DIABETIC RETINOPATHY (DR) IS A COMPLICATION OF DIABETES MELLITUS AFFECTING RETINAL BLOOD VESSELS.1

1 IN 3 PEOPLE WITH DIABETES HAVE SOME FORM OF DR.2

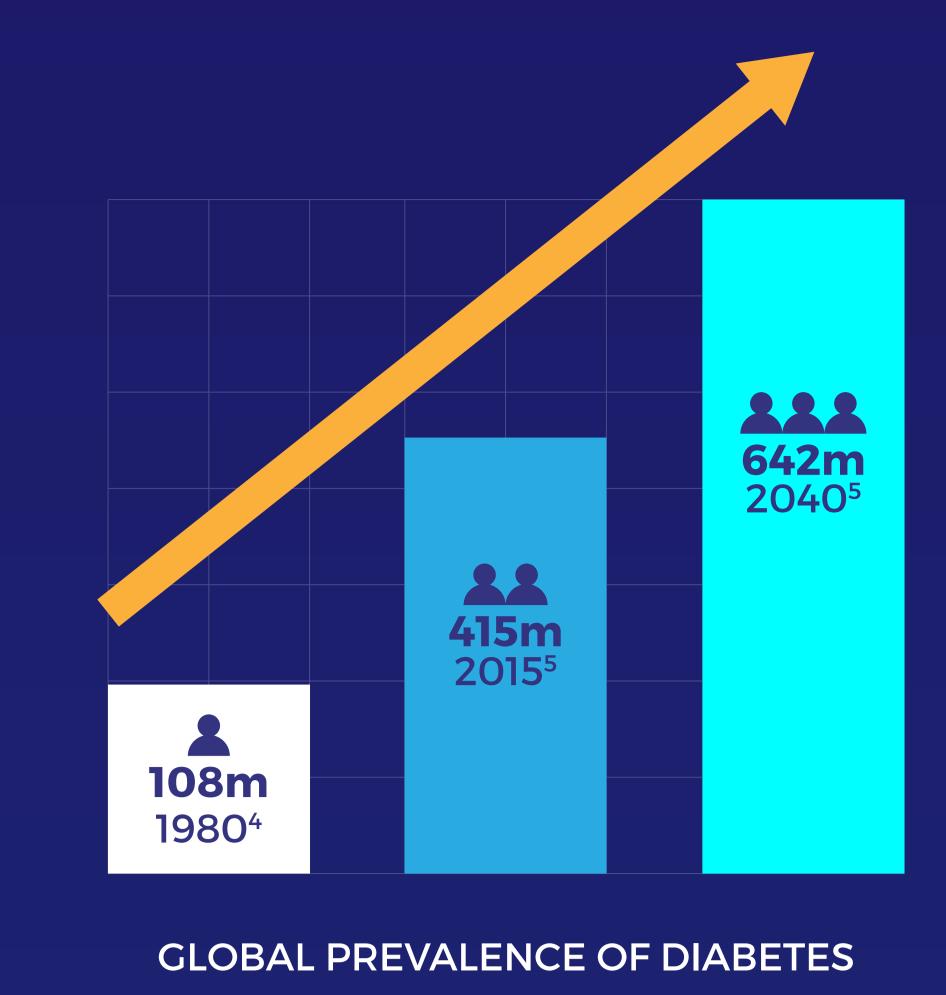
DR IS THE LEADING CAUSE OF BLINDNESS IN WORKING-AGE ADULTS (20-65 YEARS).²

