

EYE-Q

by R. Thomas Barowsky, MD

Diabetes and Eye Exams

Now that you have all your Halloween candy sorted out and carefully packed away to enjoy over the next several weeks and after celebrating all October as National Dessert Month and as you look forward to all the special treats you hope to enjoy with Thanksgiving and Christmas just around the corner, I am here to alert you to the American Diabetes Association designation of November as Diabetes Awareness month. They do this in an effort to better educate and alert everyone to the seriousness of this disease and to make you feel guilty about all that great Halloween candy and those luscious desserts you devoured this past month. Because diabetes affects every system in our body, it is more intrusive in our lives than the government.

Diabetes Mellitus can have a serious impact on your vision if not carefully monitored and controlled. Diabetes is a disease of abnormal sugar control by the body. The pancreas fails in its ability to provide the proper amounts of insulin to control blood sugar at the appropriate levels for our activities. Diabetes typically presents in two ways; juvenile onset diabetes also referred to as Type I begins very early in a child's life requiring a life long dependency on insulin to control sugar levels in the blood. Adult onset diabetes is also referred to as Type II and generally is easier to manage and control usually just with diet, exercise, weight control and oral medicines. Type II diabetes can be present in patients for quite sometime before it is diagnosed especially if the symptoms are very mild since they can mimic other conditions. If you have not had a physical exam or blood tests done in a long time you may be unaware of when your diabetes actually began.

One of the effects of diabetes is to cause damage to the blood vessels in our bodies. In the eye this results in leakage of blood and blood components into the retina causing swelling of the retina and a disturbance of vision. In addition, these damaged blood vessels are not as efficient at supplying the retina with blood and the retina starts to get sick. To correct this loss of blood supply the retina has the ability to make new blood vessels to increase the amount of blood going to the retina. This is called **neovascularization**.

Unfortunately, these new vessels are very fragile and if they break will cause severe bleeding inside the eye. They also have the ability to create severe scar tissue in the eye which can cause complicated detachments of the retina and blindness. If the neovascularization spreads to the front of the eye it can cause a painful and complicated form of glaucoma. Additionally, diabetic patients tend to develop cataracts at a much earlier age than non-diabetics. So, have I made a good case for having regular eye exams if you have been diagnosed with Diabetes Mellitus Type I or Type II?

In the last twenty years the treatment of diabetes has advanced significantly. Lasers, surgical advances and medications introduced into the eye are playing a major role in the fight to save vision threatened by diabetic eye disease. During National Diabetes

Awareness Month, I will discuss these advances and how they can protect your vision from the most severe affects of diabetic eye disease, blindness and uncontrolled glaucoma.

In the meantime, if you have diabetes and have not had a dilated medical eye exam in over a year, get off your sitter and call your eye doctor for that all important eye exam. Retinal cameras and other fancy diagnostic machines are no substitute for a thorough evaluation of the retina through a dilated pupil by an experienced eye doctor.

P.S. Did you remember to set your clock back one hour last night when you went to bed? If not then you missed out on one additional hour of glorious sleep.

If you have questions about your eye health e-mail Dr. Barowsky at doctom@tdkj.com and we'll try to answer your questions here at Eye-Q.