

MODULE 3.3

Summary

In many regions of the world, diabetic retinopathy (DR) is the leading cause of vision loss among working-aged adults (20-74 years),¹ and among people with DR, the most frequent cause of vision loss is diabetic macular edema (DME). One large epidemiologic study found, for example, that 25% of people with diabetes have DR.² The International Diabetes Federation (IDF) estimates that among all people with diabetes, 11% have DME,³ and that percentage increases to 29% among people who have lived with diabetes for 20 years or more.⁴

Because the number of people living with diabetes is expected to almost double globally by 2035,⁵ DR and DME are projected to become an ever-increasing health problem that will exact a severe socioeconomic burden on individuals, communities, health systems, and governments around the world.

Recent advances in anti-vascular endothelial growth factor (VEGF) therapies promise to dramatically improve how DME is treated and managed, but the disease's social and economic burdens are predicted to remain high and, in fact, to significantly grow in the coming years as populations age and the incidence of diabetes increases. Still, DME is just one of many serious health complications, including heart disease, kidney disease, and nerve damage (neuropathy), for which people with diabetes are at risk. The question then arises: What value do the stakeholders in diabetes, especially patients, caregivers, clinicians, and diabetes advocacy groups, put on preventing and restoring vision loss?

References

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