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## PREVENTION OF VISUAL LOSS IN DIABETIC RETINOPATHY

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**Abstract:** Diabetic retinopathy (DR) is one of the principal causes of blindness in the modern world. Timely detection and adequate therapy of DR are very important for prevention of advanced diabetic eye disease.

To indicate the significance of timely diagnosis of eye changes from diabetes mellitus in order to prevent the possible difficult eye complications.

Causes of reduced visual acuity and blindness in this metabolic disease include frequent intravitreal bleeding, fibro-glioticretino-vitreal proliferation, traction retinal detachment and neovascular glaucoma.

There are examined 187 patients, for a duration of 3 months in the eye department of the clinical hospital in Tetovo. Where, apart from the overall ophthalmic examination, the patients also are followed questionnaire.

Good metabolic regulation of diabetes is the most important in the prevention of the development and progression of DR. We recommend ordinary cooperation between diabetologists, general care physicians and ophthalmologists to prevent advanced diabetic retinopathy.

**Keywords:** prevention, visual loss, diabetic retinopathy

## ПРЕВЕНЦИЈА НА НАРУШУВАЊАТА НА ВИДОТ КАЈ ДИАБЕТИЧНА РЕТИНОПАТИЈА

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**Абстракт:** Дијабетичната ретинопатија (ДР) е една од главните причини за намалување па и комплетно губење на видната оштрина број модерниот свет.

Навременото откривање и диагностицирање со адекватна терапија од офтамлологите,се значајни за лекувањето и превенцијата на оштетувањата на видот од шекерната болест.

Да покажеме колку е значајно раното откривање,и навременото диагностицирање на промените во очите од шекерната болест,како би се превенирале и лекувале тешките компликации во очите кои водат кон сигурно слепило.Која е возрастта на пациентите.Колку се запознаени со болеста,и поврзувањето со шекерната болест со промените во очите.

Употребени се резултатите од прегледите на 187 пациенти,за времетраје од 3 месеци во очното одделение на клиничката болница во Тетово. Каде освен целокупниот офтамолошки преглед пациентите попонувале и анкетен лист-одговарале на прашањата.

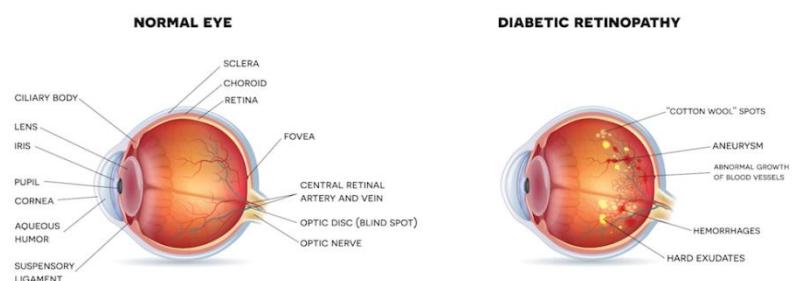
Доброто регулирање на шекерната болест е многу значајно за превенцијата и запирањето на прогресијата на ДР. Да се придае големо значај на соработката помеѓу, матичниот доктор, диабетологот и офтальмологот за навремено диагностицирање, превенција и лекување на оштетувањето на очите од дијабетичната ретинопатија.

Клучни зборови: превенција, губење на видот, дијабетична ретинопатија

## ВОВЕД

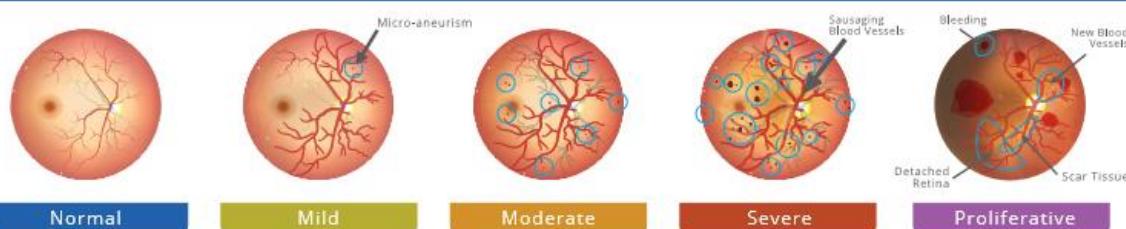
Дијабетичната ретинопатија (ДР) претставува најтешката васкуларна компликација на окото. ДР е компликација на диабетот (шекерната болест) која е хронична и кога не се диагностицира на време и не се лекува се појавуваат компликациите кои ги опфаќат крвните садови на ретина и хороидеа во окото.

