

Orthoptic Awareness Week

Diabetes and the eyes

March 8 to 11 it is Orthoptic Awareness Week and Australians are encouraged to have their eyes checked. This year's theme for the week is 'Diabetes and the Eyes', addressing a big health issue in Australia and the way it can affect your vision.

Nationally, approximately 800,000 people have diabetes, yet only half know they have it. Apart from the systemic complications diabetes can cause, it also affects the eyes and both treated and untreated diabetes can lead to diabetic retinopathy. Diabetic retinopathy is a broad term describing an interrelated pathological condition of the retina (at the back of the eye). It can develop in diabetics and changes how the body metabolises glucose. This abnormal metabolism causes the development and progression of diabetic retinopathy.

Typical changes on the retina include microvascular lesions, problems with the small arteries and veins, that occur in two stages: non-proliferative diabetic retinopathy (NPDR) and proliferative diabetic retinopathy (PDR).

According to lecturer in the Department of Clinical Vision Sciences at La Trobe University

and Orthoptics Australia spokesperson Dr Meri Vukicevic, diabetic retinopathy – which is vision threatening – is thought to occur in up to 13 per cent of diabetics.

"It is most likely caused by a condition called clinically significant macular oedema (CSME) which affects the centre vision we use to read and perform fine detailed tasks," Dr Vukicevic explains.

"Several Australian studies have found the prevalence of diabetic retinopathy among diabetics ranges from 35 to 49 per cent and there are many undiagnosed diabetics. It is possible there are 200,000 people in Australia affected by diabetic retinopathy who aren't even aware of it.

Higher rates of both diabetes and diabetic retinopathy are found among Australia's indigenous populations. Of those with early onset diabetes, 44 per cent will develop retinopathy and 29 per cent with late onset diabetes will develop retinopathy.

Each year, new cases of diabetic retinopathy are diagnosed in up to 14 per cent of diabetics but many are still not diagnosed due to poor attendance for ocular examination. Risk factors

for retinopathy include diagnosis of diabetes, the duration of diabetes, poor glycaemic control and increased serum cholesterol levels.

"It is important for diabetics to be aware of their risk of developing diabetic retinopathy,"

Dr Vukicevic says. "The DRS and ETDRS studies have conclusively shown timely laser treatment is effective therapy in patients with both PDR and CSME and pan-retinal photocoagulation treatment – a form of laser treatment – is associated with at least a 50 per cent reduction in development of severe visual loss in diabetics with PDR.

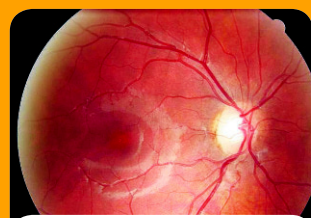
Additionally, focal or grid macular laser treatment reduces the risk of moderate visual loss by 50 per cent or more in patients with CSME."

Orthoptics Australia encourages all diabetics to have a full ocular examination at least every two years in order to prevent diabetic retinopathy or to treat it in a timely way, thereby reducing the incidence of vision loss.

Visit www.orthoptics.org.au for further information.

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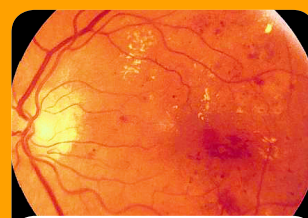
Various stages of diabetic retinopathy compared with the normal retina.



Normal retina

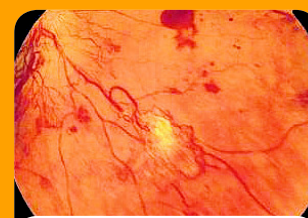
A normal retina has a nice pink-orange colour all over.

The arteries and veins do not show signs of bleeding and no other deposits are visible.



NPDR

This is the earliest visible stage of retinopathy characterised by small blockages to the arteries, bleeding veins and other problems which look like yellowish deposits (cotton wool spots and hard exudates). The veins in the retina can develop beads and other changes to the inner part of the retina can occur.



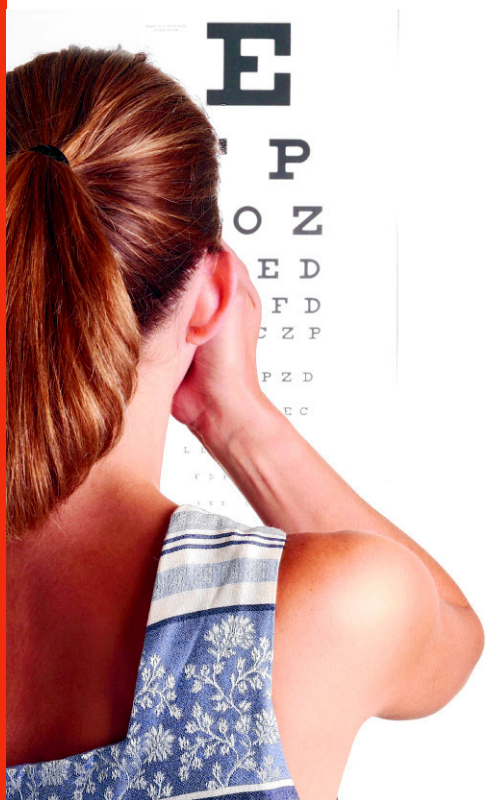
PDR

This is characterised by the growth of new blood vessels on the retina which are very fragile and break. This can lead to larger haemorrhages (bleeds) and eventually the retina can detach from the back of the eye causing severe vision loss.



CSME

Can occur at any stage and is caused by leakage from macular capillaries. Signs include tiny blockages in the capillaries, bleeds or hard exudates (yellow deposits) near or within the macula.



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