

DIABETIC RETINOPATHY AND DIABETIC MACULAR EDEMA: QUICK REFERENCE GUIDE

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

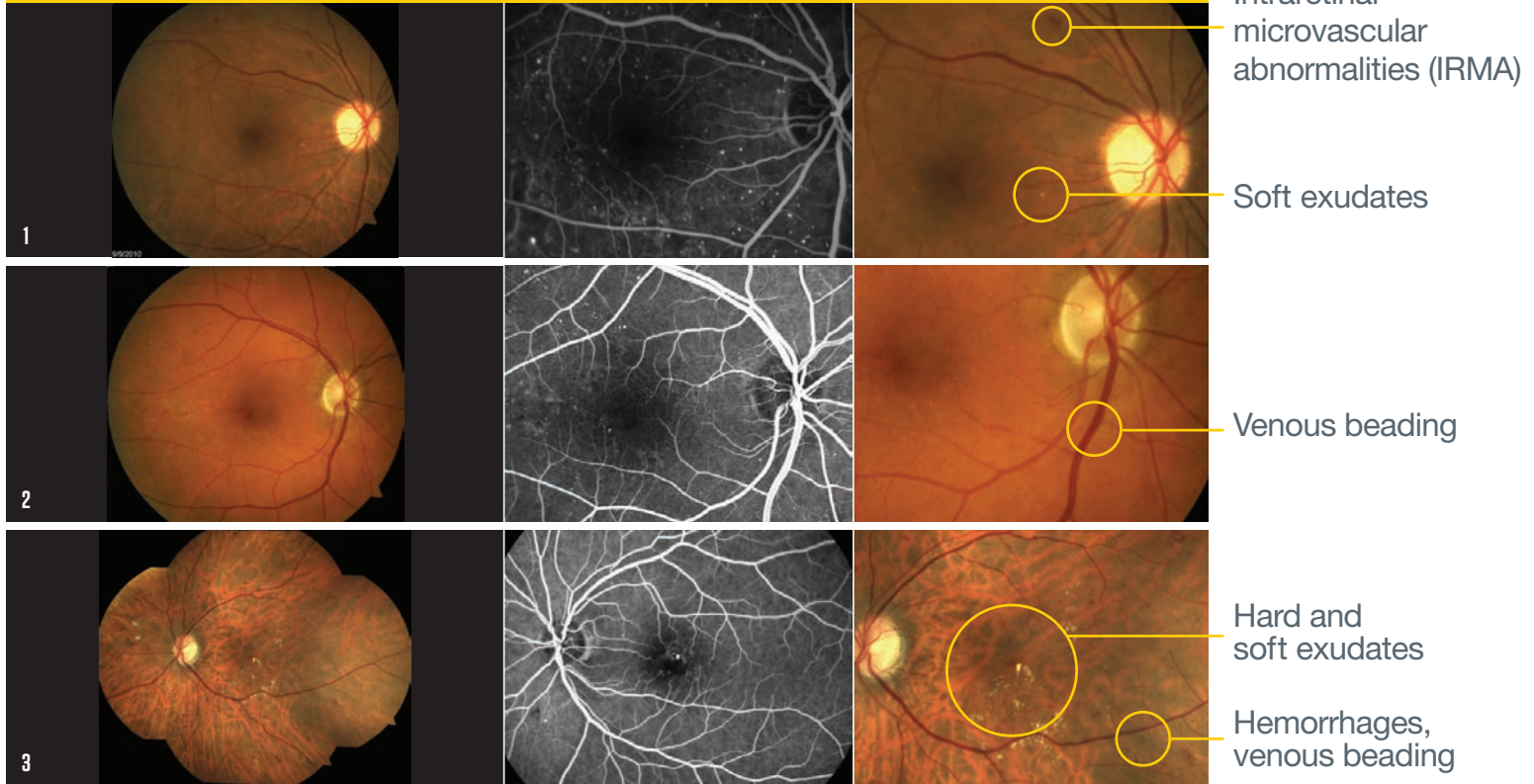
Through early detection, monitoring, and timely referral, you can play a pivotal role in managing your patients' vision.¹⁻³

