

Factors which prevent the uptake of Diabetic Retinopathy Services

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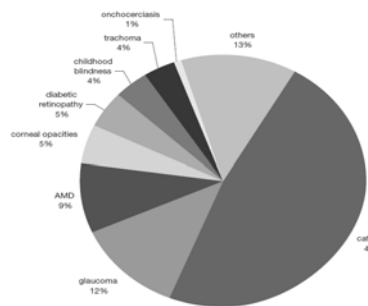
- Diabetes and DR Context
- Diabetes and DR Prevalence
- Sightsavers Initiatives
- Factors affecting the uptake of DR services

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Global Causes of Blindness

(Source: Global Action plan, 2006-2011, Vision 2020)

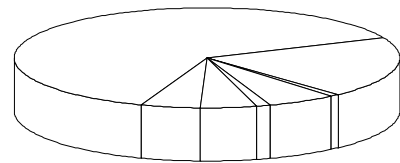


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Major causes of blindness: India

(50+ yrs population, VA < 3/60) (Source: NPCB 1999-2001 survey)



- Cataract
- Glaucoma
- Others
- RE
- Surgical complications
- Corneal blindness
- Posterior seg disorders

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DR management: The context

- India will have the highest number of diabetics by 2025: 57 mn (WHO)
- 60% of Type 2 diabetics with over 20 yrs history will show evidence of DR (AIIMS)
- Cataract increasingly better managed in many states
- DR likely to become major cause of VI & blindness in India
- Much more complex than cataract management
- A VISION 2020 priority disease
- Part of comprehensive eye care

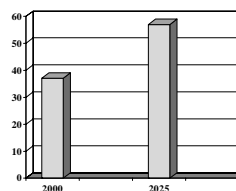
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DR management: The context

(Source: WHO)

No. diabetics in India (mn)

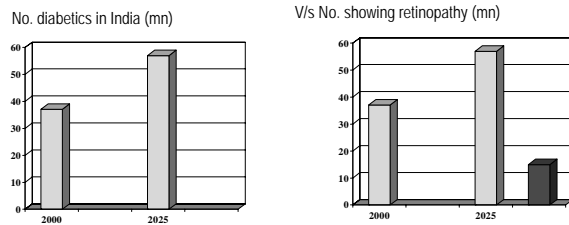


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DR management: The context

(Source: WHO)



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Sightsavers Initiatives for DR management

- 1990s: Training - indirect ophthalmoscopy & laser (with Aravind Eye Care System)
- 2000 onwards:
 - Strategy planning and capacity building
 - Establishment of DR department: 15 partners
 - Primary screening by developmental NGOs in collaboration with DR units
 - Development of "Guidelines for Comprehensive Management of DR in India" – A VISION 2020 India publication (available as hard copy or pdf on V2020 India website)

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Strategies for DR management

- Service delivery
 - Screening
 - Treatment
- HRD (at partners)
- Infrastructure
- Advocacy
- IEC
- Linkages with primary eye care (through community based developmental organizations)

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Factors that prevent the uptake of DR services

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Economic Factors

- Cost (direct and indirect cost)
- Lack of established cost effective models for DR services
- Household economy and priority for eye care
- Household economy and priority for DR service
- Productive age in relation to DR
- Marketability and sustainability

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Social Factors

- Awareness on diabetes in rural areas
- Awareness on DR in rural and urban areas (not just among the general community but also among medical practitioners & personnel)
- Identifying the unknown diabetics
- Patient satisfaction with DR services (vis a vis cataract, where you can restore sight unlike in DR where you cannot restore lost vision but can only perhaps arrest further loss of vision)

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Clinical and Medical Factors

- Result after the treatment
- Long and continued procedure
- Life long care
- Cataract still a priority among service providers
- Need to address the root cause (diabetes) for which behaviour change is key

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Resource

- Lack of trained manpower
 - Social workers
 - Counselors
 - Ophthalmic paramedics
 - Retina Specialists
- Infrastructure
 - Cost of equipments
 - Lack of appropriate referral system

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Coordination and Networking

- Involving civil hospitals
- Involving general practitioners
- Involving diabetologists

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Future plans

- Consolidate existing work with partners to improve efficiency
- Determine good practice and models
- Support partners to maximize DR strategy articulated in XIth NPCB plan
- Support research to promote efficient management of DR (we are looking at various screening models through a collaboration b/w ICEH London and Sankara Netralaya)

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Suggested Advocacy Initiative

- Advocating with ophthalmologists for **comprehensive** eye check up rather than just a usual refraction or anterior eye check.
- Advocating with global/national diabetologists & physicians associations/for attention to DR.

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Thank you

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