

EYE HEALTHCARE

DIABETES AND THE EYE

Diabetes which affects approximately 3% of the population, occurs when there is a lack of natural insulin in the body, which in turn causes an increase in the blood glucose concentration (hyperglycaemia). The prolonged effect of this is a blockage and breakdown of the very finest blood vessels (capillaries), leading to small leakages (haemorrhages).

Diabetes is divided into two main types, 'Insulin Dependant' (Type 1) generally affects individuals in their teens and early twenties because of damage to certain cells in their pancreas. This generally means insulin injections regularly for life. There is a strong hereditary link.

The second type, 'Non Insulin Dependant' (Type 2) again has a form of genetic link, but no insulin this time. It has later onset (between 50 and 70 years) and can often be controlled simply by diet, although tablets may be required.

The Optometrist and/or Diabetic Health Clinic should check the internal eye health annually, using pupil

dilation followed by Direct/ Indirect Ophthalmoscopy and retinal camera (archiving the images for future comparison).

Although a lot of diabetics can prevent eye damage by good control, the diabetic retina shows a characteristic progression of events, involving different types of 'haemorrhage', 'exudates' and 'cotton wool spots' and eventually end-stage retinal detachment.

Although there is a partial treatment by laser (photocoagulation), the best means is by prevention, being achieved only by good diabetic respect and regular assessment by your eye care professional.

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