## **Brief Communication - 1**

## Diabetic Retinopathy: What is the Physician's Role

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Diabetic retinopathy (DR) is a vascular disorder affecting the microvasculature of the retina. It is estimated that diabetes mellitus affects 4 percent of the world's population, almost half of whom have some degree of DR at any given time<sup>1</sup>. DR occurs both in type 1 and type 2 diabetes mellitus and has been shown that nearly all type 1 and 75 per cent of type 2 diabetes will develop DR after 15 yr duration of diabetes as shown in earlier epidemiological studies.<sup>2,3</sup>

Physicians Role: Regular eye check-up is a must and best way is to examine the fundus after dilating the pupils.

Recommendations for patients with type 1 diabetes include an eye examination within the first five years of onset and then at least annually. Patients with type 2 diabetes should be examined as soon as they are diagnosed and then at least annually.

American Academy of Ophthalmology recommends following goals:

- Provide visual rehabilitation for patients with visual loss.
- Identity patients at risk for diabetic retinopathy.

Motilal Nehru Medical College Allahabad • Encourage involvement of the patient and primary care physician in the management of the patient's systemic disorder.

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- Encourage and provide lifelong evaluation of retinopathy progression.
- Minimize the side effects of treatment that might adversely affect the patient's vision and/or vision-related quality of life.
- Provide visual rehabilitation for patients with visual loss from the disease or refer for visual rehabilitation.

## References

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- Klein R, Klein BEK, Moss SE, Davis MD, DeMets DL. The Wisconsin epidemiologic study of diabetic retinopathy-III. Prevalence and risk of diabetic retinopathy when age at diagnosis is 30 or more years. Arch Ophthalmol. 1984; 102 : 527-32