Diabetic Macular Edema (DME)
Addressing the knowledge gap

About DME

DME affects 1 in 14 people with diabetes and is the leading cause of visual loss and legal blindness in patients with diabetes.1

DME is caused by disruption of the blood-retinal barrier due to long-term hyperglycaemia, leading to retinal thickening around the fovea.2

Symptoms of DME include blurriness in the centre of vision, patches or streaks, seeing straight lines as wavy, and perceiving colours as dull or washed out.4,5

Very few people with diabetes are referred to ophthalmologists for DME testing but due to the risk factors in patients with diabetes, it is important they are referred to ophthalmologists for early testing, where appropriate.7

Underdiagnosis of DME

Early diagnosis of DME is important to ensure faster access to treatment to minimise damage to a patient’s vision.6

More than 28 million people are currently affected by DME worldwide.2

1 in 14 people

Very few people with diabetes are referred to ophthalmologists for DME testing but due to the risk factors in patients with diabetes, it is important they are referred to ophthalmologists for early testing, where appropriate.

About DME

DME affects 1 in 14 people with diabetes and is the leading cause of visual loss and legal blindness in patients with diabetes.1

DME is caused by disruption of the blood-retinal barrier due to long-term hyperglycaemia, leading to retinal thickening around the fovea.2

Symptoms of DME include blurriness in the centre of vision, patches or streaks, seeing straight lines as wavy, and perceiving colours as dull or washed out.4,5

More than 28 million people are currently affected by DME worldwide.2

Very few people with diabetes are referred to ophthalmologists for DME testing but due to the risk factors in patients with diabetes, it is important they are referred to ophthalmologists for early testing, where appropriate.

About DME

DME affects 1 in 14 people with diabetes and is the leading cause of visual loss and legal blindness in patients with diabetes.1

DME is caused by disruption of the blood-retinal barrier due to long-term hyperglycaemia, leading to retinal thickening around the fovea.2

Symptoms of DME include blurriness in the centre of vision, patches or streaks, seeing straight lines as wavy, and perceiving colours as dull or washed out.4,5

More than 28 million people are currently affected by DME worldwide.2

Very few people with diabetes are referred to ophthalmologists for DME testing but due to the risk factors in patients with diabetes, it is important they are referred to ophthalmologists for early testing, where appropriate.

About DME

DME affects 1 in 14 people with diabetes and is the leading cause of visual loss and legal blindness in patients with diabetes.1

DME is caused by disruption of the blood-retinal barrier due to long-term hyperglycaemia, leading to retinal thickening around the fovea.2

Symptoms of DME include blurriness in the centre of vision, patches or streaks, seeing straight lines as wavy, and perceiving colours as dull or washed out.4,5

More than 28 million people are currently affected by DME worldwide.2

Very few people with diabetes are referred to ophthalmologists for DME testing but due to the risk factors in patients with diabetes, it is important they are referred to ophthalmologists for early testing, where appropriate.

About DME

DME affects 1 in 14 people with diabetes and is the leading cause of visual loss and legal blindness in patients with diabetes.1

DME is caused by disruption of the blood-retinal barrier due to long-term hyperglycaemia, leading to retinal thickening around the fovea.2

Symptoms of DME include blurriness in the centre of vision, patches or streaks, seeing straight lines as wavy, and perceiving colours as dull or washed out.4,5

More than 28 million people are currently affected by DME worldwide.2

Very few people with diabetes are referred to ophthalmologists for DME testing but due to the risk factors in patients with diabetes, it is important they are referred to ophthalmologists for early testing, where appropriate.

About DME

DME affects 1 in 14 people with diabetes and is the leading cause of visual loss and legal blindness in patients with diabetes.1

DME is caused by disruption of the blood-retinal barrier due to long-term hyperglycaemia, leading to retinal thickening around the fovea.2

Symptoms of DME include blurriness in the centre of vision, patches or streaks, seeing straight lines as wavy, and perceiving colours as dull or washed out.4,5

More than 28 million people are currently affected by DME worldwide.2

Very few people with diabetes are referred to ophthalmologists for DME testing but due to the risk factors in patients with diabetes, it is important they are referred to ophthalmologists for early testing, where appropriate.

About DME

DME affects 1 in 14 people with diabetes and is the leading cause of visual loss and legal blindness in patients with diabetes.1

DME is caused by disruption of the blood-retinal barrier due to long-term hyperglycaemia, leading to retinal thickening around the fovea.2

Symptoms of DME include blurriness in the centre of vision, patches or streaks, seeing straight lines as wavy, and perceiving colours as dull or washed out.4,5

More than 28 million people are currently affected by DME worldwide.2

Very few people with diabetes are referred to ophthalmologists for DME testing but due to the risk factors in patients with diabetes, it is important they are referred to ophthalmologists for early testing, where appropriate.
Posterior ocular diseases, like DME are challenging to treat due to their complex physiology and the need for regular treatments. Patients can struggle with treatment schedules.9

Treatments may include

Novel drugs based on mechanisms of action in diabetic macular edema, including corticosteroids which address the inflammation in DME, that provide further treatment options for retina specialists and ophthalmologists where anti-VEGFs are unsuitable.9,10,11,12

- Anti-VEGFs
- Inhibitors of multiple growth factors
- Ancillary NSAIDs
- Integrin inhibitors
- Anti-inflammatory agents
- Cytokine / chemokine inhibitors

Empowering diabetes health professionals to support people with DME

The IDF Clinical Practice Recommendations for Managing DME aim to improve awareness and understanding around the risks of DME and the importance of early referral to retina specialists. https://idf.org/54-our-activities/562-diabetic-macular-edema-dme.html


