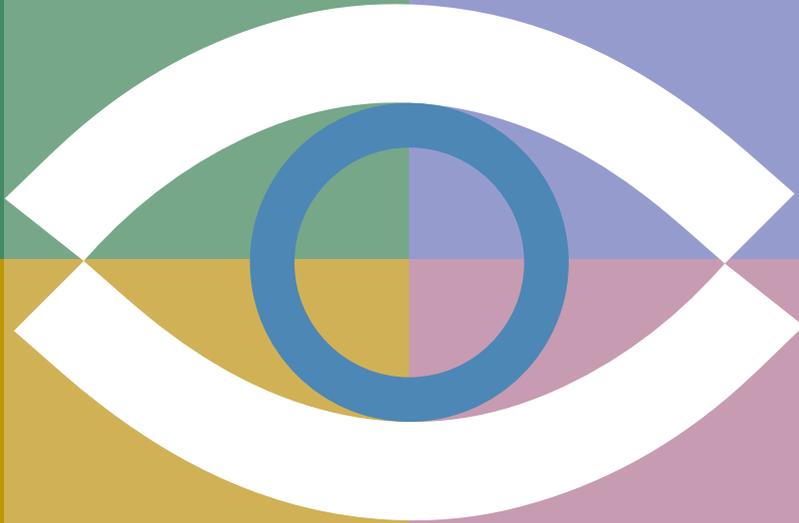


Screening saves sight



The importance of regular
testing for diabetic retinopathy



International
Diabetes
Federation



The Fred Hollows
Foundation



VISION ACADEMY



What is diabetic retinopathy?

The only way of knowing whether you have diabetic retinopathy is by having an eye examination



How can diabetic retinopathy affect your vision?

- 👁️ Diabetic retinopathy can result in patches of vision loss, blurry vision, cloudy vision, or colors that look washed out or faded
- 👁️ These problems may be avoided if retinopathy is detected early

👁️ 1 in 3 people with diabetes will develop retinopathy in their lifetime



👁️ It is caused by high blood sugar which damages the vessels that supply blood to the retina in the back of the eye

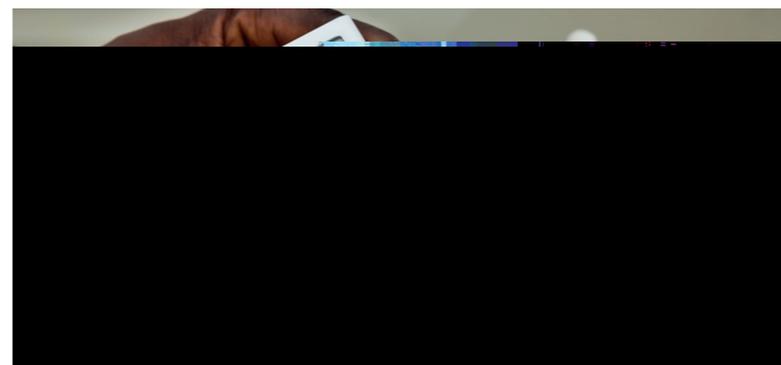
👁️ At first, diabetic retinopathy may cause few or mild symptoms, but as the disease progresses, it can lead to blindness

👁️ **Non-proliferative diabetic retinopathy** – the early stage of diabetic retinopathy where damage to the small blood vessels leads to leakage of fluid and tiny hemorrhages into the retina

👁️ **Proliferative diabetic retinopathy** – a more advanced stage of diabetic retinopathy where new blood vessels can grow, leading to bleeding within the eye, scarring and other complications. This stage can cause severe vision loss

👁️ **Diabetic maculopathy** – this stage affects the central part of the retina – the macula – which is important for central vision. The most common form is diabetic macular edema (DME) which can be associated with severe vision loss

Normal vision



Possible effects of DME



Regular eye screening is an essential part of diabetes care

What does the examination involve?



When should I get my eyes examined?

- 👁️ The test itself is **quick and typically painless**
- 👁️ The procedure is different from a vision test. An eye specialist will use specialized equipment to look at the back of the eye, or a suitably hyphen trained person will use a camera to take digital photos of the retina
- 👁️ Drops are generally applied to the eye to dilate the pupil for a better view of the retina



TYPE 1 DIABETES

Within 5 years of your diagnosis

TYPE 2 DIABETES

As soon as possible after your diagnosis



These examinations should be repeated every 1–2 years, or more often if your eye specialist recommends it

Eye screening every

1-2 years

is essential to detect diabetic retinopathy

Optimal diabetes control reduces your risk of blindness from retinopathy

- 👁️ Keeping your blood sugar levels as normal as possible has been shown to greatly reduce the risk of developing complications such as diabetic retinopathy
- 👁️ Blood pressure and cholesterol levels should also be checked regularly, and medicine may be prescribed if necessary

Keeping these under control is an important part of **managing diabetes**



Ask your doctor about ways to improve your **blood sugar** and **blood pressure** control

- 👁️ If your diabetes is not well controlled, learning how to eat more healthily and understanding which foods affect your blood sugar levels can help
- 👁️ Attending a support group or education program is a good way of learning and maintaining these skills

Managing your diabetes well is important to prevent diabetic retinopathy



Treatments are available if diabetic retinopathy is detected early

- 👁️ If retinopathy is detected, your eye specialist will recommend treatment depending on how advanced the disease is
- 👁️ This may involve focusing on improving blood sugar control, blood pressure, and cholesterol levels in the early stages
- 👁️ However, if the disease is more advanced, they may recommend treatment

Most common treatments for diabetic retinopathy / DME

- 👁️ Traditionally, **laser therapy** has been available for diabetic eye disease and is sometimes still used, where a tiny laser is used to seal leaking blood vessels and stop the growth of new vessels
- 👁️ **Anti-VEGF therapy** is increasingly used in DME, where the treatment is injected into the eye. These drugs can prevent vision loss and, in some cases, improve vision if used early enough in the course of the disease

Questions for your **FAMILY DOCTOR** or **DIABETES DOCTOR**

- 👁️ What is my risk of developing diabetic retinopathy?
- 👁️ How do I find out where I can get my eyes screened?
- 👁️ What should I do if I notice changes in my vision?
- 👁️ How can I control my blood sugar, blood pressure, and blood lipids to reduce my chance of developing diabetic retinopathy?

Questions for your **EYE SPECIALIST**

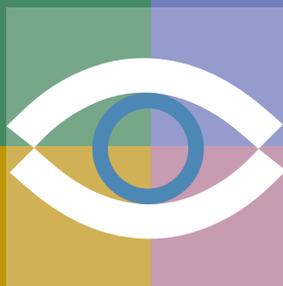
- 👁️ What kind of examination will I have? Do my eyes need to be dilated?
- 👁️ When and how will I find out the results of my examination?
- 👁️ If I don't have retinopathy, when should I return for my next examination?
- 👁️ If I have retinopathy, what are the next steps?



Talking to your doctor about diabetic retinopathy

There are steps you can take to help protect your eyes

- 👁️ Ask your family doctor or diabetes doctor about your risk of retinopathy
- 👁️ Keep control of your blood glucose levels and blood pressure
- 👁️ Regularly visit an eye specialist to have your eyes checked



You can find out more about diabetic retinopathy at www.idf.org/eyehealth, www.hollows.org and [www.noweyeknow.com/diabetic macular-edema](http://www.noweyeknow.com/diabetic-macular-edema)

Funded and supported by Bayer

