

4<sup>th</sup> International Conference & Expo on **Euro Optometry and Vision Science**  
&  
29<sup>th</sup> International Congress on **Vision Science and Eye**

August 22-23, 2019 Vienna, Austria

**Importance of screening for diabetic retinopathy and diabetic macular edema in the primary care health.**

**Paniagua Daniel**

Asociación Mexicana de Diabetes AC, México

**D**iabetes Mellitus (DM) is positioned nowadays as one of the chronic noncommunicable diseases that affect the health of the world population, where people living in low and middle-income countries have a greater vulnerability to developing it, as well as social determinants (age, gender, access to health services, education, etc.), contributes to the development of complications derived from diabetes such as the diabetic retinopathy (DR).

DR is the result of microvascular alterations closely associated with the type and time of evolution of DM, blood glucose (chronic hyperglycemia), blood pressure and probably lipids, although the mechanism by which hyperglycemia causes microvascular damage in the retina is unknown.

Primary health care professionals play an important area of opportunity in the detection of eye diseases in patients living with diabetes; In Mexico, the burden of the disease due to DM is a public health problem in which the decrease in vision is the main complication reported by patients living with the disease according to the Encuesta Nacional de Salud y Nutrición (ENSANUT 2016).

The Course-Workshop Screening for Diabetic Retinopathy and Diabetic Macular Edema will help the participant to identify, by retinography, the different lesions due to DR and Diabetic Macular Edema (DME) in patients living with Diabetes. Use the Scottish Classification of DR criteria for diagnosis, monitoring, channeling, control and follow-up in patients living with DM, thereby contributing to the facilitation and promotion of prompt and timely visual attention, being a solution cost-effective for the care of DR and DME.

DR screening should be opportunistic in primary care vision by graduates in optometry trained in diabetes education and screening; it would be cost-effective for the years of loss of vision saved, in addition to fighting poverty and with a lower cost to health systems and a reduction in the hospital burden.