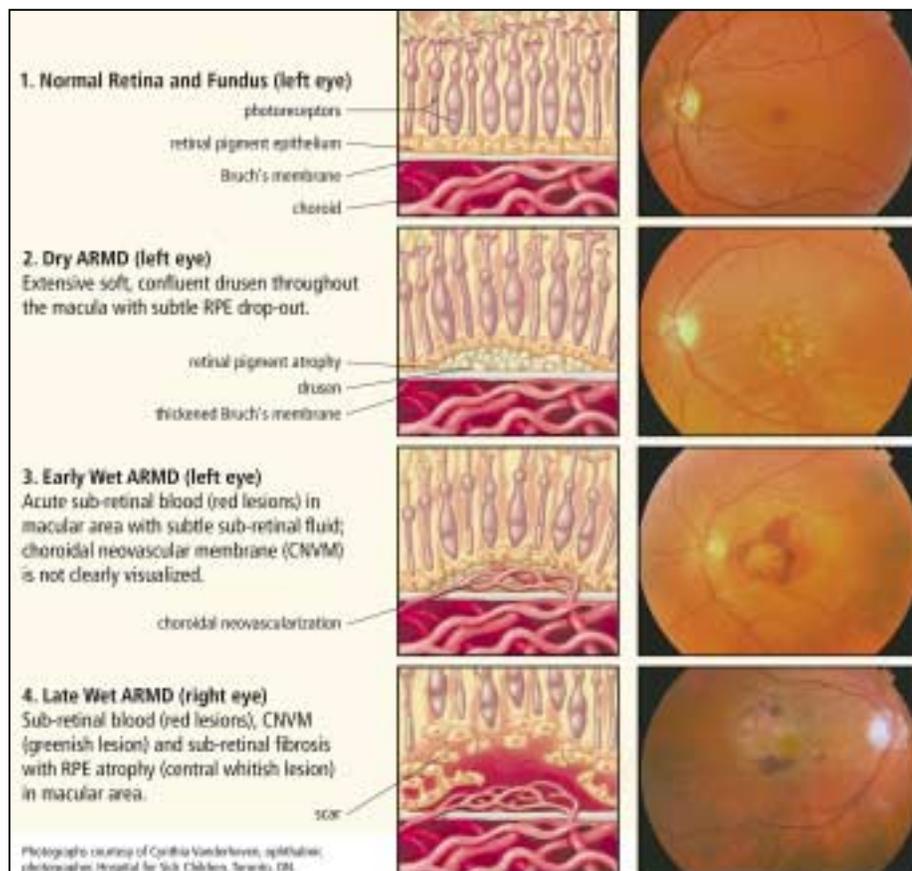
neovascular changes. In this scheme, small soft drusen, in the absence of geographic atrophy, would be classified as Level 1 ARMD. In contrast, other studies would call these changes early age-related maculopathy.<sup>2</sup>

Hopefully, the differing terminology that may be encountered in various articles to describe early age-related macular pathology (i.e., degeneration vs. maculopathy) does not detract from the underlying point of the article; namely, to consider vitamin supplementation in those patients who meet the AREDS criteria.

Sohel Somani, MD  
Medical Retina Fellow,  
University of Toronto, Toronto, ON.

## References

1. The Age-Related Eye Disease Study Research Group. The Age-Related Eye Disease Study system for classifying age-related macular degeneration from stereoscopic color fundus photographs: the Age-Related Eye Disease Study Report Number 6. *Am J Ophthalmol* 2001;132:668-81.
2. Bird AC, Bressler NM, Bressler SB, et al. An international classification and grading system for age-related maculopathy and age-related macular degeneration. *Surv Ophthalmol* 1995;39:367-74.



## Etiology of and Possible Therapies for Tinnitus

Dear Editor,

The article "The Management of Tinnitus" (June 2003, Vol. 6, No. 6) did not mention that one possible cause of tinnitus may be a vitamin B<sub>12</sub> deficiency.<sup>1</sup> Given that B<sub>12</sub> deficiency is thought to affect up to 12% of older people,<sup>2</sup> a therapeutic trial of vitamin B<sub>12</sub> may be worthwhile even when the serum B<sub>12</sub> level is not clearly subnormal, as more definitive tests of B<sub>12</sub> deficiency, such as homocysteine or methylmalonic acid, are not always available.

Henry Olders, MD, FRCPC (Psychiatry),  
Assistant Professor,  
Faculty of Medicine, McGill University  
Associate Psychiatrist,  
SMBD-Jewish General Hospital,  
Montreal, QC.