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.^{1,4-6}

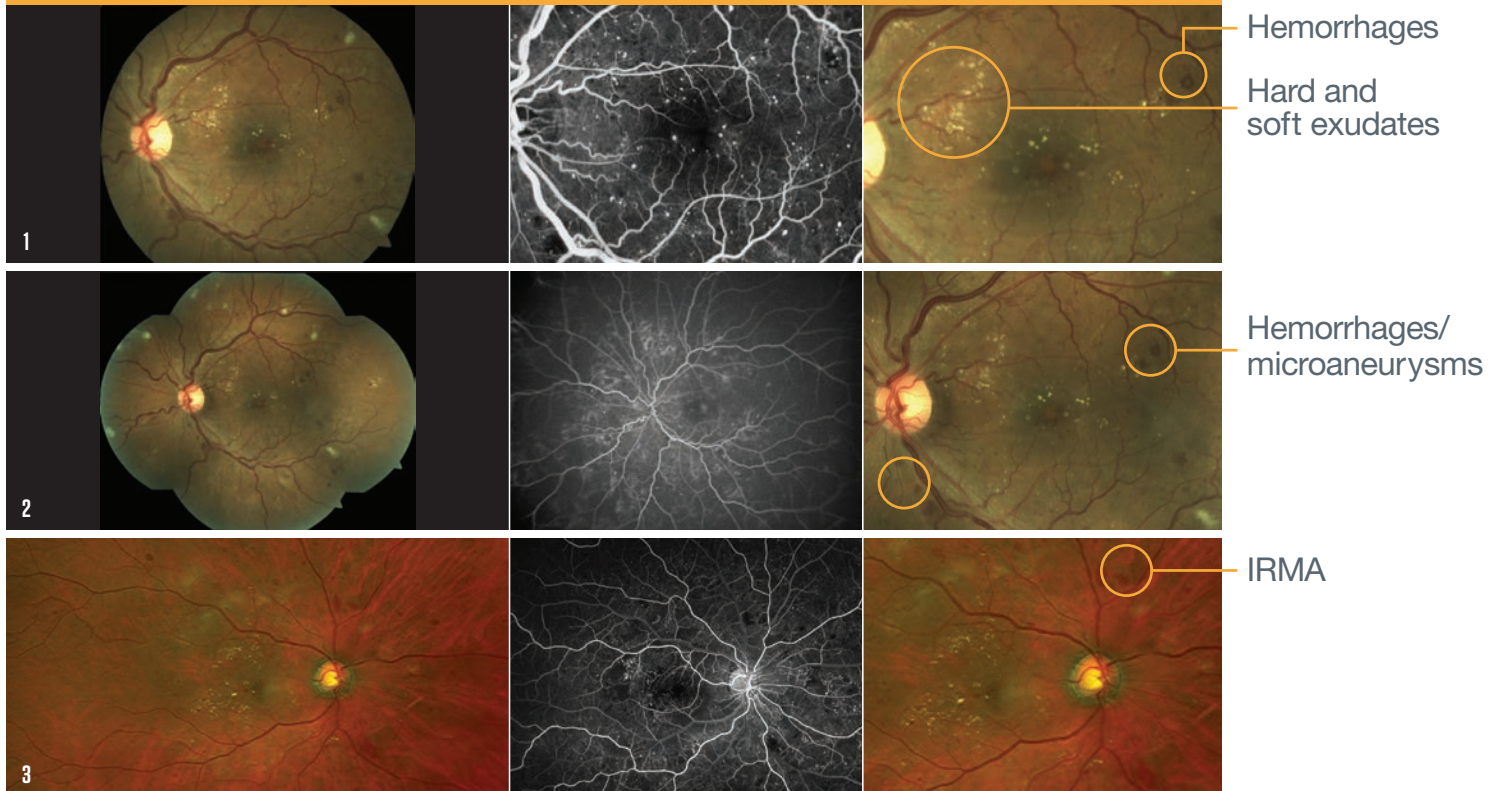
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MILD (Level 35)



MODERATE (Level 43)





Monitor DR patients for timely referral^{2,3}

Within 1 year without treatment¹:

