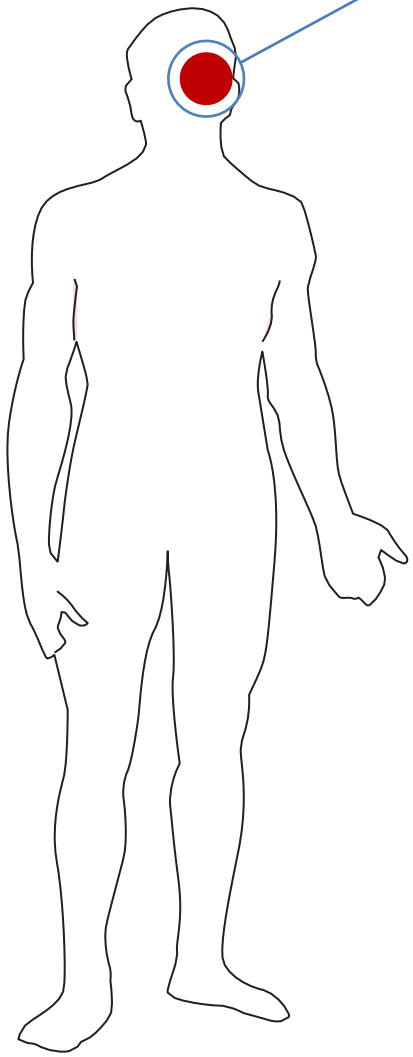
DIABETES – PREVENTING EYE COMPLICATIONS

The North West London health and care partnership



RETINOPATHY

NSF KEY INTERVENTION

Regular surveillance for diabetic retinopathy in adults with Diabetes and early laser treatment of those identified as having sight threatening retinopathy can reduce the incidence of new visual impairment and blindness in people with Diabetes.

SCREENING

Ensure that all people (including those blind and partially sighted) with Type 2 Diabetes (from diagnosis) and those with Type 1 (from 12 months after diagnosis) > 12 yrs old are referred to and followed up with retinal screening using the CCG-commissioned community retinal screening programme.

BACKGROUND POINTS

- Diabetic retinopathy is the most common cause of blindness in people of working age. (1)
- Poor mental wellbeing may put people at greater risk through poor self-care -screen for depression, anxiety, diabetes distress, cognitive impairment
- About 26% of Type 2 diabetics have retinopathy at diagnosis.(2)
- Progresses over the years: after 15 years, at least two thirds of people may have background retinopathy.

MANAGEMENT OF RETINOPATHY

Optimisation of BP (<130/80), lipids and glycaemic control are of paramount importance.

Those at highest risk of progression are those with rapid improvement in blood glucose control, presence of raised blood pressure or renal disease.

There is clear evidence that long-term lipid-lowering treatment can reduce retinopathy progression in Type 2 DM.

Fenofibrate

The FIELD study (fenofibrate alone) and a sub analysis of the ACCORD study (fenofibrate as add-on to statin) demonstrated a reduction in need for first laser treatment by 30-40% as well as slowing progression of diabetic retinopathy

Atorvastatin

A much smaller possible beneficial effect for atorvastatin was seen in the CARDS study

ALGORITHM FOR THE PRIMARY CARE MANAGEMENT OF EYE SYMPTOMS IN TYPE 2 DIABETES

Sudden loss of vision	Sudden drop in visual acuity Diffuse reddening of the iris Irregular pupil Corneal haze Painful eye	Subacute drop in visual acuity (over days-weeks)	Gradual worsening of symptoms since last examination	Minimal or background retinopathy
Possible cause				
Retinal detachment	Pre-retinal and/or vitreous haemorrhage Rubeosis iridis	Macular oedema Preproliferative or severe retinopathy	Worsening of retinopathy	
Referral/management				
Emergency referral to Ophthalmologist / Eye Casualty Same day referral	**Urgent referral to Ophthalmologist** Referral within 1 week	**Referral** Arrange referral for specialist opinion within 4 weeks	**Early review** Arrange recall and review every 3-6 months	**Yearly review**

All people with Diabetes should be on a register and minimum data should include annual measures for microvascular disease. Please see Cardiovascular Risk for additional requirements.

1. Audit Commission 2000. Testing Times: A Review of Diabetes Services in England and Wales.
2. Thomas RL, et al. Incidence of diabetic retinopathy in people with Type 2 Diabetes mellitus attending the Diabetic Retinopathy Screening Service for Wales: retrospective analysis. BMJ. 2012;344:e874.