Diabetes can be responsible for many vision problems. When it is poorly controlled, there is too much sugar in the blood, which causes the thickening and hardening of the blood vessels in the eyes which in turn prevents them from doing their job properly.

The best way to prevent or slow down eye diseases remains optimal glycemic control.

Vision loss due to diabetes can be prevented by an early fundus examination as soon as the diabetes is diagnosed, followed by regular ophthalmologic monitoring (annual examinations are recommended by the Canadian Diabetes Association).

The evolution of DR takes place gradually throughout the life of the diabetic and may result in vision loss or even blindness. It can be caused by:
- Macular edema;
- Vitreous hemorrhage through neovessel bleeding, retinal detachment or neovascular glaucoma.

Recommended basic examinations

<table>
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<tr>
<th>Type 1 diabetic</th>
<th>FIRST EXAMINATION</th>
<th>FOLLOW-UP</th>
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<td>Type 2 diabetic</td>
<td>When the diagnosis is made</td>
<td>On an annual basis or based on the recommendations of the professional</td>
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<td>Type 1 or type 2 diabetic woman who would like to get pregnant</td>
<td>Before conception or as soon as possible</td>
<td>During the first 3 months of pregnancy and then as needed during the pregnancy and in the following year</td>
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Recommendations adapted from the 2013 Clinical Practice Guidelines for the prevention and treatment of diabetes in Canada of the Canadian Diabetes Association.
There are periods in the life of the diabetic during which the risk of rapid progression of retinopathy necessitates enhanced ophthalmologic monitoring.

**Puberty and adolescence:** Among children with diabetes, the prevalence of diabetic retinopathy is low, and there is generally no proliferative retinopathy before puberty. However, a rapid deterioration can take place during this period.

**Pregnancy:** It is necessary to examine the fundus before pregnancy; in the absence of diabetic retinopathy in early pregnancy, a quarterly ophthalmologic and then postpartum monitoring should be performed. If diabetic retinopathy exists in early pregnancy, monthly monitoring is needed.

**The rapid normalization of blood sugar levels** through intensive treatment (including the use of the insulin pump) is associated with a transient risk of aggravating diabetic retinopathy: the general rule is to perform an eye examination before attempting to quickly normalize blood sugar levels.

**Arterial or kidney failure** may result in an aggravation of the diabetic retinopathy.

**The surgical treatment of a cataract** may aggravate the diabetic retinopathy in the weeks following the procedure.

DO NOT HESITATE to consult with a professional if one of the following symptoms appears!

- Blurred vision that varies from day to day
- Dry eyes
- Double vision that suddenly appears
- Problems associated with seeing colours
- Night vision becoming increasingly difficult (driving a vehicle)
- Vision loss (very blurry, as if looking through fog)

FOR MORE INFORMATION:

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