

ON AND BEYOND: Diabetic Retinopathy is the leading cause of blindness for diabetics

By Pam Motley

Jul 3, 2021

Diabetic Retinopathy is the leading cause of new cases of blindness in people 20 to 74 years of age in the United States. The condition is caused by high blood sugar (glucose) levels in the bloodstream. Over time, these high glucose levels can damage the blood vessels in the retina of the eye.

Anyone with Type 1 or 2 diabetes is at risk of developing diabetic retinopathy. In fact, a study from 2005-2008 found that over 25% of adults over age 40 with diabetes had this condition.

The risk of developing diabetic retinopathy increases for people who have had diabetes for a long period of time. Additional risk factors include poor control of your blood sugar level, high blood pressure, high cholesterol, pregnancy, tobacco use and/or those of African-American, Hispanic or Native American descent.

One in ten Americans have diabetes. Another 84 million are at risk of developing type 2 diabetes due to elevated blood sugar levels. A Community Health Needs Assessment completed in December 2019 by the Montrose Memorial Hospital found that the incidence of chronic diabetes in Montrose County was 7.9% higher than the national average. These data indicate that many local community members are at risk of developing diabetic retinopathy.

Unfortunately, in the early stages of diabetic retinopathy, many people aren't aware that they have the condition because they aren't experiencing any symptoms yet.

However, damage is being done. As diabetic retinopathy progresses, symptoms may include spots or dark strings floating in your vision (floaters), blurred vision, fluctuating vision, impaired color vision, and dark or empty areas in your vision.

Left untreated, this condition can progress to total blindness.

Although diabetic retinopathy can't be reversed, there are treatments to slow or stop the progression of the disease to preserve the vision you have left. Early detection is key. It is important that anyone diagnosed with diabetes or high blood sugar levels receive regular screenings.

Through a generous grant from West Slope Casa, River Valley Family Health Centers recently purchased diabetic retinopathy cameras to perform these screenings in-house as a part of diabetic chronic care management. The digital images are sent to an Ophthalmologist who reads the scans and sends a diagnosis back within 48 hours.

This spring, Janet, a type 1 diabetic patient at River Valley, received the screening and the initial stages of diabetic retinopathy were detected. She was immediately referred to an ophthalmologist in Montrose who now closely monitors and treats her condition. Because she received early detection, timely treatment, and appropriate follow-up care, her risk of severe vision loss has been significantly reduced.

What makes this success story even more compelling is that Janet doesn't have health insurance. When she first came to River Valley, an Outreach and Enrollment Specialist was able to help her qualify for assistance through the Colorado Indigent Care Program to offset the cost of her regular chronic care management. She also received assistance from the Montrose Community Foundation to help pay for her monitoring and treatment at the ophthalmologist. Through these grant-funded resources, Janet is receiving the care she needs.

Do you or someone you know have diabetes or high blood sugar levels? Have you been recently screened for diabetic retinopathy? Don't let a lack of insurance or financial resources prevent you from getting the care you need.

River Valley accepts all payor sources, including Medicaid and Medicare, and provides discounts for low income uninsured and underinsured patients via a sliding fee scale and the Colorado Indigent Care Program. As a federally qualified community health clinic, River Valley does not turn anyone away due to insurance status or inability to pay. Free door-to-door transportation is available. If you need affordable health care, we are here to help! Call River Valley today at 970-497-3333. (Name changed to protect patient privacy).

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