Diabetic Macular Edema (DME)

Addressing the knowledge gap

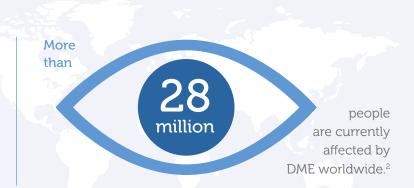


About DME

DME affects

1 in 14 people

ŤŤŤŤŤŤŤ ŤŤŤŤŤŤŤ with diabetes and is the leading cause of visual loss and legal blindness in patients with diabetes.¹



As the incidence of diabetes increases, the prevalence of DME will continue to rise.³

DME is caused by disruption of the blood-retinal barrier due to long-term hyperglycaemia, leading to retinal thickening around the fovea.²





Symptoms of DME include blurriness in the centre of vision, patches or streaks, seeing straight lines as wavy, and perceiving colours as dull or washed out.^{4,5}







Underdiagnosis of DME

Early diagnosis of DME is important

to ensure faster access to treatment to minimise damage to a patient's vision.⁶





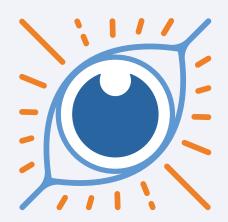
Very few people with diabetes are referred to ophthalmologists for DME testing but due to the risk factors in patients with diabetes, it is important they are referred to ophthalmologists for early testing, where appropriate.⁷

Undertreatment of DME

Posterior ocular diseases, like DME are

challenging to treat due to their complex physiology and the need for regular treatments

Patients can struggle with treatment schedules.8



Treatments may include

Novel drugs based on mechanisms of action in diabetic macular edema, including **corticosteroids** which address the inflammation in DME, that **provide further treatment options for retina specialists** and ophthalmologists where anti-VEGFs are unsuitable.^{9,10,11,12}

Anti-VEGES

Inhibitors of multiple growth factors

Ancillary NSAIDs

Integrin inhibitors

Anti-inflammatory agents

Cytokine / chemokine inhibitors

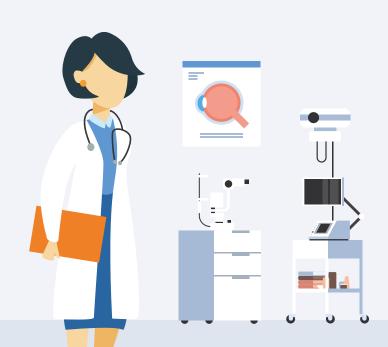


Empowering diabetes health professionals to support people with DME

The IDF Clinical Practice Recommendations for Managing DME

aim to improve awareness and understanding around the risks of DME and the importance of early referral to retina specialists. https://idf.org/54-our-activities/562-diabetic-macular-edema-dme.html





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