

# Understanding Your Patient's Eye Exam Results

Your patient has just been diagnosed with diabetic macular edema (DME) and, most likely, has a lot of questions and concerns. Although most of these concerns can be addressed by your patient's retina specialist or general ophthalmologist, there are questions you may be asked. You can help your patients understand what happens next and help answer their questions.

## What is a DME Diagnosis?

DME is a complication of diabetic retinopathy (DR). Diabetic retinopathy—the most common eye condition caused by diabetes—is caused by abnormal changes in the blood vessels of the retina, which is the light-sensitive tissue in the back of the eye. Too much sugar in the blood damages and blocks the blood vessels in the retina, preventing the retina from receiving blood and nutrients. Damaged blood vessels can also leak fluid into the part of the retina responsible for sharp central vision (the macula).<sup>1</sup>

DME refers to the swelling of the macula with leaked fluid. DME can occur at any stage of DR, but it is more likely to occur as the disease progresses.<sup>1</sup>

## What Symptoms may Your Patients Experience?

Symptoms can range from mild vision impairment to blindness. Early stages of DME normally manifest without any symptoms.<sup>1</sup>

Symptoms your patient may experience include<sup>1,2</sup>:



Dark spots or “floaters”



Blurred vision



Straight lines that look wavy



Washed-out colors



**General ophthalmologists and retina specialists are important resources to help manage DME.<sup>3</sup> They are trained to diagnose and treat retinal conditions like DME.<sup>4</sup>**

## Next Steps

If your patients are diagnosed with diabetic macular edema (DME), it is important for them to continue to control blood sugar levels to help reduce the long-term risk of vision loss.<sup>5</sup> There are treatment options available for DME, including:

- **Anti-VEGF Drugs** bind to vascular endothelial growth factor (VEGF, a naturally occurring protein that affects blood vessels), which can keep blood vessels in the eye from becoming leaky. Anti-VEGF drugs are administered by injection in the eye<sup>5</sup>
- **Laser** photocoagulation uses a beam of light to seal off or destroy leaking vessels<sup>5</sup>
- **Steroids** can reduce swelling and inflammation in the retina. Steroids are also delivered by injection in the eye<sup>6</sup>

**Encourage your patients with DME to speak with their retina specialist or general ophthalmologist about their options.**



**Early diagnosis and treatment are important. DME can cause vision problems and even lead to vision loss.<sup>1</sup>**

**References:** **1.** National Institutes of Health. National Eye Institute. Facts about diabetic eye disease. <http://www.nei.nih.gov/health/diabetic/retinopathy.asp>. Accessed July 27, 2015. **2.** Macular edema symptoms. American Academy of Ophthalmology (AAO EyeSmart) website. <http://www.geteyesmart.org/eyesmart/diseases/macular-edema-symptoms.cfm>. Accessed July 27, 2015. **3.** American Academy of Ophthalmology. Seven reasons to refer to a retina specialist. <http://www.aao.org/yo/newsletter/201008/article04.cfm>. Accessed July 27, 2015. **4.** What is a retina specialist? American Society of Retina Specialists website. <http://www.asrs.org/patients/what-is-a-retina-specialist>. Accessed July 27, 2015. **5.** Diabetic retinopathy treatment. American Academy of Ophthalmology (AAO EyeSmart) website. <http://www.geteyesmart.org/eyesmart/diseases/diabetic-retinopathy/treatment.cfm>. Accessed July 27, 2015. **6.** The Angiogenesis Foundation. Advocating for improved treatment and outcomes for diabetic macular edema: a report based on an international expert summit convened in Paris, June 2014. <https://www.angio.org/wp-content/uploads/2014/02/DME-Intl-Summit-White-Paper-Report.pdf>. Accessed July 27, 2015.

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