1 IN 10 PEOPLE WITH DIABETES DEVELOP A

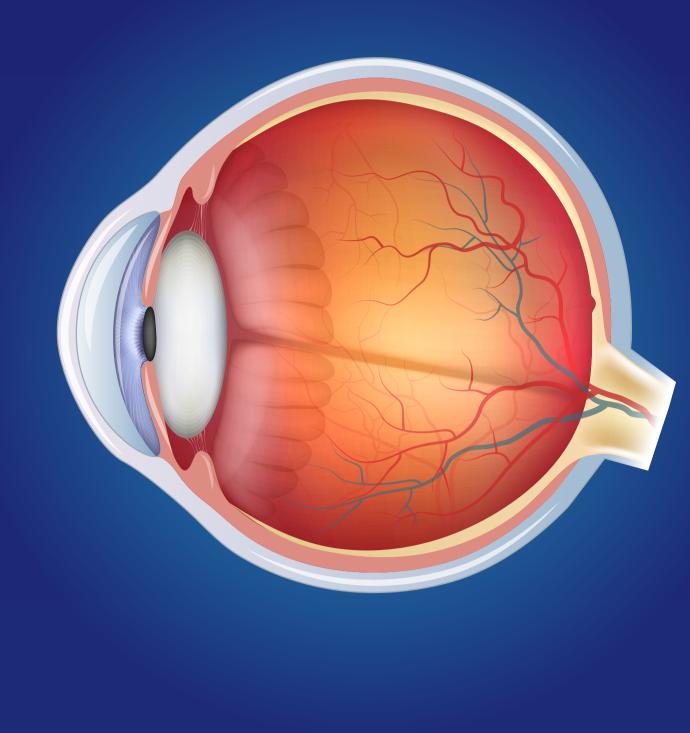
VISION-THREATENING FORM OF DR.3



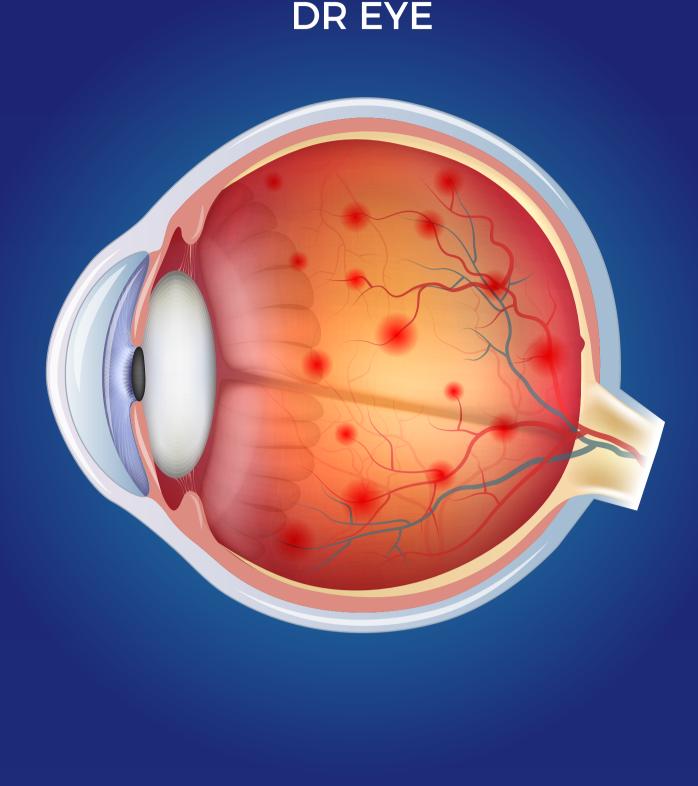
DR IS A GROWING EPIDEMIC AS THE PREVALENCE OF DIABETES **ESCALATES GLOBALLY**



HOW DIABETIC RETINOPATHY AFFECTS THE EYE



HEALTHY EYE



DR occurs when high blood sugar levels cause changes in retinal

blood vessels. Damage occurs in three main stages:



NON-PROLIFERATIVE DIABETIC RETINOPATHY (NPDR)6 MICROANEURYSMS (SMALL

DILATIONS) AND HEMORRHAGES DEVELOP IN THE RETINAL BLOOD VESSELS. SLIGHT BLEEDING MAY OCCUR, **BUT IT TYPICALLY DOES NOT**

AFFECT VISION.

