

How often should I have an eye exam?

If you have diabetes, you should have an eye exam when first diagnosed with diabetes, followed by regular eye exams at least every two years.

If you have diabetic eye disease, you should have an eye exam at least once a year, or as advised by your eye health professional.

If you notice any sudden changes in your vision, have an eye exam as soon as possible.

Important reminders

The longer you've had diabetes, the greater your risk of diabetic eye disease. Therefore, it's important to have regular eye exams, even if your previous checks have been normal.

Tell your eye health professional that you have diabetes and try to keep your scheduled eye appointments.

With time, most people with diabetes will develop some degree of diabetic eye disease, but careful control of your diabetes and regular eye exams can help prevent vision loss.



Need more information?

Learn more about macular disease at www.mdffoundation.com.au.

How's your macula? Take the quiz at www.CheckMyMacula.com.au.

You can also access our free, personalised support services and order information kits and Amsler grids by calling our National Helpline on **1800 111 709**.

MDFA has a free newsletter and you can sign up to receive invitations to education sessions and events in your area.

Macular Disease Foundation Australia is committed to reducing the incidence and impact of macular disease, by providing up-to-date information, advice and support.

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DIABETIC EYE DISEASE (DED)

Diabetes is a complex, chronic condition characterised by high blood glucose (sugar) levels. In the long term, diabetes can affect many parts of the body including your eyes, largely as a result of changes to blood vessels.

How does diabetes affect your eyes?

Diabetic retinopathy (DR) is the most common type of eye disease experienced by people with diabetes. Others include cataract, glaucoma and transient blurring of vision. Everyone with diabetes is at risk of diabetic eye disease.

Careful control of diabetes can delay the onset or even reverse the progression of DR. This includes:

- managing blood glucose
- managing blood pressure
- managing blood lipids
- modifying lifestyle risk factors such as diet, weight and smoking.

The positive news is most vision loss from DR can be prevented, provided it's diagnosed early and steps are taken to keep it under control.

What is diabetic retinopathy?

DR is a complication of diabetes and is the leading cause of avoidable vision loss and blindness in working-age Australians. Up to a third of Australians living with diabetes have some form of DR.

Non-proliferative diabetic

retinopathy (NPDR) normally doesn't affect vision in the early stages. Over time, high blood glucose levels damage and weaken the small blood vessels in the retina. These may leak fluid and/or become blocked. If diagnosed with NPDR, you'll need to be regularly monitored by an eye health professional (optometrist or ophthalmologist), and may be offered treatment to slow the disease.

Proliferative diabetic retinopathy

(PDR) occurs when there is reduced supply of oxygen to the retina. As a result, new fragile blood vessels begin to grow on the surface of the retina and/or into the vitreous (central gel cavity) of the eye where they may break and bleed, obstructing vision. Scarring that is associated with these blood vessels can contract, pulling on the retina and causing it to detach. If not treated early, PDR can lead to severe vision loss. Treatment can include laser, eye injections, and/or eye surgery.

Diabetic macular oedema (DMO) is a complication of DR that can occur at any stage. It occurs when fluid that leaks from retinal blood vessels accumulates at the macula – the area responsible for detailed central vision. This can lead to blurring of central vision. One or both eyes may be affected. DMO can often be effectively treated with eye injections and/or laser treatment.

Diabetes and vision

Careful control of your diabetes and regular eye exams can help prevent vision loss.

The early stages of DR typically have no symptoms. Once symptoms do occur, vision loss can be rapid and, in some cases, may be long-lasting. The following symptoms could be due to DR, and should always be checked as soon as possible:

- dark spots or gaps in your vision
- blurred, distorted, dim or double vision
- frequent changes in glasses prescription
- bright haloes around lights
- flashes of light seen repeatedly, often in the peripheral vision
- sudden onset of haze, shadows or floaters.

If there is vision loss from DR, many people recover well with treatment. Unfortunately, in some instances, vision loss may persist. With support, the right advice, and access to the right low vision aids and technologies, you can overcome these challenges, live well with your condition and reduce the impact on your life. Contact our National Helpline on **1800 111 709** for further information about support available.