## DIABETIC RETINOPATHY

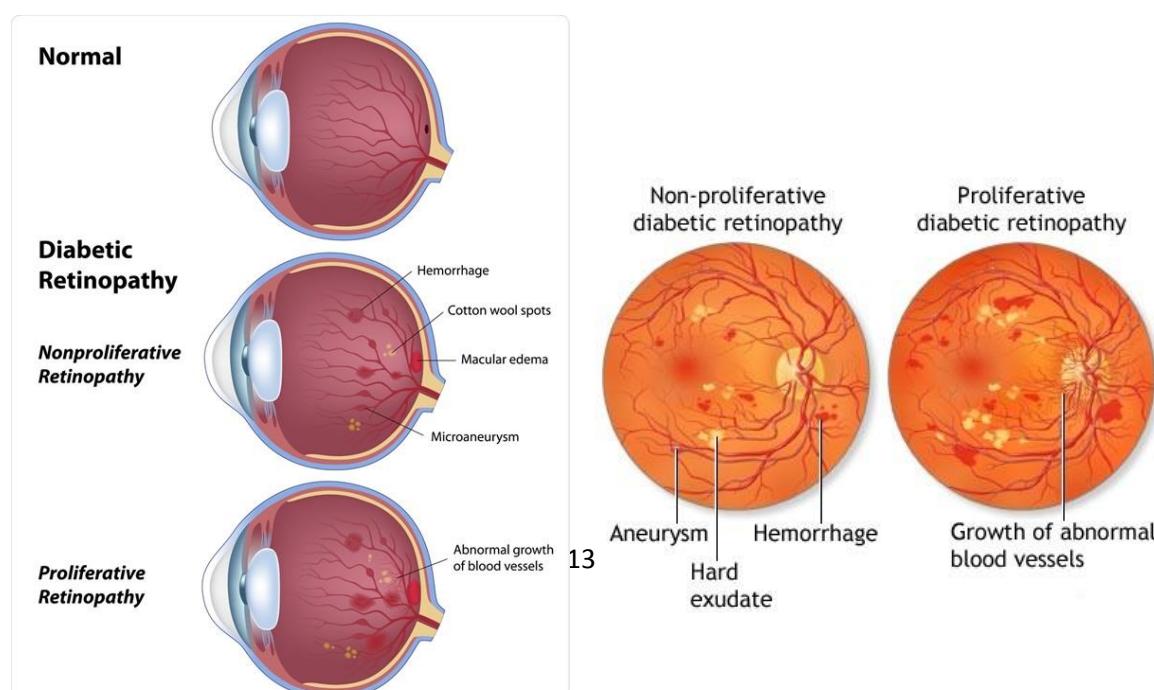


ДР заедно со нефропатијата и неуропатијата претставуваат тријас на сериозни компликации на дијабетес кои можат тешко да го ограничат функционалниот капацитет на заболениот. ДР претставува една од водечките причини за редуцирање на видот и слепило во светот. Порастот на преваленцата на ДР се должи на пролонгираниот животен век на болните со дијабетес мелитус.

## STAGES OF DIABETIC RETINOPATHY



ДР е често со офтамолошки компликации како нон-пролиферативна и пролиферативна ДР, како и промени во крвните садови на ретината како затнување и промена на пропустливост во вид на микрохеморагии.



Диабетот имаат околу 240 милиони луѓе во светот и ова бројка до 2030 се очекува да биде околу 370 милиони заболени од диабет. Во САД околу 700000 илјади се заболени од ДР со годишна инциденца од 65.000 нови случаји.

## МАТЕРИЈАЛ И МЕТОДИ

Во период од 3 месеци анкетирани беа 187 болни со шекерна болест кои беа прегледани во офталмоловската амбуланта при Клиничката болница во Тетово. Кај сите овие болни беше направен детален офталмоловски преглед, кој секако вклучуваше и преглед на очно дно во мидријаза. Пациентите пополнуваа анкетен прашалник, кој вклучуваше : возраст на пациентот, времетраење на шекерната болест, вид на терапија со која пациентот го регулира шекерот, временски период помеѓу времето на откривањето на шекерната болест и првиот офталмоловски преглед. Дали пациентот е запознаен со можните компликации од шекерната болест врз органот за вид ?

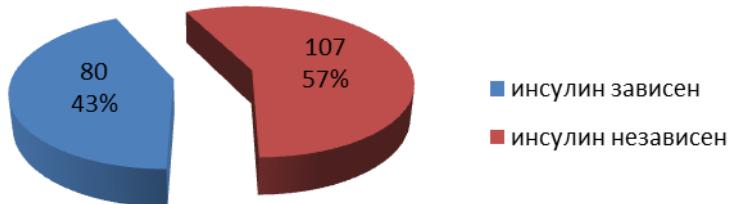
## РЕЗУЛТАТИ

Просечен временски период на шекерната болест беше 12,6 години (SD +- 9,4, min.0, max 42)

Од вкупно 187 испитани, 38 пациенти (20,3%) ја имаа болеста помалку од 5 години, 30 пациенти (16.1%) од 6 до 10 години, 60 пациенти (36.9%) од 10 до 15 години и 50 (26.7%) пациенти повеќе од 15 години.

