

Creating Awareness of Diabetic Retinopathy at Taluk Hospital

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Introduction

Diabetes is emerging as one of the public health problems. In India, it was the 17th cause of blindness 20 years ago. But today diabetes related blindness has rapidly ascended to the 6th position. Since awareness about diabetes and diabetic retinopathy is very low in the community, all possible opportunities must be utilized for awareness creation especially for the rural areas. It has been estimated that there may be one undiagnosed diabetic in the community for every one that is known.

Magnitude of diabetic retinopathy

The problem of diabetic retinopathy in developing countries like India is causing concern and the magnitude of the problem is not realised at present because of the existing problem of cataract and the anterior segment diseases.

Diabetic retinopathy is an important serious complication of diabetes that requires attention of the medical professional. All diabetics will develop some degree of retinopathy within twenty years of the onset of diabetes¹. Fortunately, vision loss and blindness due to diabetic retinopathy are almost entirely preventable with early detection and timely treatment². However, many people with diabetic retinopathy remain completely asymptomatic and unaware that their vision is under threat well beyond and optimal stage of treatment³. A lack of knowledge concerning the need for screening, especially in the absence of symptoms, is a major barrier to regular screening for many people with diabetes⁴. Diabetic retinopathy is becoming an increasingly important cause of visual impairment in India⁵. Awareness that

diabetes can cause diabetic retinopathy at present is only 28.8% of the urban population in southern India⁶. Furthermore, awareness concerning the different treatment modalities for diabetic retinopathy is also expected to be low among medical practitioners and paramedical personnel. Thus, the development of awareness of the need for regular eye examination is of prime importance in the community in general and in the medical community in particular, which includes the paramedical personnel also.

Many awareness strategies were planned for diabetic retinopathy project. One of the strategies is to create awareness among diabetic patients when they visit the taluk hospital to receive medicine. One of the principles of health education is to utilize all the available opportunities to educate the patient.

A seminar for the district level medical and health personnel was organised to orientate about diabetic retinopathy project objectives, strategies for awareness creation, diabetic retinopathy screening camp and treatment facilities. During the seminar, Joint Director of health services for Theni District planned the diabetic retinopathy seminar for the taluk hospital physicians. As per plan, a seminar for the medical practitioners of taluk hospitals was conducted in Aravind Eye Hospital at Theni on 16.12.2003. The Joint Director, diabetologist, retina specialist and IEC-Expert discussed about magnitude and management of diabetes and diabetic retinopathy, and the role of medical practitioners. It was suggested that the diabetic patients can be educated and counselled on the day, when they come to receive their medications. Accordingly, an action plan was devised and 6 hospitals were selected.

The action plan is given under:

S.No	Date	Time	Name of the Hospital	No. Attended
1	19.12.03	8.30 – 11.00 am	Cumbum	138
2	24.12.03	9.00 – 11.00 am	Uthamapalayam	67
3	31.12.03	9.00 – 11.00 am	Andipatty	93
4	18.02.04	8.00 – 10.30 am	Chinnamanur	75
5	25.02.04	8.00 – 11.00 am	Bodi	147
6	27.01.04	8.00 – 11.00 am	Theni	62
7	10.02.04	8.30 – 11.00 am	Periyakulam	160

As per the plan, patient interaction session was conducted. The diabetic patient who came to the hospital to receive the medicine attended the session along with their family members. Medical officer welcomed the participants and the resource persons and briefed about objective of the orientation training. Information, Education, Communication Expert explained about magnitude and management of diabetes. A medical officer from Aravind Eye Hospital explained the magnitude and management of diabetic retinopathy and the diabetic retinopathy screening camp. All their doubts about diabetes and diabetic retinopathy were cleared.

Following were the common questions asked by the patients and their relatives.

1. Is there any medicine to cure diabetes?
2. Why diabetes is more common nowadays?
3. Now I am 40 years old, can I take diabetes medicines as a preventive measures?
4. I keep my sugar always under control; will my eyes be affected?
5. Who is at risk of diabetic retinopathy?
6. What are the warning signals that should alert the patient?
7. What are the treatment options for diabetic retinopathy?
8. How many times laser treatment can be given?
9. Can the damage due to diabetic retinopathy be reversed?
10. Can laser surgery help patients with diabetic retinopathy?

11. How safe is laser surgery? Is it an elaborate procedure? Will there be pain? Will it take a long time to heal?
12. Is laser treatment affordable to the common man? Are there other options?
13. What are the precautions a patient must take after operation? What kind of vision can one expect to have after this procedure (that is, will he be able to see sharp images, will there be a difference in colour/brightness or depth perception)?
14. Can diabetic retinopathy be prevented?
15. Are there any medicines for diabetic retinopathy?
16. What is the ideal follow-up schedule for diabetic patients?

Conclusion

By this strategy, most awareness can be created about diabetic retinopathy at the taluk level. They realise the need and importance of testing the blood for diabetes and checking the eyes for diabetic retinopathy periodically. They also demanded a diabetic retinopathy screening camp in their area. As per the request of the patients a sponsor was identified, proper pre-camp activities were organised and a diabetic retinopathy screening camp was conducted. As per the principle of health education, education and service must go together. This programme is a typical example of a healthy co-ordination between the government and non government organisations to combat needless blindness.

References

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