

Outcomes of proliferative diabetic retinopathy (R4) referred from DRS to HES

Dr Moulindu Paul, Dr Cynthia Santiago, Dr John Olson

NHS GRAMPIAN

INTRODUCTION

Proliferative diabetic retinopathy(PDR) is one of the leading causes of visual impairment and blindness in the UK, particularly among working age people. Scotland delivers a successful diabetic retinopathy screening programme(DRS) with the primary objective of detecting referable(potentially sight threatening) retinopathy so that it can be treated early. Timely treatment of PDR with early referral from DRS (R4 retinopathy) can be of immense value for the preservation of vision.

AIMS

Aims of this audit were to assess

Correlation between DRS referrals for R4 retinopathy and Hospital Eye Service (HES) diagnosis of PDR

Time interval between DRS referral to HES assessment and treatment

Mode of treatment carried out for PDR

Materials &Methods

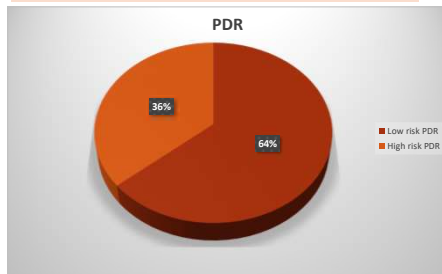
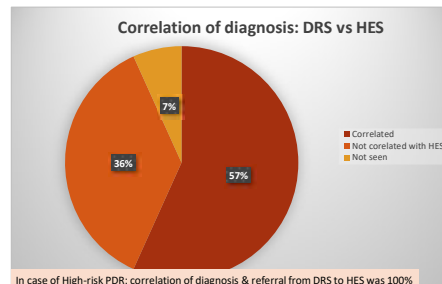
Retrospective analysis of patient records (clinical contact notes and electronic patient record, Medisoft)

74 eyes (72 patients) referred from DRS service to Aberdeen Royal Infirmary(ARI) from January 2018 to September 2018 were reviewed.

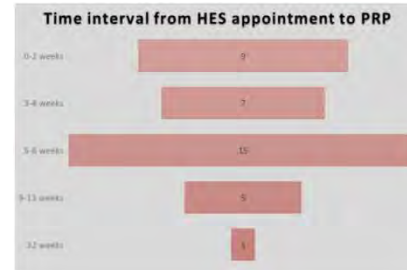
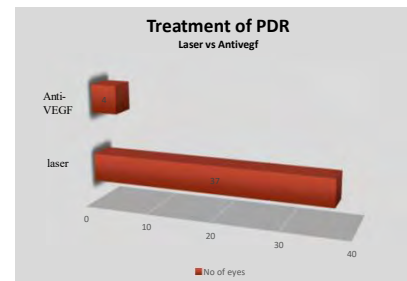
67 patients were included, 5 DNA

In Grampian, patients identified with R4 at screening were booked directly for fundus fluorescein angiography(FFA) at ARI. FFA was then reviewed by senior ophthalmologists and appropriate treatment plan devised

RESULTS



- Most PDR patients received treatment according to the recommended interval(High risk vs low risk)
- Treatment delays were primarily due to patient related factors:
 - Those with treatment lag of 9-13 weeks were due to ongoing diabetes related illness with consequent CNA/DNA
 - 1 patient with 32 week delay missed multiple appointments due to offshore work commitments



CONCLUSION

The correlation between HES and DRS was 57%, HES diagnosis aided by FFA. In case of high-risk PDR, correlation was 100%

Nearly 50 % of treatment naïve PDR were assessed within 4 weeks

High risk PDRs were promptly referred and treated.

90 % of high-risk PDR had PRP performed same day

PRP was found to be primary therapy for most patients. Anti-VEGF was used in cases of vitreous haemorrhage with a poor retinal view or pre-existing extensive PRP with active PDR

Overdiagnosis of PDR was seen at the DRS side that is preferable for patient safety

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