

### Stages of Diabetic Retinopathy

#### Background Diabetic Retinopathy (R1)

**Lesions:** Micro-aneurysms, blot haemorrhages, flame haemorrhages and exudates.

**Treatment:** Optimise glycaemic management, blood pressure and lipid profile (cholesterol).

**Screening recall:** In 12 months

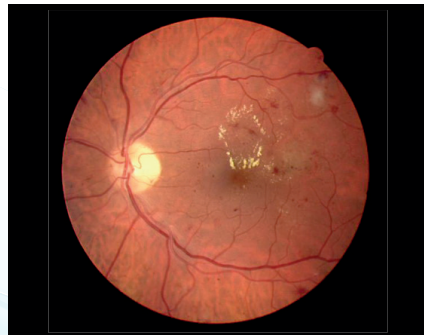


#### Exudative Maculopathy (M1)

**Lesions:** Exudates appearing within the macular area (within 2 disc diameters of fovea) is classed as exudative maculopathy which can occur at any stage of DR. Exudates are accepted as surrogate markers of retinal thickening or oedema. Optical Coherence Tomography (OCT) is required to confirm retinal thickness and oedema.

**Management:** For exudates within 1-2 disc diameter of the fovea refer to Hospital Eye Service: routine, soon or urgent dependent on the extent, configuration and location of the exudates and the impact on visual acuity.

**Treatment:** Closely monitor the persons glycaemic management and co-morbidities (BP and lipids) required.



#### Caution:

Improvements in glycaemic management should be made gradually to avoid worsening of DR.



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#### Preproliferative Diabetic Retinopathy (R2)

**Lesions:** microaneurysms, multiple haemorrhages, cotton wool spots (CWS), Exudates, Venous beading, Venous loops and intra-retinal microvascular abnormalities (IRMA).

**Management:** Recall for screening within 6 months or routine referral to the hospital eye services for monitoring and possible treatment.

**Treatment:** Optimise glycaemic, blood pressure and cholesterol management.



#### Proliferative Diabetic Retinopathy (R3)

**Lesions:** new vessels on the optic disc (NVD), new vessels elsewhere (NVE), microaneurysms, multiple haemorrhages, CWS, exudates, venous beading, venous loops and IRMA, Pre-retinal haemorrhages, fibrosis, traction, vitreous haemorrhage, Rubeosis Iridis.

**Management:** Urgent referral to hospital eye services required for possible treatment



#### Caution:

Improvements in glycaemic management should be made gradually to avoid worsening of DR.



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