Vision threatening Eye disease

The Retinal Hub

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tome About Information Hub Show me the Evidence Forms

Hub Posts

investigation?

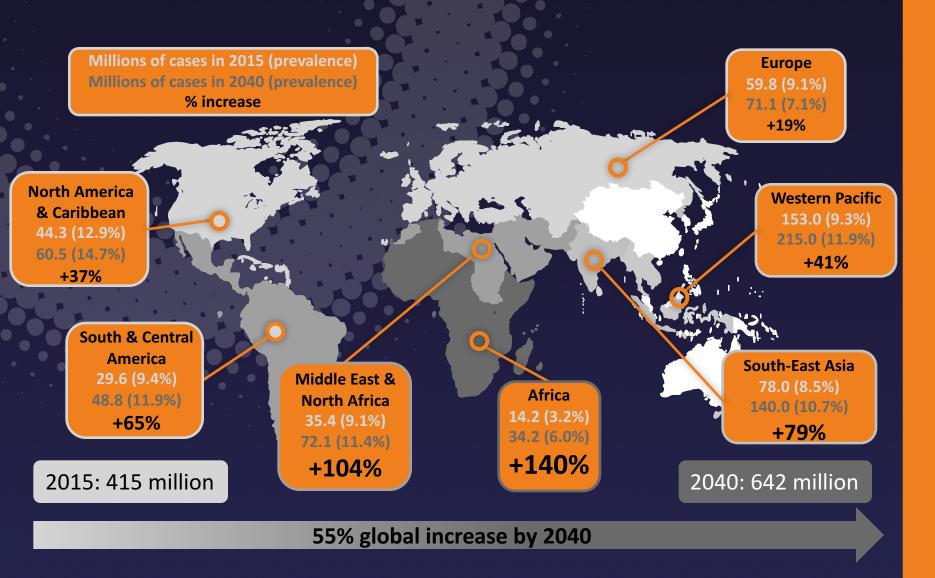
Welcome to the Retinal Hub

News

nd encourage communication between

Conference News.

Global projections for diabetes



DIABETIC MACULOPATHY : the most prevalent cause of visual impairment in patients with diabetes

OTHER RETINOPATHY

7% of diabetic patients have DME^{2,3b}

Patients with DME

39% of DME patients^c have associated visual impairment³

Risk factors for developing DME:

Long duration of diabetes^{1,2}

Poor blood glucose control¹⁻³

Hypertension^{1,3}

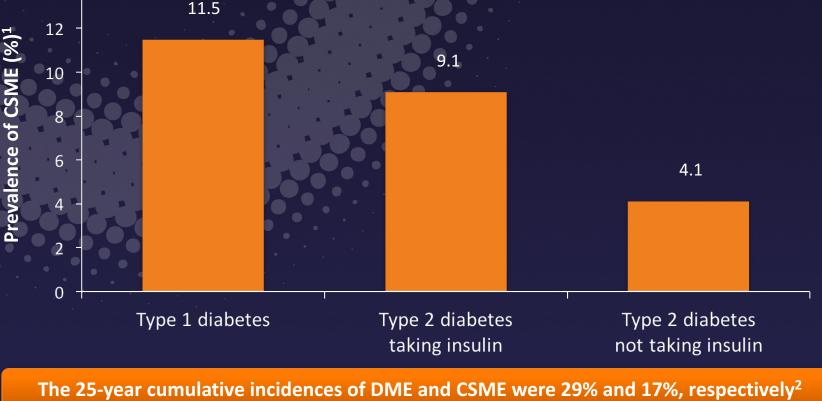
High cholesterol^{1,2}

DME, diabetic macular edema

Prevalence of visual impairment due to DME increases with type and management of diabetes

DME prevalence differs according to type of diabetes and treatment¹ 11.5

14



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Accord/UKPDS Studies

• FIELD study

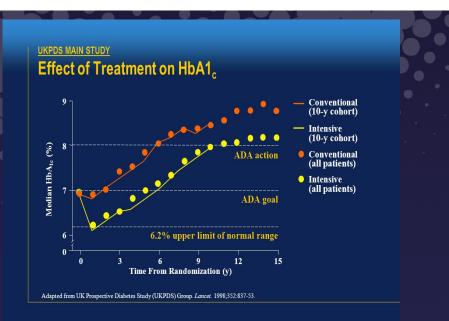


The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Effects of Intensive Blood-Pressure Control in Type 2 Diabetes Mellitus

