

# LIVING with DM

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## Why are eye tests important for patients with diabetes?


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The retina, located at the back of the eye, is the organ responsible for vision.

It can be affected by diabetes, with diabetic retinopathy being one of the most common complications.

### What is diabetic retinopathy and what should I be aware of?

- ★ Diabetic retinopathy is the **most common cause of working-age blindness** in developed countries.
- ★ It is a **diabetes-specific complication**, affecting the small vessels and nerves of the retina.
- ★ **Retinal eye examinations** must be done to diagnose diabetic retinopathy before it starts to affect your vision.
- ★ These examinations consist of a **retinography**, that is, a photograph of the retina.
- ★ Drops to dilate the pupil are not **usually necessary** for a retinography.
- ★ If you have had drops to dilate your pupils, your vision may **be blurred** for the next few hours and you should avoid driving.
- ★ If the retinography cannot provide a good image of the retina, or a lesion compatible with diabetic retinopathy has been detected, the Ophthalmology Department will need to carry out a **more complete examination of the entire retina**.
- ★ If you are diagnosed with mild or moderate diabetic retinopathy, it is **important to improve your glycaemic control** to prevent it from getting worse over time.
- ★ In some cases of mild diabetic retinopathy, the lesions may disappear if **good metabolic control** is achieved.
- ★ In the case of more advanced retinopathy, you should improve glycaemic control, but **more gradually**, as there is a risk of worsening the lesions if glucose levels drop suddenly.
- ★ When the retina is affected and vision is at risk, **the Ophthalmology Department can apply treatments (laser or intraocular injections)** to prevent vision loss.

**The most important thing is to avoid reaching these stages of the disease, ensuring good glycaemic control and having regular eye examinations.**



## Remember...

- It is currently recommended to start **eye examinations** as soon as the disease is diagnosed (in the case of type 2 diabetes mellitus) or 5 years after the diagnosis of diabetes mellitus (in the case of type 1 diabetes mellitus).
- The frequency of eye examinations will vary **between 1 and 2 years**, depending on how long the diabetes has been present and if you have any lesions at this level.
- The presence of diabetic retinopathy is a **predictor of cardiovascular risk**, so it is also important **to maintain a suitable body weight, and control blood pressure and cholesterol.**