

Guidelines for Diabetes with Retinopathy 2015

Screening	Treatment	Recommendations
Adults with type 1 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist within 5 years after the onset of diabetes. B	Promptly refer patients with any level of macular edema, severe non-proliferative diabetic retinopathy (NPDR), or any proliferative diabetic retinopathy (PDR) to an ophthalmologist who is knowledgeable and experienced in the management and treatment of diabetic retinopathy. A	Optimize glycemic control to reduce the risk or slow the progression of retinopathy. A
Patients with type 2 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist shortly after the diagnosis of diabetes. B	Laser photocoagulation therapy is indicated to reduce the risk of vision loss in patients with high-risk PDR, clinically significant macular edema, and, in some cases, severe NPDR. A	
If there is no evidence of retinopathy for one or more eye exams, then exams every 2 years may be considered. If diabetic retinopathy is present, subsequent examinations for patients with type 1 and type 2 diabetes should be repeated annually by an ophthalmologist or optometrist. If retinopathy is progressing or sight-threatening, then examinations will be required more frequently	Antivascular endothelial growth factor (VEGF) therapy is indicated for diabetic macular edema. A	

<p>High-quality fundus photographs can detect most clinically significant diabetic retinopathy. Interpretation of the images should be performed by a trained eye care provider. While retinal photography may serve as a screening tool for retinopathy, it is not a substitute for a comprehensive eye exam, which should be performed at least initially and at intervals thereafter as recommended by an eye care professional. E</p>	<p>The presence of retinopathy is not a contraindication to aspirin therapy for cardioprotection, as aspirin does not increase the risk of retinal hemorrhage. A</p>	<p>Optimize blood pressure control to reduce the risk or slow the progression of retinopathy. A</p>
<p>Women with preexisting diabetes who are planning pregnancy or who have become pregnant should have a comprehensive eye examination and be counseled on the risk of development and/or progression of diabetic retinopathy. Eye examination should occur in the first trimester with close follow-up throughout pregnancy and for 1 year postpartum. B</p>		