

PERSEVERANCE IS KEY



It was an exciting summer with the 2024 Olympic Games as a backdrop to our busy clinics. We were tuning in every night

after clinic, watching as world records were broken, medals were snagged by unlikely underdogs, and those labeled as the *greatest of all time* did what they do best. What struck us most this year was the admirable perseverance of many Olympic athletes who shattered the stereotypes of age, race, and gender; battled against injuries; and had the drive to become the first to accomplish what no one else could.

We could use a little of that mentality in our clinics, if we are being honest. Not because we aren't performing at the highest level possible—we are. Rather, it's because it often feels like we are fighting an uphill battle with some of the patient populations we serve. Some are losing vision no matter what we do. Some of those macular holes just refuse to close. And many patients with diabetes are *still* walking into the clinic with devastating vision loss that could have been prevented.

Annual screening for diabetic retinopathy (DR) is perhaps the easiest way to nip this problem in the bud. But these patients already have a lot on their plates with their systemic health, and ensuring they prioritize their *ocular* health can be a challenge.

A new study out of Massachusetts found that the COVID-19 pandemic set us back significantly in our efforts to

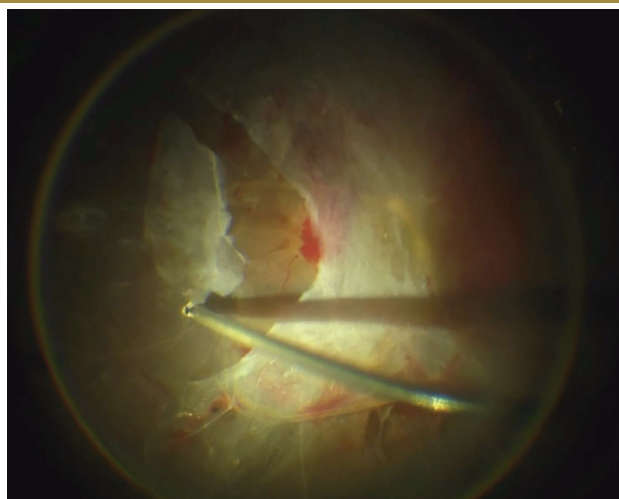
increase screening rates for DR. After reviewing claims data from the UMass Memorial Managed Care Network between 2018 and 2022, the researchers noted a 12% decrease in the screening rate post-pandemic compared with pre-pandemic. What's worse, after stratifying for patient status, they found that the decreased screening rate remained significant for established patients (ie, those who *know* they are at risk), while the difference disappeared for new patients.¹

But it's worth fighting back, because blindness from diabetic eye disease simply isn't acceptable. In this issue, trainees at Wills Eye Hospital share the details of Philadelphia Diabetes Day, an annual city-wide event that provides free DR screening and access to much-needed educational and social resources. They share checklists and event flow charts in the hope that others join the cause. We also highlight new research from Wilmer Eye Institute at Johns Hopkins School of Medicine that helps us understand how a person's location affects their DR care. Not surprisingly, patients who live in more socioeconomically disadvantaged areas are more likely to experience lapses in their DR care—yet another hurdle we must overcome.²

Once we get patients in the clinic, we have many therapeutic and surgical approaches to address the ocular complications of diabetes. Because much has changed in our armamentarium, we asked experts to discuss the latest updates in the therapeutic space and the OR. Authors discuss caring for pregnant patients who have diabetes, combination therapy for DME, and whether we should consider intravitreal injections of anti-VEGF agents or vitrectomy for patients who present with diabetic vitreous hemorrhage. From a surgical standpoint, clinicians from the University of California, Los Angeles, outline best practices when complicated DR cases require reoperation and highlight a rare postoperative complication to keep in mind.

These are complicated patients, even when they don't land in the OR with hemorrhages and tractional retinal detachments—and like those Olympic athletes, we cannot give up. We must persevere and continue to care (holistically!) for our patients with diabetes, constantly looking for ways intervene sooner, improve treatment options, and save their vision whenever possible. ■

ON THE COVER



During vitrectomy in a diabetic eye, segmentation of membranes into individual islands allows dissection without undue traction, decreasing the risk of iatrogenic retinal breaks.

From: *Complicated DR Cases: The Second Surgery* by Adrian Au, MD, PhD; Blake Fortes, MD; and Pradeep Prasad, MD, MBA

1. Bilisbury E, Mautner Wizenier M, Wood E, Doherty S, Ledwith J, Ding J. the continuing impact of the COVID-19 pandemic on diabetic retinopathy screenings [published online ahead of print July 31, 2024]. *Ophthalmic Epidemiol*.

2. Tang T, Tran D, Han D, Zeger SL, Crews DC, Cai CX. Place, race, and lapses in diabetic retinopathy care. *JAMA Ophthalmol*. 2024;142(6):581-583.

ALLEN C. HO, MD
CHIEF MEDICAL EDITOR

ROBERT L. AVERY, MD
ASSOCIATE MEDICAL EDITOR