PRE-PROLIFERATIVE RETINOPATHY^{6,7}

BLOOD VESSEL BLOCKAGE AND LEAKAGE LEADS TO A REDUCED

BLOOD SUPPLY TO THE RETINA. **BLOOD VESSELS MAY BECOME** IRREGULAR IN CALIBRE AND **BLEEDING INCREASES.** VISION IS STILL NOT TYPICALLY

AFFECTED AT THIS STAGE.

SWELLING AND BLOCKAGE OF BLOOD VESSELS MAY RESULT IN THE SWELLING OF THE MACULAR AND CHANGES IN



LEADS TO THE GROWTH OF NEW, LEAKY BLOOD VESSELS THAT BLEED AND LEAD TO THE FORMATION OF SCAR TISSUE TO GROW. SCAR TISSUE CAN PULL AT THE RETINA RESULTING IN RETINAL

FURTHER BLOOD VESSEL BLOCKAGE

TEARS OR DETACHMENT.

DISEASE BURDEN

VISION. THIS IS A TREATABLE CONDITION CALLED DIABETIC MACULAR EDEMA. 7,8

PATIENT IMPACT

ASYMPTOMATIC. HOWEVER, DURING THE MORE ADVANCED STAGES OF THE DISEASE, PATIENTS MAY EXPERIENCE:9 **BLURRED OR PATCHY VISION**

THE BACKGROUND RETINOPATHY STAGE OF

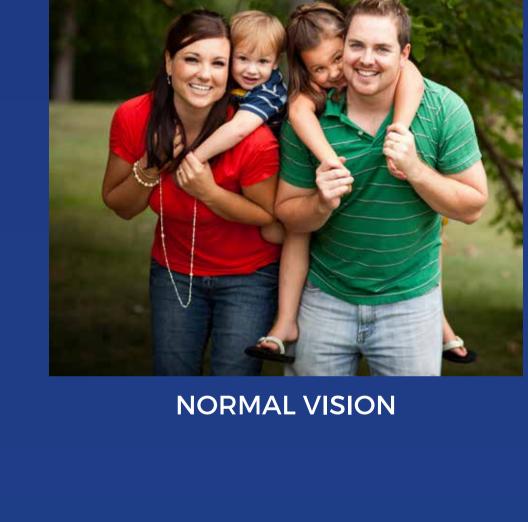
DIABETIC RETINOPATHY IS GENERALLY



DISTORTED VISION



PROGRESSIVE LOSS OF VISUAL CLARITY





79% OF PEOPLE WITH DR VISION LOSS STRUGGLE WITH EVERY DAY ACTIVITIES SUCH AS:10

WORKING **DRIVING BASIC HOUSEHOLD TASKS**

DR IS ALSO ASSOCIATED WITH AN INCREASED RISK OF DEPRESSION, WITH 33.0% OF PATIENTS WITH DR HAVING A

DIAGNOSIS OF DEPRESSION COMPARED TO 20.4% OF PATIENTS WITHOUT DR.11







HOWEVER, THE ECONOMIC BURDEN OF DR CAN BE REDUCED BY:10

PREVENTION PROGRAMS

FOR PEOPLE WITH DIABETES





SCREENING FOR

THE DISEASE



RISK FACTORS, DIAGNOSIS AND TREATMENT



INTERVENTIONAL

THERE ARE SEVERAL FACTORS PATIENTS WITH DR ARE UNAWARE OF THEIR CONDITION.¹⁹ THAT INCREASE THE RISK OF IN ADDITION TO A DILATED RETINAL EXAMINATION',

OPTICAL COHERENCE

TOMOGRAPHY (OCT)²¹

VISUALISE MACULAR EDEMA

DEVELOPING

DR

76%

DEVELOPING THIS EYE CONDITION:1,7,8

RISK FACTORS

ANYONE WHO HAS DIABETES

CAN DEVELOP DR. HOWEVER,

DURATION OF DIABETES



POOR BLOOD SUGAR

CONTROL

SMOKING



HIGH CHOLESTEROL

HIGH BLOOD PRESSURE



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PC-CRP-102177

ASIAN OR

AFRICAN-CARIBBEAN

HERITAGE

THE MOST COMMON DIAGNOSTIC TESTS FOR DR INCLUDE:

