Improving care of diabetic retinopathy (DR) and diabetic macular edema (DME) begins with proper identification

Through early detection, monitoring, and timely referral, you can play a pivotal role in managing your patients’ vision.1-3

The Early Treatment Diabetic Retinopathy Study–Diabetic Retinopathy Severity Scale (ETDRS-DRSS) can help identify and standardize the classification of the clinical features of DR at various stages, allowing for early detection and timely intervention when appropriate.4-6
NONPROLIFERATIVE DIABETIC RETINOPATHY (NPDR)

**MILD** (Level 35)

- Intraretinal microvascular abnormalities (IRMA)
- Soft exudates
- Venous beading
- Hard and soft exudates
- Hemorrhages, venous beading

**MODERATE** (Level 43)

- Hemorrhages
- Hard and soft exudates
- Hemorrhages/microaneurysms
- IRMA

Images courtesy of Dr. Mohammad Rafieetary. Used with permission.
Monitor DR patients for timely referral

Within 1 year without treatment:

- Up to 27% of patients with moderate NPDR progress to PDR
- More than 50% of patients with severe NPDR progress to PDR

According to the American Optometric Association (AOA), you should refer patients with:

- High-risk PDR with or without macular edema within 24 to 48 hours
- PDR within 2 to 4 weeks
- DME/clinically significant macular edema within 2 to 4 weeks
- Severe NPDR within 2 to 4 weeks

The more you know about emerging clinical science and potential therapies for DR, the better you can help inform your patients about how treatment may be able to help.
**MODERATELY SEVERE** (Level 47)

- Any of the following:
  - Hard and soft exudates
  - Severe intraretinal hemorrhages in 2-3 quadrants

**SEVERE** (Level 53)

- Any of the following and no signs of proliferative DR (PDR):
  - Venous beading in 2 or more quadrants
  - Severe intraretinal hemorrhages and microaneurysms in 4 quadrants
  - Moderate IRMA in 1 or more quadrants
  - Venous beading
One or both of the following:

- Neovascularization
- Vitreous/preretinal hemorrhage
- Neovascularization

**DIABETIC MACULAR EDEMA**

Central-involved DME:
- Foveal involvement of abnormal intraretinal and/or subretinal fluid
- Concurrent thickening affecting the 1-mm-diameter central subfield thickness

Visit YourDRPatients.com for additional information and helpful patient resources.