The ACCORD Study Group N Engl J Med 2010; 362:1575-1585 April 29, 2010



FIELD: Retinopathy Requiring Laser 10 -HR = 0.708 – 95% CI = 0.58-0.85 Cumulative risk (%) p = 0.0003Placebo 6 4 Fenofibrate 2 6 0 2 5

Years from randomization FIELD Study Investigators. Lancet 2005 ; 366 (9500): 1849-61

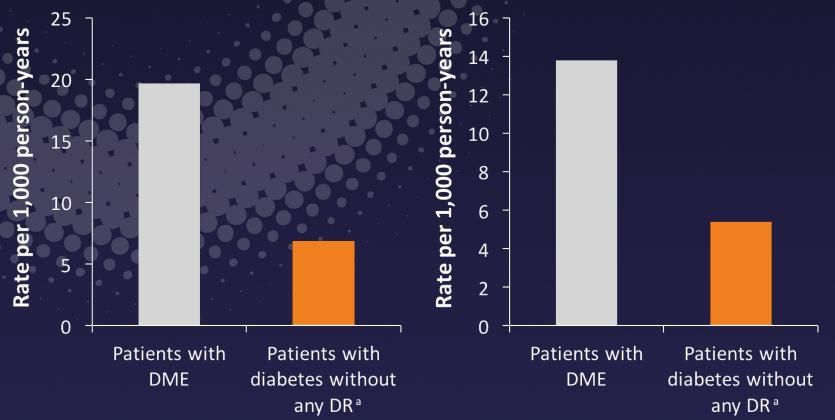




Event rates of stroke and cardiovascular disease are higher in diabetics with DME compared with diabetics without any DR

Acute myocardial infarction

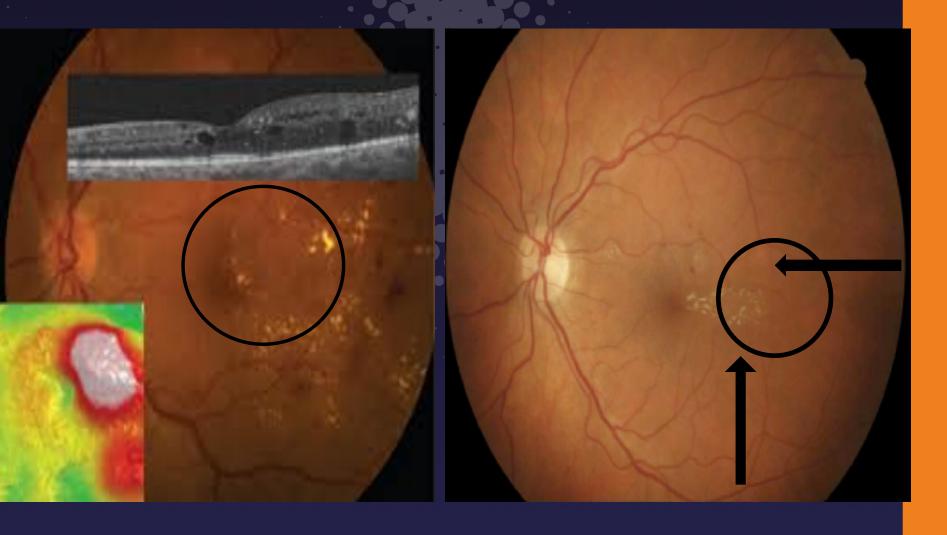
Cerebrovascular accident



^aAge and gender matched diabetes subjects without ophthalmic manifestations, retinal disorders, or vitreous hemorrhage DME, diabetic macular edema; DR, diabetic retinopathy

CENTRE-INVOLVING MACULOPATHY

NON-CENTRE INVOLVING MACULOPATHY



Who needs a referral to ophthalmology?

