DIABETIC RETINOPATHY

Diabetic retinopathy is a progressive ophthalmic microvascular complication of diabetes characterised by the presence of microaneurysms, haemorrhages, exudates, venous changes, neovascularisation, and retinal thickening. It can involve the peripheral retina, the macula, or both¹. The various identifiable stages of the condition are described as: background where pathology is intraretinal, proliferative where pathology extends forward onto the retinal surface into the vitreous and beyond and pre-proliferative where the condition exhibits signs of imminent proliferation²

The Wisconsin Epidemiologic Study of Diabetic Retinopathy showed that background DR (microaneurysms and haemorrhages) was present in nearly all subjects with type 1 diabetes (T1DM) of 20 years duration³ and in 80% of those with type 2 diabetes (T2DM) of a similar

The condition remains the leading cause of blindness among the UK's working age population⁵.

A comprehensive National Screening Programme is currently being implemented to meet targets set out in the National Service Framework for Diabetes⁶. The National Screening Committee has recently produced grading criteria describing each level of disease determined by the lesions detected during screening, and management guidelines to ensure appropriate monitoring and treatment of the condition⁷.

NSC Proposed Grading Criteria - Minimum Data Set

Level R0 - None

Level R1 - Background

- microaneurysm(s)
- retinal haemorrhage(s) ± any exudate

Level R2 - Pre-proliferative

- venous beading
- venous loop or reduplication
- intraretinal microvascular abnormality (IRMA)
- multiple deep, round or blot haemorrhages

(CWS - careful search for above features)

Level R3 - Proliferative

- new vessels on disc (NVD)
- new vessels elsewhere (NVE)
- pre-retinal or vitreous haemorrhage
- pre-retinal fibrosis ± tractional retinal detachment

Maculopathy (M)

- exudate within 1 disc diameter (DD) of the centre of the fovea
- circinate or group of exudates within the macula
- retinal thickening within 1DD of the centre of the fovea (if stereo available)
- any microaneurysm or haemorrhage within 1 DD of the centre of the fovea only if associated with a best VA of \leq 6/12 (if no stereo)

Photocoagulation (P)

- focal/grid to macula
- peripheral scatter

Unclassifiable (U)

Ungradable/unobtainable

NSC Proposed Management Criteria

R0 Annual screening

R1 Annual screening, inform diabetes care team

R2 Refer to hospital eye service

R3 Fast-track referral to hospital eye service

Maculopathy (M)

M1 Refer to hospital eye service

Photocoagulation (P)

P1 New screenee - refer to hospital eye service

P2 Quiescent post treatment - annual screening

Other lesions (OL)

Refer to hospital eye service or inform primary physician

Ungradable/unobtainable (U)

Media opacity hospital eye service

Unscreenable

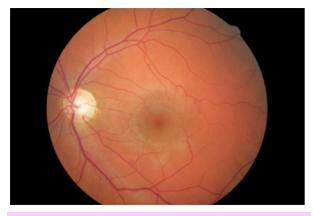
discharge, inform GP (option to recall for further photos if purely technical failure)

References

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www.diabeticretinopathy.screening.nhs.uk

Example images on reverse



Normal retina with no diabetic retinopathy - NSC grade R0



Background diabetic retinopathy with microaneurysms, haemorrhages and exudates - NSC grade R1



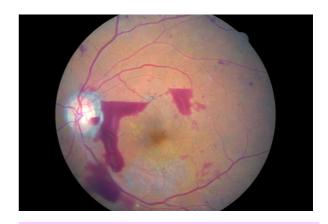
Pre-proliferative diabetic retinopathy with CWS, IRMA and multiple blot haemorrhages - NSC grade R2 $\,$



Diabetic maculopathy with haemorrhages and circinate exudates - NSC grade M



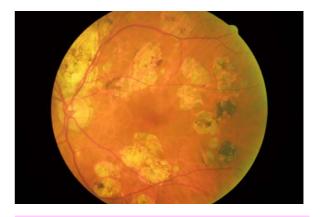
Proliferative diabetic retinopathy with new vessels at the optic disc (NVD) - NSC grade $\ensuremath{\text{R3}}$



Proliferative diabetic retinopathy with pre-retinal and vitreous haemorrhages - NSC grade R3



Proliferative diabetic retinopathy with fibrous proliferation - NSC grade R3



Evidence of previous laser therapy - NSC grade P