

The Importance of Finding Diabetic Macular Edema (DME) Early

Do you have diabetes? If so, you may be at risk of DME, especially if you have had diabetes for a long time.

People with diabetes are at higher risk for certain eye conditions than people without diabetes. These include high intraocular pressure in the eye (glaucoma), cloudy lens (cataract), and problems with the light-sensitive tissue in the eye (the retina) that is responsible for vision.

Risk Factors for DME Include:

- **High blood pressure.** A major study showed that controlling blood pressure can reduce the risk of diabetic retinopathy from getting worse. High blood pressure damages blood vessels, increasing the risk for eye complications
- **High cholesterol and triglycerides.** High levels can lead to a greater collection of protein deposits (called exudates) that leak into the retina
- **Race.** Although anyone with diabetes can get diabetic retinopathy, certain races are at higher risk because they are also at higher risk for diabetes. These include African Americans, Latinos, and Native Americans
- **Cigarette smoking** is bad for you and can put you at risk for many conditions, whether you have diabetes or not
- **Other diabetes complications,** such as diabetic numbness or tingling in your toes or feet (called neuropathy)
- **Medical conditions.** The longer you have diabetes, the more you are at risk for eye problems like DME. If you have severe diabetic retinopathy, make sure to ask your eye doctor about DME
- **Possible concerns.** If you are pregnant, or have anemia, take certain diabetes medicine, or have sleep apnea, you could be at more risk for DME

If you have diabetes, you should get a comprehensive dilated eye exam at least once a year.

➔ Five Tests Given for Detecting Diabetic Macular Edema (DME)

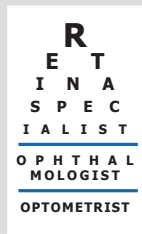
Early diagnosis and treatment are important. If not treated, DME can cause vision problems and even vision loss. Eye doctors have different tests for diagnosing DME. Some commonly used tests are:

1. Dilated eye exam:

Your doctor puts drops in your eye to dilate the pupil. The eye doctor can then see into the back of the eye (including the retina) for signs of problems.

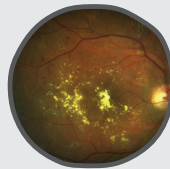
2. Visual acuity test:

Measures how well you can see the letters on an eye chart from a distance. This test is not as accurate as other tests for determining eye complications.



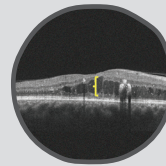
3. Fundus photography:

Shows the inside of the back of the eye.



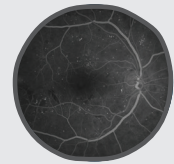
4. Optical coherence tomography:

Imaging is used to show the layers and thickness of the retina.



5. Fluorescein angiography:

A dye injected into your arm is used to show the blood vessels in the back of the eye.



➔ Treatment Options Are Available

If you have been diagnosed with DME, there are treatments that may be able to help:

- **Anti-VEGF Drugs.** Anti-VEGF drugs bind to vascular endothelial growth factor (VEGF, a naturally occurring protein in the body), which can keep blood vessels in the eye from becoming leaky. Anti-VEGF drugs are administered by injection in the eye
- **Laser.** Laser photocoagulation, a treatment that has been used for some time to treat DME, uses a beam of light to seal off or destroy leaking vessels
- **Steroids.** Steroids can reduce swelling and inflammation in the retina. Steroids are also delivered by injection in the eye

General ophthalmologists and retina specialists are important resources to help you manage DME. They are trained to diagnose and treat retinal conditions like DME.

Learn more at DiabetesSightRisk.com.

For additional resources,
contact your case manager.



Commission for Case Manager Certification

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