

CORRESPONDENCE

Clinical Practice Guideline: The Prevention and Treatment of Retinal Complications in Diabetes

by Dr. rer. nat. Susanne Gabriele Schorr, Prof. Dr. med. Hans-Peter Hammes, Prof. Dr. med. Ulrich Alfons Müller, Prof. Dr. med. Heinz-Harald Abholz, Prof. Dr. med. Rüdiger Landgraf, and Prof. Dr. Bernd Bertram in issue 48/2016

Important Risk Factors Were Not Included

Schorr and colleagues in their clear overview of the prevention and therapy of diabetic retinopathy point out crucial measures for the treatment of vision-impairing complications (1). Symptoms and risk factors are displayed neatly in a table. We wish to add that in the context of diabetic retinal ischemia, rubeosis iridis (neovascularization of the iris) may develop early on, which is a sign of an impending threat in terms of the severity of the condition (2). Every diabetes patient should be checked out regularly for signs of neovascularization at the pupillary border of the iris. Onset of rubeosis may be present when the proliferative diabetic retinal changes are not yet very pronounced; occasionally vascular proliferations are seen exclusively in the periphery of the retina (3). Rubeosis iridis is a diagnostically important warning signal, on the one hand; on the other hand, ophthalmologists will initiate treatment at the earliest opportunity, in order to prevent the threat of neovascular glaucoma.

Schorr and colleagues include arterial hypertension as a crucial risk factor. However, patients' nicotine misuse was not mentioned as an additional risk factor (4).

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In Reply:

We agree with Prof Schmidt on the importance of detecting rubeosis iridis in the follow-up examinations. In the article's table, recommendation 3.3 makes it clear that in the follow-up exam an examination of the anterior segment of the eye should be included (1). The German National Disease Management Guideline on the prevention and treatment of retinal complications in diabetes (www.netzhautkomplaktionen.versorgungsleitlinien.de) (2) explains this in greater detail and emphasizes that a slit lamp examination should be undertaken to detect possible rubeosis iridis.

According to currently available study evidence, smoking cessation is among the general recommendations in the treatment of type 2 diabetes (cf also the German National Disease Management Guideline on the treatment of type 2 diabetes (www.dm-therapie.versorgungsleitlinien.de)) (3). In type 1 diabetes, studies have shown that smoking is a risk factor for retinopathy (3). In type 2 diabetes, by contrast studies have not shown a harmful effect for the eyes. Smoking is mentioned in the guideline, but it is not explicitly listed as an additional risk factor and is not included in the summary of this publication either.

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Conflict of interest statement

The authors of both contributions declare that no conflict of interests exists.