

KEEP AN EYE ON YOUR SIGHT



**INFORMATION
FOR PEOPLE
WITH DIABETES TYPE 2**





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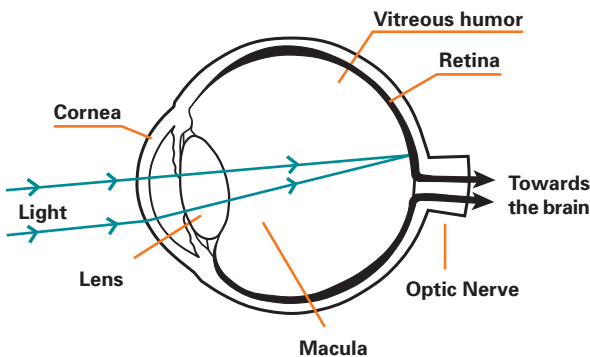
**Other
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¿What is diabetic retinopathy?

The retina is the part of the eye that allows us to SEE, and the blood vessels that irrigate it may become blocked, lose blood or grow dangerously in patients with diabetes.



If this were to occur, the visual images received by the retina would become distorted or blurry and, if adequate treatment is not started, eyesight could be placed at risk.



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Frequency

Diabetic retinopathy issue is the most common cause of adult people's blindness in most of our countries.

Any person with diabetes can suffer this problem, though logically it is more common in patients who have suffered diabetes for longer periods of time.

About **80%** of people who have had type 2 diabetes for over **15 years** suffer some degree of retinopathy.

Approximately **20%** of patients with **type 2 diabetes** have some kind of retinal blood vessel damage **at the time of diagnosis** – this being because the diabetes had gone undiagnosed for years.



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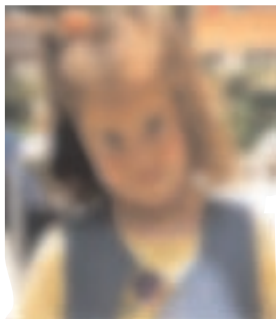


Symtoms

The most common situation is the “absence of symptoms”; vision remains unaffected not only in the early stages of the disease but also even in very advanced stages.



Normal Vision



Vision with retinopathy

The fact that the illness frequently generates no symptoms makes it very important to visit the ophthalmologist yearly.



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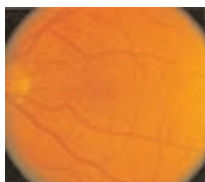
Diagnosis

In order to diagnose diabetic retinopathy, the ophthalmologist examines the depth of the eyes (called fundus), using an instrument called an ophthalmoscope.

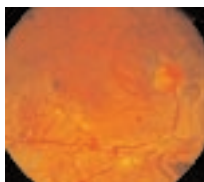
The pupils must be previously dilated by means of a few drops in the eyes.



*Normal
Retina*



*Fundus
Retinopathy*



*Retinopatía
Proliferativa*

■ The patient should be aware that for a few hours after dilating the pupils he or she will not be able to drive, and should moreover wear sunglasses to protect the eyes and avoid discomfort caused by the excess exposure to light.



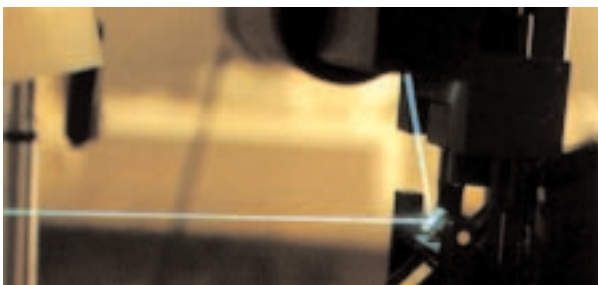
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Treatment

In many cases treatment is not required, though periodic follow-up visits and examinations are necessary.

In other cases, the ophthalmologist may advise of the need for applying laser light to the affected retinal areas, thereby detaining or slowing the rate of vision loss.



In people with advanced retinopathy, different types of specialized surgery may prove necessary.



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Up to **90%** of people with proliferative retinopathy can save their eyesight if subjected to adequate treatment.

Macular edema is the most common cause of severe vision impairment in patients with **type 2 diabetes**, and thus also the most frequent reason for laser therapy.

Although many drugs have been tested and new medications are being developed, studies must still be carried out to demonstrate their efficacy.

In addition, a good control of the diabetes must be attempted, keeping normal arterial blood pressure values and avoiding intense physical exercise in patients with advanced retinopathy.



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Other diseases

Cataract

This is the progressive opacification of the lens. It is not caused by diabetes, but is nevertheless more common in patients with the disease, and appears at younger ages. Cataracts are observed in **3%** of people without diabetes, and in **7%** of those with diabetes.

■ **Treatment:** is generally surgical, and consists of removing the opaque lens and replacing it with an artificial lens.

Glaucoma

This disease is also very frequently associated to diabetes. It



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is found in less than **1%** of people without diabetes, and in **7%** of those with diabetes.

Glaucoma consists of an increase in the pressure of the fluids that "fill" the eye, which may damage the optic nerve and cause loss of vision.

■ **Tratamiento:** normally consists of eyedrops that must NEVER be suspended without permission from the ophthalmologist. In other cases laser or other surgical treatments may be required.



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When to visit the Ophthalmologist

- Immediately after diagnosis.
- Annual check-up.
- In the event of any sight-related alarm symptom.
- Follow-ups intervals of less than one year may be recommended by the ophthalmologist if some lesion is suspected that might require closer vigilance.