



DIABETES AND THE EYE

The Department of Health estimates that there are 3 million Filipinos suffering from diabetes mellitus, 90% of whom are Type 2 diabetics. Type 2 diabetics are usually overweight and their cells possess relative resistance to insulin; blood sugar control is usually achieved by a combination of proper diet, exercise and oral medications. Type 1 diabetics, on the other hand, lack insulin. They tend to manifest diabetes at a younger age and are dependent on insulin injections.

Diabetes affects the eyes in many ways. Among them are the increased risk of developing cataracts and glaucoma. The blood vessels of the nerves of the muscles controlling eye movement may be affected causing temporary paralysis of the muscle with double vision but usually the muscle recovers completely within several months.

The worst eye complication occurs when the blood vessels of the retina are affected. About 40 to 50% of diabetics above 40 years old have retinal problems with approximately 4 to 6% added every year. More than 8% of diabetics have severe, visually threatening retinopathy. The incidence rate can be reduced by aggressive control of blood sugar and hypertension, if present.

PREVENTION & TREATMENT RECOMMENDATIONS

In general, **all diabetics** regardless of age and despite the absence of visual complaints must:

- aggressively control blood sugar levels using glycosylated hemoglobin rates (HbA1c), which is the proportion of hemoglobin in the blood with glucose linkages, rather than fasting glucose levels (FBS) alone to monitor control
- treatment of concomitant hypertension
- an annual eye examination preferably with a retina exam through dilated pupils

Early nonproliferative retinopathy requires:

- close observation
- baseline fundus photography
- fluorescein angiography if indicated

Significant macular edema, severe nonproliferative retinopathy and proliferative retinopathy

- fluorescein angiography
- laser photocoagulation involves the application of laser energy to burn portions of the diseased retina (area not receiving enough oxygen)
- close follow-up
- repeat angiography when indicated

In **neovascular glaucoma** control of eye pressure is necessary to prevent damage to the optic nerve by:

- laser photocoagulation
- glaucoma medications and/or surgery

Treatment of **vitreous hemorrhage, retinal membranes, or traction detachment** is surgical:

- vitreo-retinal surgery
- endoscopic laser photocoagulation

In all cases, **pharmacologic treatment** is aimed at stabilizing the blood vessels by strengthening its walls and at improving circulation by reducing blood viscosity and coagulation

Ocular Complication of Diabetes that affects the Blood Vessels of the Retina



Diabetic Retinopathy



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