World Diabetes Day is November 14, 2021 and the theme this year is “Access to Diabetes Care, If Not Now, When?”, to highlight the ongoing care and support people with diabetes require to manage their condition and avoid complications. Optometrists play a vital role in both the detection of diabetes and in helping patients avoid complications by comanaging with primary care providers and endocrinologists.

Diabetes causes the small blood vessels in the body to become leaky. These leaky vessels go on to cause a myriad of systemic complications, including diabetic retinopathy, a leading cause of vision impairment and blindness globally. A retinal evaluation is the most cost-effective, non-invasive method to directly view these smallest blood vessels. Ideally, this evaluation includes a dilated examination and retinal photos for documentation. However, in places where optometrists are not able to dilate patients, a thorough examination of the posterior pole, even through an undilated pupil, can often detect diabetic changes as they most often occur in the center of the retina.

Optometrists often identify diabetic changes in the eye before patients are even aware of their condition and are able to educate patients and advise them on how to begin care. Additionally, retinal health is a key indicator of overall systemic health, and by communicating and comanaging with other physicians, optometrists can make sure their patients are optimally managing their diabetes.

Our practice sees patients with diabetes weekly who are following their physician’s directions, exercising and taking their medications, and have reasonable hemoglobin A1c levels, who, even still, have some level of diabetic retinopathy. We then advise the patient’s PCP and / or endocrinologist that the condition may not be under optimal control so that treatment plans can be modified to best manage the patient’s long-term health.

To me personally, diabetes always seemed like a condition that affected other people; my friends, family and patients. That changed recently when I received the results of my blood work from earlier this month. My A1c, the blood test that best indicates how the body is handling blood sugar levels over the previous two to three months, was 6.0. An A1c of 5.7 or less is considered normal, between 5.7 and 6.4 is pre-diabetes and 6.5 and above is considered diabetes. So, like many others, I have had to make changes in my daily routine: more exercise, walking instead of driving, and avoiding my nemesis, after dinner snacking. Of course, I will be getting a dilated evaluation of my retina in the next couple of days.

I look forward to working with our chapters to support their efforts to increase awareness and skills for the identification and further prevention of diabetes related visual impairment.

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