



# The Constant Challenge of Visual Rehabilitation in the Patient with Diabetic Retinopathy



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## Opinion

Diabetic macular edema is the first cause of vision loss in these patients; Continuous evolution has allowed intravitreal drugs to improve visual prognosis and quality of life. But... once the process of separation of the layers of the retina by the presence of edema has been initiated and the continuous attempt to restore the quality of vision is a challenge for the current ophthalmologist. It is impossible to predict a result in each patient, since being both angiogenic and inflammatory components involved in the pathophysiology, the general metabolic state plays a crucial role. In the case of diabetes, not only macular edema is present, since microvascular changes throughout the retina affect peripheral vision when they must be treated with laser photocoagulation. If both are present, visual rehabilitation no longer only focuses on the central vision, but on "trying" to preserve as much viable peripheral retinal as possible. This is why we are facing a great problem of visual disability as well

as a challenge in visual rehabilitation in a chronic pathology where all these changes could be prevented. What are we failing?

Many departments of ophthalmology already perform joint tasks with endocrinologists and nephrologists approaching the patient as "a whole" and not just a local condition, it has been found that the presence of diabetic nephropathy leads to an elevated risk of retinopathy and vice versa. The new therapeutic tools have helped us to address this devastating and disabling pathology, as well as new technologies for the screening of these patients. Telemedicine today allows us to perform an innumerable number of retinal revisions that were previously impossible. We are facing a great change in the prevention of this pathology so disabling? I hope so, I hope that both technology and drugs help us that the visual rehabilitation in diabetic patients remain in the history of ophthalmology.



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