laser treatment that accumulate preferentially in neovascular membranes [3]. Despite encouraging results these therapeutic options are much less used because they target only end-stage of the disease and do not act on its progression.

Anti-VEGF drugs are now the standard of care of the choroidal neovascularization pathogenesis. There are actually several VEGF inhibitors marketed for this indication: pegaptanib, ranibizumab, aflibercept, in addition to bevacizumab commonly used as an alternative off-label treatment. Use of these treatments is associated with significant visual stabilization and improvement. There are however two major issues: the need for a rigorous monthly administration, increasing the risk of complications such as endophthalmitis and the long-term safety issue of VEGF inhibitors that may potently enter the systemic circulation after ocular injection, especially bevacizumab and ranibizumab, leading to higher risk of vascular events. Much effort has focused on improvement of anti-VEGF treatments protocols in order to reduce the frequency of injections. As an example, the combination of anti-VEGF therapies together with photodynamic therapy and corticosteroids have been proposed, but recent results report insignificant improvements [4,5].

There is currently no treatment that stops or even slows down progression of the dry AMD. Many strategies are being tested in clinical trials. They aim at targeting either retinal toxins or complement or trophic factor supplementation or oxidative stress or inflammation.

There are obvious unmet medical needs concerning AMD treatments since non-fully satisfying treatments are available.

## SUMMARY OF INVENTION

In one aspect of the present disclosure, there is provided a use of a composition comprising baclofen and acamprosate, or salt(s) or prodrug(s) or derivative(s) or sustained release formulation(s) thereof, said prodrug(s) having a X-drug structure, wherein X is an inert carrier moiety and the drug is either baclofen or acamprosate, said derivative(s) having a Tanimoto similarity index greater than 0.4 with either baclofen or acamprosate, in the manufacture of a medicament for treating or preventing a macular degeneration disorder in a subject in need thereof, or for inhibiting or stopping the progression of said disorder.

In another aspect, there is provided a use of baclofen, or a salt, prodrug, derivative or sustained release formulation thereof; in combination with at least acamprosate, or a salt, prodrug, derivative or sustained release formulation thereof, said prodrug having a X-drug structure, wherein X is an inert carrier moiety and the drug is either baclofen or acamprosate, said derivative having a Tanimoto similarity index greater than 0.4 with either baclofen or acamprosate in the manufacture of a medicament for treating or preventing a macular degeneration disorder in a subject in need thereof, or for inhibiting or stopping the progression of said disorder.

It is an object to provide a treatment for macular degeneration disorders. More precisely, this invention relates to compositions and methods for treating macular degeneration disorders based on the use of baclofen and acamprosate.

As shown in this application, the disclosed methods and compositions allow an unexpected and remarkable improvement in physiological ailments of the eyeball that are implicated in the etiology of several degenerative disorders of the macula. In

CLAIMS

1. Use of a composition comprising baclofen and acamprosate, or salt(s) or prodrug(s) or derivative(s) or sustained release formulation(s) thereof, said prodrug(s) having a X-drug structure, wherein X is an inert carrier moiety and the drug is either baclofen or acamprosate, said derivative(s) having a Tanimoto similarity index greater than 0.4 with either baclofen or acamprosate, in the manufacture of a medicament for treating or preventing a macular degeneration disorder in a subject in need thereof, or for inhibiting or stopping the progression of said disorder.

2. The use according to claim 1, wherein the macular degeneration disorder is selected from dry or wet Age-related Macular Degeneration (AMD), Stargardt disease, early or adult onset vitelliform macular dystrophies, and diabetic neuropathy.

3. The use according to claim 1 or 2, wherein the subject has been diagnosed as bearing drusen or retinal pigmentory changes.

4. The use of any one of the preceding claims for preventing the evolution from early AMD to wet or dry forms of AMD in a patient in need thereof.

5. The use of any one of the preceding claims wherein the subject is experiencing retinal degeneration or abnormal ocular angiogenesis.

6. The use of any one of the preceding claims, wherein the medicament further comprises a pharmaceutically acceptable carrier or excipient.

7. The use of any one of the preceding claims, wherein the compounds in said medicament are formulated or administered together, separately or sequentially.

8. The use of any one of the preceding claims, wherein said medicament is administered repeatedly to the subject.

9. The use of any one of the preceding claims, wherein a calcium salt of acamprosate is used.

10. Use of baclofen, or a salt, prodrug, derivative or sustained release formulation thereof; in combination with at least acamprosate, or a salt, prodrug, derivative or sustained release formulation thereof, said prodrug having a X-drug structure, wherein X is an inert carrier moiety and the drug is either baclofen or acamprosate, said derivative having a Tanimoto similarity index greater than 0.4 with either baclofen or acamprosate, in the manufacture of a medicament for treating or preventing a macular degeneration disorder in a subject in need thereof, or for inhibiting or stopping the progression of said disorder.