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

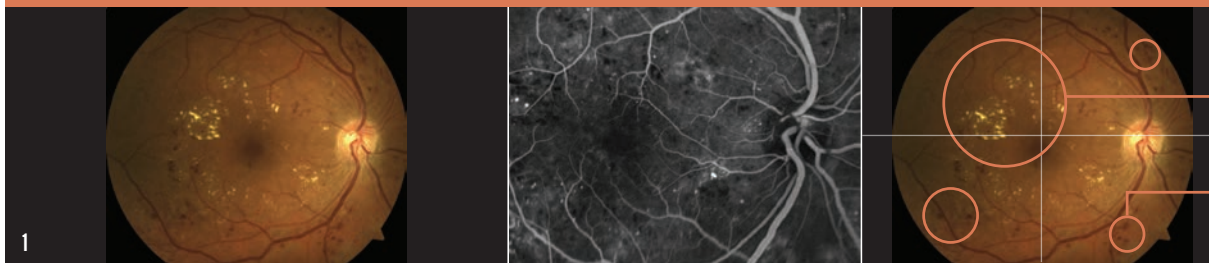
According to the American Optometric Association (AOA), you should refer patients with²:

- 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.



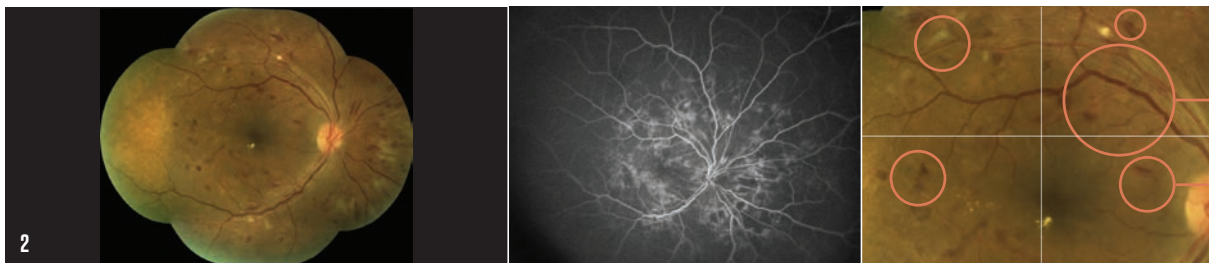
MODERATELY SEVERE (Level 47)



Any of the following:

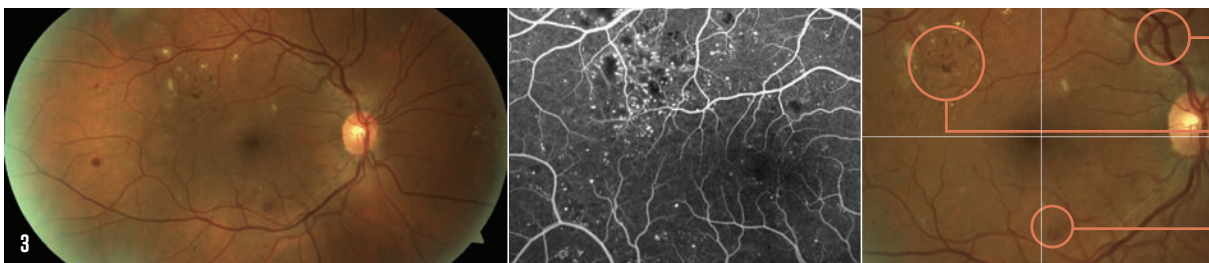
Hard and soft exudates

Severe intraretinal hemorrhages in **2-3 quadrants**



Venous beading in **1 or more quadrants**

Mild IRMA in **4 quadrants**

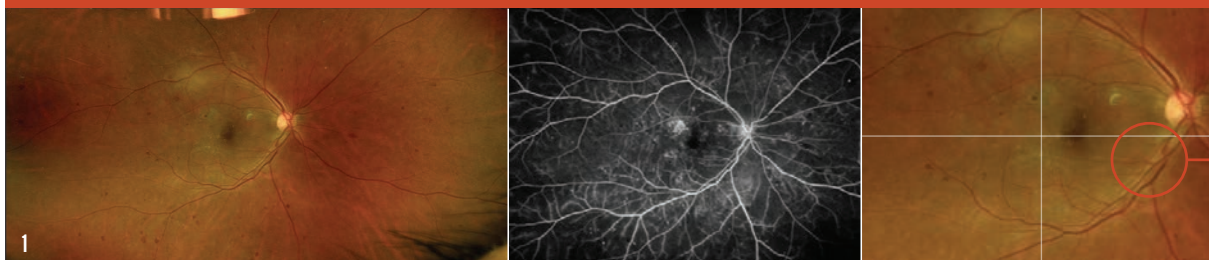


Venous beading

Intraretinal hemorrhages

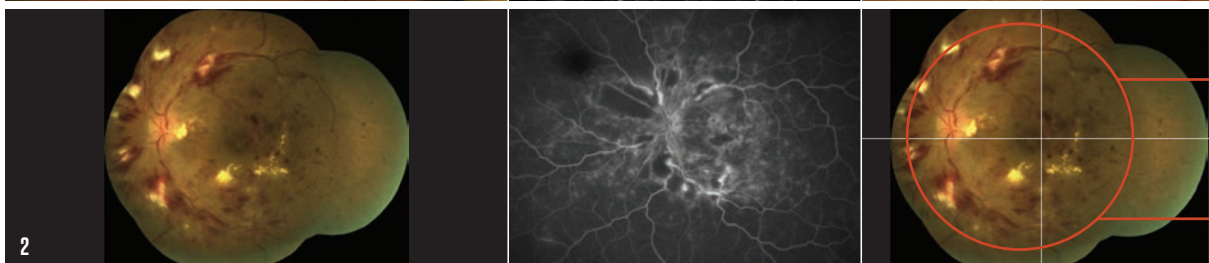
Mild IRMA

SEVERE (Level 53)



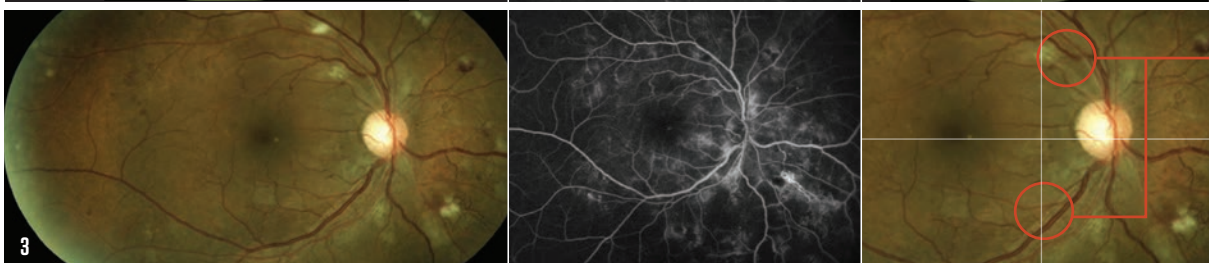
Any of the following and no signs of proliferative DR (PDR):