DIAGNOSIS AND TREATMENT

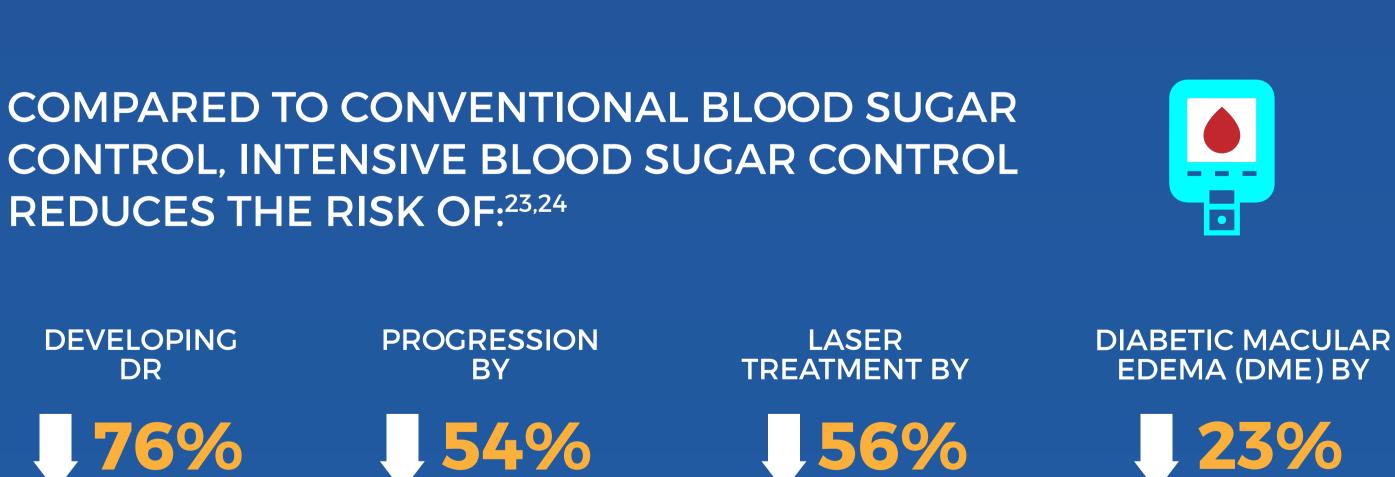
EARLY DETECTION AND TREATMENT OF DR CAN PREVENT

BLINDNESS IN 50% TO 70% OF CASES.18 UNFORTUNATELY, 73% OF

FLUORESCEIN ANGIOGRAPHY (FA)²⁰ 2D IMAGING OF THE RETINA IN THE PRESENCE OF A DYE THAT HIGHLIGHTS **BLOOD VESSELS**

COLOR FUNDUS ANGIOGRAPHY²² TO TAKE A PICTURE OF THE RETINA

3D IMAGING OF THE RETINA, USED TO



FOR DR THAT IS AFFECTING OR THREATENING SIGHT, TREATMENTS INCLUDE: 9,25-27

PANRETINAL PHOTOCOAGULATION:

VITREORETINAL SURGERY:

BY

ANTI-VEGF INTRAVITREAL TREATMENT: INJECTIONS INTO THE EYE TO REDUCE SWELLING OF THE MACULA. LASER TREATMENT FOR DIABETIC MACULAR EDEMA: TO REDUCE SWELLING OF THE MACULA

LASER TREATMENT TO SHRINK ABNORMAL BLOOD VESSELS

LASER TREATMENT IS NOT POSSIBLE DUE TO THE ADVANCED STAGE OF DR

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AN OPERATION TO REMOVE BLOOD OR SCAR TISSUE FROM THE EYE IF

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