

#### **FACT SHEET:**

# Looking after your eyes

Looking after your eyes is very important when you have diabetes. People with diabetes are more likely to develop eye problems. You can reduce your risk by managing your diabetes and having regular eye checks and timely treatment. Eye problems cause less damage when detected and treated early.

Diabetes can cause both short-term and long-term eye problems.

# **Short-term eye problems**

Blood glucose levels above target can cause a short-term blurring of vision. This is due to temporary changes in the shape of the lens of your eye. Blurred vision can occur at different times – before you are diagnosed with diabetes, when starting a new treatment for diabetes, or when your blood glucose changes quickly between above and below target levels. Talk to your doctor if you notice this happening.

# Long-term eye problems

The risk of serious eye problems increases when you have blood glucose levels above target for a long time, or if your blood pressure or cholesterol levels are high. Long-term eye problems include diabetic retinopathy, glaucoma, macula oedema and cataracts. These eye problems can lead to reduced vision or even blindness if left untreated.

#### Diabetic retinopathy

Diabetic retinopathy occurs when blood glucose levels stay above target for long periods. This damages the small blood vessels in the retina of the eye. This damage causes them to leak fluid. New blood vessels grow to make up for the ones that are damaged. The new vessels are weak. They rupture and bleed (haemorrhage) easily. New blood vessels can also leak protein or fluid into the part of the eye that gives central vision (also known as the macula).

In the early stages, there may be no symptoms or changes to your vision.

As retinopathy gets worse, the following symptoms can occur:

- blurred or distorted vision that is not improved with prescription glasses
- seeing floating spots or flashes





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- sensitivity to light and glare
- difficulty seeing at night.

It is important to have regular eye checks. This allows diabetic retinopathy to be diagnosed and treated early before it becomes more serious and affects your vision.

#### Glaucoma

Glaucoma is a build-up of pressure in the eye which can then damage the optic nerve. This causes a build-up of pressure inside the eye. It can affect anyone, but it is more common in people with diabetes.

Glaucoma can lead to loss of vision or blindness if it is not treated early. There are no warning signs of glaucoma. Problems can be detected early with regular eye checks that include measuring eye pressure.

#### Cataracts

Cataract is a clouding of the lens in the eye. This can reduce vision. Sun damage and ageing are the main risk factors. People with diabetes tend to develop cataracts faster and at a younger age than others.

### **Eye checks**

- If you have type 2 diabetes, have your eyes checked by an optometrist or an eye specialist (ophthalmologist) for early signs of damage when first diagnosed with diabetes. After that, it is recommended that you have your eyes checked at least every two years or more often. Your doctor will advise you how often you need to have an eye check.
- If you or your child have type 1 diabetes, speak to your doctor about when to start having eye checks and how often to have them.
- Have your eyes checked more often if your eye care health professional advises. This is very important if you already have eye problems or are planning a pregnancy.

- Your eyes can be checked by an optometrist without the need for a medical referral. This is covered by Medicare.
- Discuss any changes in your vision in between your routine eye checks with your optometrist, eye specialist or doctor.

## Looking after your eyes

There are several things you can do to reduce your risk of eye problems.

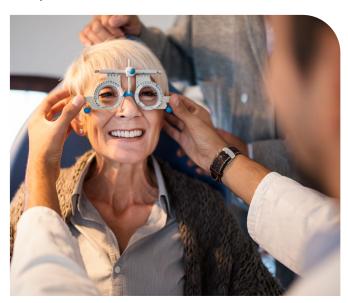
Aim for blood glucose levels and blood pressure as close to your target ranges as possible. Regular appointments with your diabetes health professionals can help you with this.

Keep your cholesterol level within the recommended range. Ask your doctor for what your target range is.

See your optometrist or ophthalmologist for an eye check as soon as you notice any changes in your vision. In most cases, the earlier eye problems are treated, the better the result. Your ophthalmologist can advise what treatments are available.

**Do not smoke.** If you do smoke, try to quit. If you feel you cannot give up smoking on your own, ask for help. Talk to your doctor or call the Quitline on 137 848.

Speak to your doctor or a psychologist or social worker if the health of your eyes is causing you worry or concern.





# More information and support

- Go to ndss.com.au to search for the 'Annual cycle of care', 'Diabetes-related complications' and other fact sheets.
- Go to ndss.com.au/annual-cycle-ofcare-podcasts/ and listen to Episode 6
  Eye Health – Seeing an optometrist, and other episodes in the Annual Cycle of Care podcast series.
- Go to keepsight.org.au to register for the eye check reminder program for people with diabetes.
- For more information about eye health, go to visionaustralia.org.au.



## **Top tips**

- Have regular eye checks with your optometrist or ophthalmologist.
- See your optometrist or ophthalmologist for an eye check as soon as you notice any changes in your vision.
- Work with your diabetes health professionals to keep your blood glucose levels, blood pressure and cholesterol as close to your target ranges as possible.
- Register with KeepSight at keepsight.org.au to make it easier to remember to book regular eye checks.

Notes			

# The NDSS and you

Whether you have just been diagnosed with diabetes, or have been living with diabetes for a while, the NDSS provides a range of support services, information, and subsidised products to help you manage your diabetes, stay healthy and live well. For access to more resources (including translated versions), or to find out more about support services, go to **ndss.com.au** or call the NDSS Helpline on **1800 637 700**.

This information is intended as a guide only. It should not replace individual medical advice and if you have any concerns about your health or further questions, you should contact your health professional.