Venous beading in **2 or more quadrants**

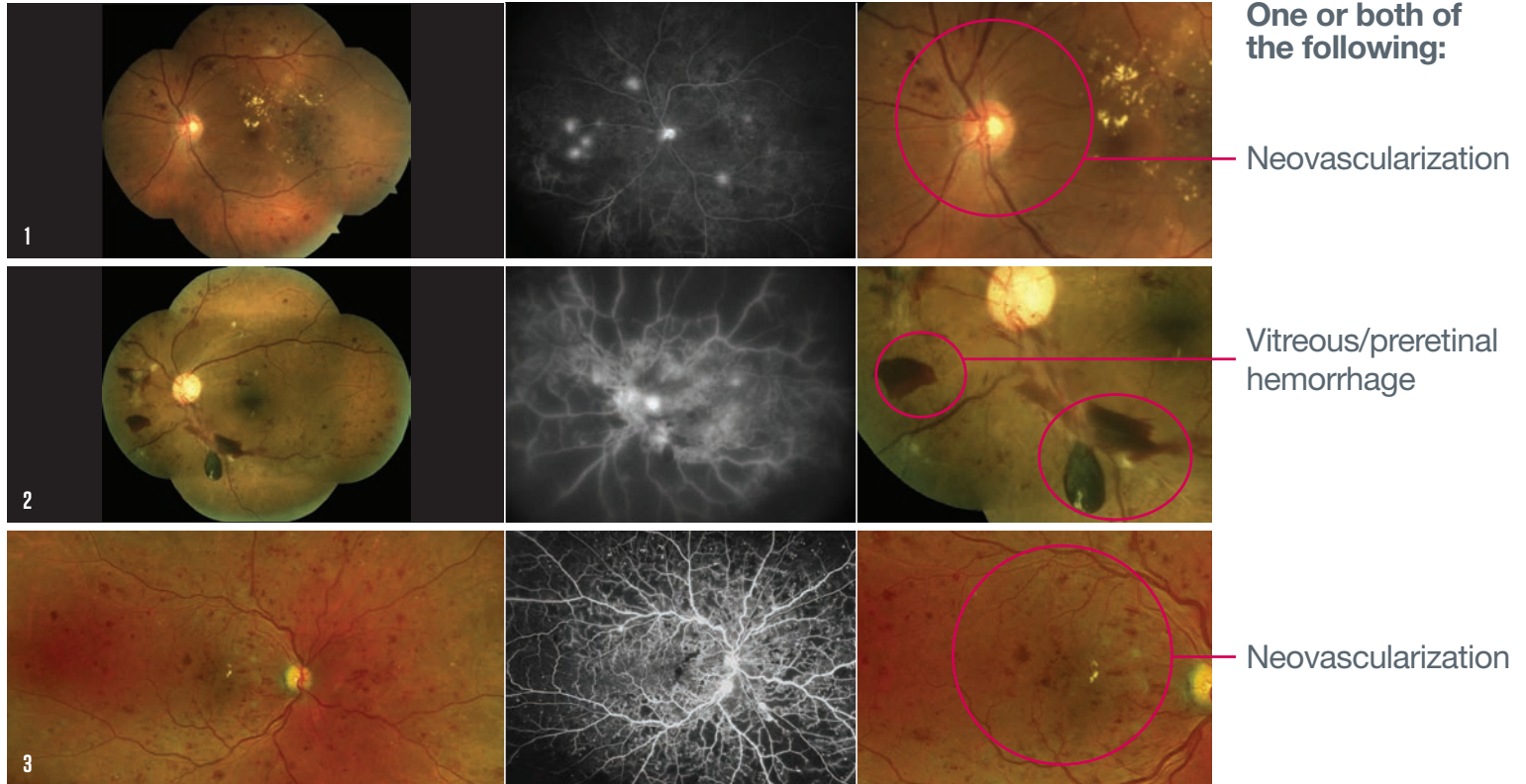


Severe intraretinal hemorrhages and microaneurysms in **4 quadrants**

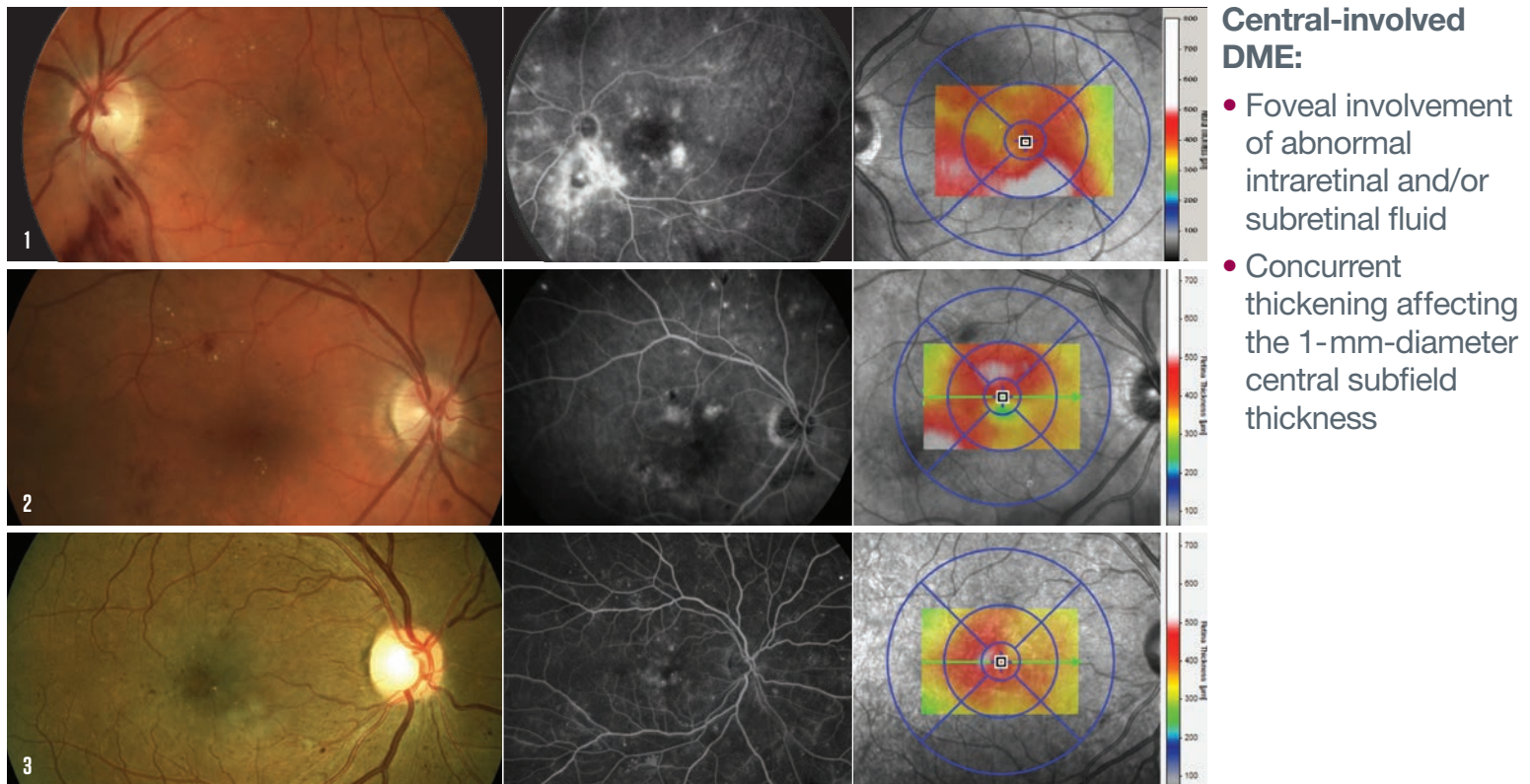
Moderate IRMA in **1 or more quadrants**

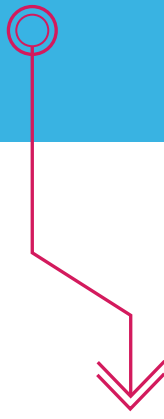


Venous beading



DIABETIC MACULAR EDEMA⁷





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References: 1. Early Treatment Diabetic Retinopathy Study Research Group. Fundus photographic risk factors for progression of diabetic retinopathy. ETDRS report number 12. *Ophthalmology*. 1991;98(5 suppl):823-833. 2. Care of the Patient With Diabetes Mellitus: Quick Reference Guide. American Optometric Association website. <http://bit.ly/2M22OUJ>. Accessed October 25, 2019. 3. Ferrucci S, Yeh B. Diabetic retinopathy by the numbers. *Rev Optom*. June 15, 2016. <http://bit.ly/2KNNJ4E>. Accessed October 25, 2019. 4. Davis MD, Fisher MR, Gangnon RE, et al; for the Early Treatment Diabetic Retinopathy Study Research Group. Risk factors for high-risk proliferative diabetic retinopathy and severe visual loss: Early Treatment Diabetic Retinopathy Study report #18. *Invest Ophthalmol Vis Sci*. 1998;39(2):233-252. 5. Staurenghi G, Feltgen N, Arnold JJ, et al. Impact of baseline Diabetic Retinopathy Severity Scale scores on visual outcomes in the VIVID-DME and VISTA-DME studies. *Br J Ophthalmol*. 2018;102(7):954-958. 6. American Academy of Ophthalmology. Preferred Practice Pattern®: Diabetic Retinopathy. Updated December 2017. <http://bit.ly/2SOCYBE>. Accessed October 25, 2019. 7. Bakri SJ, Wolfe JD, Regillo CD, Flynn HW Jr, Wykoff CC. Evidence-based guidelines for management of diabetic macular edema. *J Vitreoretin Dis*. 2019;3(3):145-152.

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