### References

1. Shemesh Z, Attias J, Ornan M, et al. Vitamin B<sub>12</sub> deficiency in patients with chronic-tinnitus and noise-induced hearing loss. *Am J Otolaryngol* 1993;14:94-9.
2. Lindenbaum J, Rosenberg IH, Wilson PW, et al. Prevalence of cobalamin deficiency in the Framingham elderly population. *Am J Clin Nutr* 1994;60:2-11.

Dr. John P. Preece, co-author of the article "The Management of Tinnitus", provides the following response:

We thank Dr. Olders for bringing up the possible relation between vitamin B<sub>12</sub> deficiency and tinnitus. Vitamin B<sub>12</sub> deficiency has been implicated in a number of neurological deficits, including tinnitus.<sup>1,2</sup> Since, as Dr. Olders notes, vitamin B<sub>12</sub> deficiency is common in the older population, this link deserves further examination. Since none of us are physicians, we take no position on the value of a therapeutic trial with vitamin B<sub>12</sub>.

John P. Preece, PhD,  
Associate Professor,  
Communicative Disorders,  
University of Rhode Island Kingston,  
RI, USA  
Signed for co-authors R.S. Tyler, PhD  
and W. Noble, PhD

### References

1. Dharmarajan TS, Adiga GU, Norkus WP. Vitamin B<sub>12</sub> deficiency. Recognizing subtle symptoms in older adults. *Geriatrics* 2003;58:30-4;37-8.
2. Scherer K. Images in clinical medicine. Neurologic manifestations of vitamin B<sub>12</sub> deficiency. *N Engl J Med* 2003;348:2208.

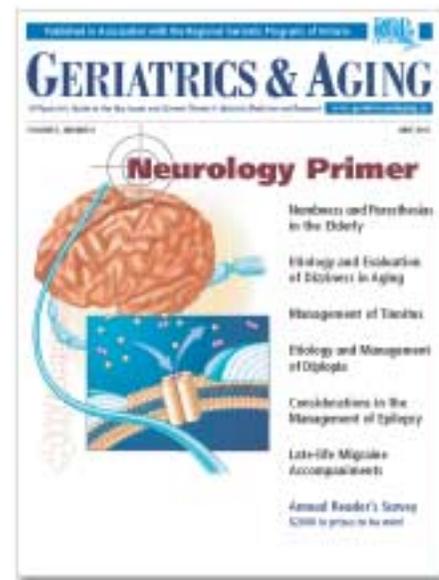
Dear Editor,

A host of electromagnetic stimulation therapies that goes back over 200 years was not mentioned in the article "The Management of Tinnitus" (June 2003, Vol. 6, No. 6). In recent years, cranio-electrical stimulation has proved successful in some types of tinnitus. Most recently, rTMS (repetitive transcranial magnetic stimulation), which has been very successful in drug-resistant depression, has shown potential. Admittedly, it is difficult to rule out a placebo effect and one has to be wary of spurious devices and extravagant claims. A thorough review of these techniques may be found in the forthcoming book *Bioelectromagnetic Medicine*, to be published by Marcel Dekker, Inc. later this year (<http://www.dekker.com/servlet/product/productid/4700-3>).

Paul J. Rosch, MD,  
Clinical Professor of Medicine and  
Psychiatry,  
New York Medical College,  
New York,  
President of The American  
Institute of Stress,  
Yonkers, NY, USA

Drs. Preece, Tyler and Noble reply:

The length constraints of the journal kept us from being truly comprehensive in our review of tinnitus. Dr. Rosch correctly reminds us that there have been many attempts at electromagnetic stimulation therapy over the years. We agree that rTMS appears to be a promising approach, at least for a subset of tinnitus sufferers. We look forward to the book that he mentioned. Plewnia, et al. have published a controlled clinical trial with 14



patients that showed significant results.<sup>1</sup>

John P. Preece, PhD  
Richard S. Tyler, PhD,  
Professor, Speech Pathology and  
Audiology and Otolaryngology,  
Head and Neck Surgery, University of  
Iowa, Iowa City, IA, USA  
William Noble, PhD,  
Professor, Psychology,  
University of New England,  
NSW, Australia

### Reference

1. Plewnia C, Bartels M, Gerloff, C. Transient suppression of tinnitus by transcranial magnetic stimulation. *Ann Neurol* 2003;53:263-6.

## We Value Your Feedback!

Please send opinions and comments to  
*Geriatrics & Aging*  
20 Eglinton Ave. W.,  
Suite 1109, Box 2083,  
Toronto, ON  
M4R 1K8  
Fax: (416) 480-2740  
email: [info@geriatricsandaging.ca](mailto:info@geriatricsandaging.ca)  
[www.geriatricsandaging.ca](http://www.geriatricsandaging.ca)