

For type 2 diabetes patients, screening should be done at the time of diagnosis. The urgency is because many of these diabetes patients would have already had diabetes for six to seven years but have not had prior knowledge of it.

Screening of the eye involves taking photographs of the fundus of the eye and subsequent yearly follow-ups to record any progression of the disease. This can be done at the regular outpatient polyclinics or at the general practitioner's clinics with the appropriate facilities.

When do I need to see the eye specialist?

So when does the diabetes patient see the ophthalmologist? Diabetic retinopathy is basically classified into **non-proliferative** and **proliferative** type. The former is divided into mild, moderate and severe depending on the classification of the retinal picture.

Referral to the ophthalmologist has to be made once the diagnosis of severe **non-proliferative type** or the **proliferative type** is made. This is to allow for the early intervention of laser to halt the progression of the disease before it burgeons into more serious complications.

In addition, if the patient complains of sudden onset of worsening of vision and is found to have more serious complications like bleeding into the vitreous or even detachment of the retina, urgent referral to the ophthalmologist has to be made for surgery.

However, if the disease has already reached this stage, the visual prognosis would likely remain poor even with surgical interventions. Take action before it is too late.

Do I need to be follow-up regularly?

The story does not end here. Even with the intervention of laser and surgery, it is still crucial for the patient to continue follow-ups to monitor disease progression.

For the mild to moderate type of non-proliferative diabetic retinopathy, it is recommended to have follow-up every six to 12 months but for the severe type, it is recommended to have one to four monthly follow-ups. For the proliferative type, urgent laser treatment is needed. Always ask your family doctor for his or her recommendations for the duration of follow-up according to the clinical guidelines.

Take charge

You need to take charge and be responsible in ensuring that there is adequate and good control of the blood sugar level and blood pressure. Studies have shown that poor control of these two factors could worsen the progression of diabetic eye disease.

In diabetes patients with hypertension, it is recommended by the UKPDS study to have tight control blood pressure below 130/80mmHg to prevent diabetic complications.

Save your sight

Diabetes is a battle that can be fought if the proper armour is used. The same is true for diabetic eye disease. Armed with the above information, the patient and the physician can work hand in hand to prevent vision impairment. The message to the diabetic patient is clear – save your sight before it is too late.