

NEWS



DON'T WAIT UNTIL IT'S TOO LATE
Regular eye checks are so important in detecting complications of diabetes such as diabetic macular edema
PHOTO: SHUTTERSTOCK

Keeping a watchful eye on diabetic macular edema

Question: What can help to minimise the impact diabetic macular edema has on vision?

Answer: Regular screening and eye checks are crucial. They can spot the condition early on, when treatments to preserve vision are still effective.

COMPLICATIONS

Cathy Yelf, of the Macular Society, says: "Diabetic macular edema (DME) is a relatively common complication of Type 1 and Type 2 diabetes, and the leading cause of blindness in people with the condition. It is characterised by swelling of the macula — a small area at the centre of the retina about the size of a grain of rice. The swelling is due to fluid leakage from damaged capillaries and causes loss of central vision."

Devastating effects

"Diabetic macular edema can be devastating," says Yelf. "People with the condition gradually lose the ability to detect fine details, colours and short distances



'People with diabetes should have regular eye checks as part of their routine diabetes care'

Mr Nicholas Lee, lead clinician in ophthalmology at The Hillingdon Hospital

and, in turn, recognise faces, read, work and drive, which can lead to a significant loss of independence. People with the condition eventually lose their driving licence, for example."

Early detection is key

There is currently no cure for diabetic macular edema, and treatment options are limited. They include laser therapy and drugs that, injected into the eye, can help prevent or reduce the swelling of the macula. However, these treatments need to be initiated as soon as possible to be effective, and not all patients benefit from them.

Therefore, detecting the condition early on is extremely important.

Regular check-ups

Mr Nicholas Lee, lead clinician in ophthalmology at The Hillingdon Hospital, London, says: "People with diabetes should have regular eye checks as part of their routine diabetes care. They should attend their annual eye screening appointments offered by the NHS and be aware of changes in their vision. These may include blurred vision, seeing straight lines as wavy, difficulty reading and needing a brighter light than normal. If a person notices

these changes in their vision, they should see an optometrist or optician immediately.

"The annual screening is particularly important as it is aimed at detecting any kind of retinopathy. If a problem is detected, patients are passed onto a very closely monitored pathway to the relevant local hospital, where they undergo further examinations to determine whether and what treatment is required."

Keep your glucose in check

"About 30 per cent of people with diabetes develop a problem in the retina, including DME, mostly as a result of poor blood glucose control," says Mr Lee. "Thus, working with the GP and other healthcare professionals to achieve and maintain optimal glucose levels is central to minimising the risk of developing the condition, and of course, other complications commonly associated with diabetes."

LORENA TONARELLI
info.uk@mediaplanet.com



DIABETES AND DRIVING

If you have diabetes and don't use insulin to control your blood glucose, you can drive a car or motorbike without the need to inform the Driving Vehicle Licence Agency (DVLA). There are, however, precautions you need to take to ensure that your journey is safe.

Here is what the DVLA recommends:

➔ Always carry your glucose meter with you as well as a document showing that you have diabetes.

➔ Measure your blood glucose before you start driving, as it must be above 5mmol/l to be safe.

➔ If you feel hypoglycemic while driving, stop the vehicle, switch off the engine, remove the key from the ignition and move to the passenger seat. Eat some fast-acting carbohydrates such as glucose tablets or sweets (make sure there are always some within easy reach in your car). Don't restart driving until 45 minutes after your blood glucose has returned to normal.

➔ For long journeys, make sure you measure your blood glucose every two hours and have regular meals, snacks and periods of rest.

When to tell the DVLA

➔ You need to inform the agency that you have diabetes if you are on insulin or a medication that can cause hypoglycemia, such as sulphonylurea or glinide, have problems with vision, or are receiving laser treatment. You may be advised not to drive if you have hypoglycemia unawareness (when blood glucose falls too low without warning) or require the assistance of another person during hypoglycaemic attacks.

The DVLA has more about diabetes and driving at gov.uk/diabetes-driving. For example, if you are applying for a driving license, your GP will need to fill in a form, available from the agency, stating that you are safe to drive.

LORENA TONARELLI
info.uk@mediaplanet.com