

Older diabetics have untreated eye diseases despite annual exams

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ANNUAL eye exams fail to reveal serious eye disease in many elderly diabetics in the US, according to a recently published study.

Ophthalmologists performed visual acuity tests, intraocular pressure and slit-lamp examinations and dilated eye exams on 311 managed-care patients and 107 fee-for-service patients. All of the patients were aged 65 years or older and had type II diabetes for which they took medication. Approximately 80% of the participants had received an eye exam in the last twelve months

Surprisingly, 42% of the managed-care patients and 24% of the fee-for-service patients had eye conditions that required treatment, reported Arleen Brown, MD, an assistant professor of medicine at the David Geffen School of Medicine at the University of California, Los Angeles and lead author of the study.

While the managed-care patients had higher rates of both diabetic retinopathy and glaucoma than the fee-for-service patients, the difference between the two populations was particularly striking when it came to cataracts: 36% of managed care patients had untreated cataracts compared to only 22% of the fee-for-service patients. The differences held up even after the researchers controlled for race, age and income level.

Study highlights need for regular comprehensive eye exams

It is unclear which factors contributed to the difference in unmet eye care needs in the two populations. There was no information on the type of eye exams the patients had received or

whether an ophthalmologist, an optometrist, or a general physician had performed the exams.

"This is an early work in a relatively small sample that suggests we need to take a closer look at the content of eye care that people are receiving in both fee-for-service and managed care," Dr Brown said.

"To me it just reinforces the message that you need to get a regular dilated eye exam," said Frederick Ferris MD, the clinical director and

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ophthalmologist/epidemiologist at the US National Eye Institute in Bethesda Maryland.

A properly conducted exam on a diabetic patient would check for glaucoma, cataracts, visual acuity, and diabetic retinopathy, according to Dr. Ferris. Effective treatments exist for these diseases and could prevent most vision loss if the problems were caught early enough, he said.

Demographic factors

Still, there might have been differences in the population that contributed to difference of unmet eye care needs.

"To some degree you're comparing apples and oranges," according to Dr Ferris.

Overall, the managed care population was less educated, included more Latinos and had a lower income. All of

these factors put this population at a higher risk for low health literacy, which is the ability to obtain, process and understand basic health information needed to make appropriate health decisions.

"It suggests that there may be something about the healthcare setting that promotes this problem," said Dr Brown.

Also, some of the eye problems probably developed in the twelve months since the patients' last exam meaning they were at an early stage and not an indication of low quality exams.

"It probably still was caught early enough," said Dr Ferris.

Some patients require closer monitoring

Both the American Diabetes Association and the American Academy of Ophthalmology recommend a minimum of one eye exam per year for diabetics, but Dr Brown says that this might not be enough

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for certain populations:

"The screening interval of once a year is appropriate for people who don't have any known eye disease but once you get an eye problem like glaucoma or cataracts, the interval may have to change and become shorter based on how severe your problem is, she said."

The incidence of diabetic retinopathy is tightly linked to the duration of diabetes and to how well blood glucose levels can be regulated. This

Definitions

US citizens do not have access to universal healthcare. Rather, health insurance is provided by the employer, by the government (for the poor and elderly) or purchased by the individual

Managed Care: refers to a health care system that attempts to organise doctors, hospitals, and other providers into groups in order to enhance the quality and cost-effectiveness of health care. Best known examples are HMOs (health maintenance organisations) and PPOs (physician provider organisations).

Fee-for-service: the older and more expensive option. Payment may be made by an insurance company, the patient or a government program such as Medicare or Medicaid. This is similar to the private insurance available in some European countries.

puts patients with diabetes I at a higher risk for diabetic retinopathy because they get the disease at a younger age. Yet, this population is younger and therefore at a lower risk for age-related eye diseases like glaucoma and cataracts. This dichotomy justifies

did not follow these recommendations.

"We still have room to improve," Dr Ferris stressed.

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