Просечна возраст на пациентите беше 58,2 години.

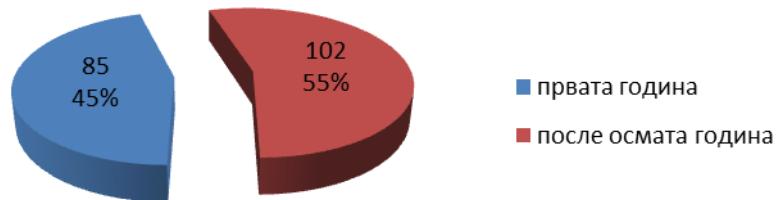
Од вкупно 187 испитани, 80 (43%) пациенти беа инсулино зависни, а 107 пациенти (57%) беа инсулино независни пациенти .



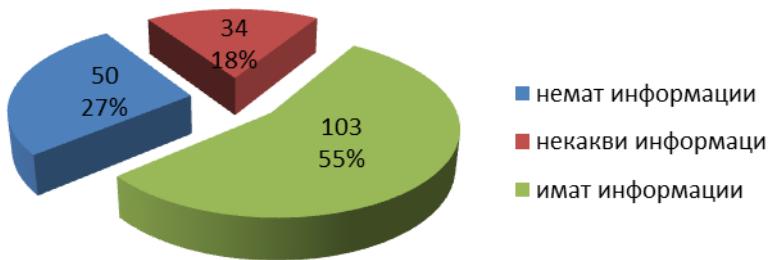
Најголем дел од пациентите беа испратени на прв офтамоловски преглед од страна на специјалист интернист, дијабетолог 141 (75.4%), 40 (21.4%) пациенти беа испратени од матичен лекар, а само 6 (3.2%) пациенти дојдоа како итни случаи поради голема редуцирање на видната остротина односно поради квартување во стаклестото тело.

Од вкупно 187 испитници на прашањето кога се прегледани, 85 (45%) од пациентите одговорија дека првиот преглед е извршен во првата година на сознанието за болеста, а останатите 102 (55%) во еден интервал од 8.5 години од започнување на болеста.

офтамоловски преглед



На прашањето дали знаат дека шекерната болест ги оштетува очите од вкупно 187, 50 (27%) пациенти одговориле дека немат никакво знаење дека шекерната болест може да го оштетува видот, 34 (18%) имале некакви знаења и 103 (55%) имале сознание дека диабетот го оштетува видот.



## ДИСКУСИЈА

ДР е најтешка компликација на продолженото траење на шекерната болест и дисрегулацијата на гликемијата.

Секој офтальмолог треба да биде запознаен со следниве фактори, кои во голема мера влијаат врз прогнозата на видот:

- Постоење на ретинопатија во време на дијагноза на шекерната болест
- Степенот на ретинопатија
- Острината на видот во времето на дијагностицирање на дијабетилната ретинопатија (ДР)
- Возраста на пациентот во време на дијагностицирање на дијабетот и ретинопатијата
- Локализација на оштетувањата на ретината
- Времетраење на дијабетесот.

Прогнозата во однос на видната острота е многу поповолна кај пациенти со непролиферативна ретинопатија и добар вид во почетокот на болеста (1,6,7).

Дијагностицирање на ДР се поставува со директна и индиректна офтальмоскопија, биомикроскопија со Голдманова призма, флуоресценска ангиографија, окуларна кохерентна томографија на задниот очен сегмент и ехографија. Флуоресценската ангиографија игра многу важна улога во диференцирањето на непролиферативната и препролиферативната форма на болеста и во проценката за индикацијата за ласер фотокоагулација( 1,3,4,5)

Пореметување на хемато-окуларната бариера одн дисфункција на васкуларната ендотелијална мембра на претставува патогенетскиот механизам за развој на ДР (3,8)

Терапевтски опции во третманот на ДР вклучува: примена на инхибитори на експресија на ВЕГФ и други индуктори на ангиогенезата и ласер фотокоагулација на ретината(1,3,6,7).

Значајно влијание за развојот на компликациите се должи на неинформираноста на пациентите за можните компликации кои ги предизвикува дијабетесот врз органот за вид. Поради тоа неопходно е информирање на ова ризична популација за важноста на редовните офтальмолошки прегледи(1,2,4)

Заклучок:

Добрата метаболичка регулација на дијабетесот е најважна во спречувањето на развојот и прогресијата на ДР. Препорачуваме подобра соработка меѓу дијабетолозите, општите лекари и офтальмологите за да се спречи развојот во пролиферативната дијабетична ретинопатија, а со тоа и можните тешки компликации од истата кои доведуваат и до слепило.

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