CENTRE-INVOLVING



NON-CENTRE INVOLVING

HARD EXUDATE

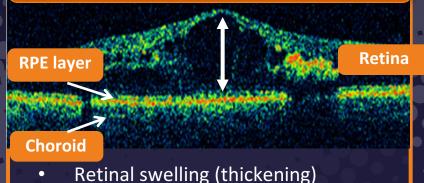
POOR VISION IN FELLOW EYE

POOR BSL CONTROL

CO-MANAGING DIABETIC MACULOPATHY

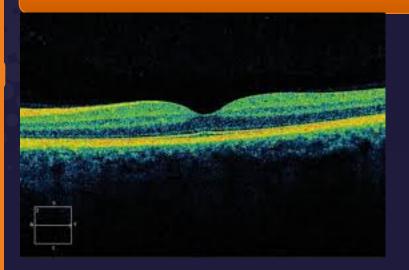
the ideal scenario...

BEFORE TREATMENT



- Cystoid macular edema
- Serous retinal detachment
- Vitreomacular traction
- Hard exudates

AFTER TREATMENT



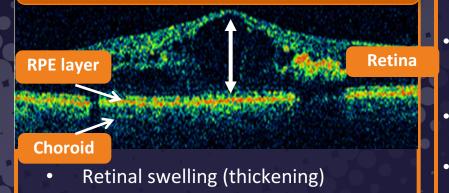
- VISION IMPROVEMENT
- ANATOMY RESTORED

BRB, blood-retinal barrier; DME, diabetic macular edema; OCT, optical coherence tomography; RPE, retinal pigment epithelium

CO-MANAGING DIABETIC MACULOPATHY

the unexpected scenario

BEFORE TREATMENT



- Cystoid macular edema
- Serous retinal detachment
- Vitreomacular traction
- Hard exudates

AFTER TREATMENT

- INITIAL VISUAL IMPROVEMENT THEN RECURRENCE OF MACULOPATHY
- MINIMAL VISUAL IMPROVEMENT
- OTHER PATHOLOGY DEVELOPS

BRB, blood-retinal barrier; DME, diabetic macular edema; OCT, optical coherence tomography; RPE, retinal pigment epithelium

Recurrence of DME despite initial treatment: "Adjusting the recipe "

Systemic factor

control

Aim: prevent retinopathy and its progression

- Blood glucose control
- Blood pressure control
- Blood lipid control

Ocular treatments

Human retin Aim: prevent vision loss and improve vision

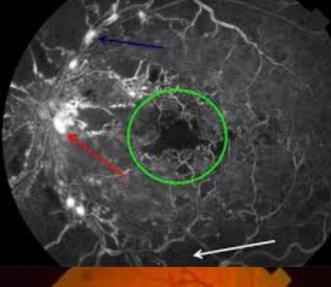
- Anti-VEGF therapies: improve VA^{4,5}
- Laser treatment: MAY stabilizes vision

TOGETHER WITH

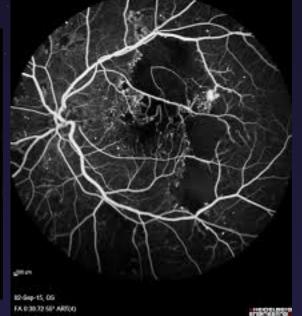
Deterioration of vision despite ongoing treatment "Stop and re-assess..."

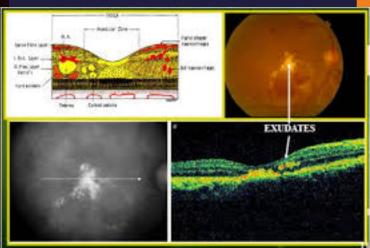
MACULA ISCHEMIA

EXUDATE DEPOSITION









VISION IMPAIRM

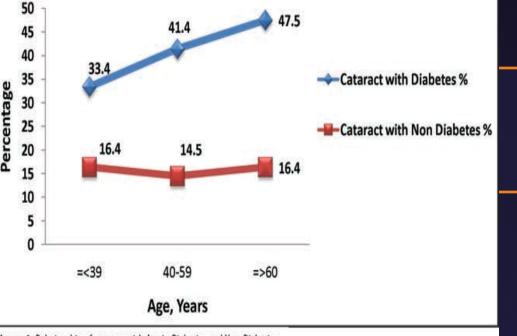
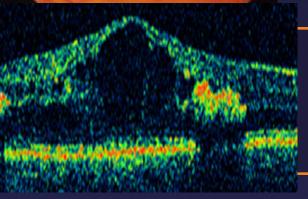


Figure-1: Relationship of cataract with Age in Diabetics and Non-Diabetics.

Cataract formation decreases vision and obscures view of the retina for examination



Increased risk of maculopathy following surgery