

Insights for employers of people with Diabetic Macular Edema

This pamphlet is intended to provide useful insights and information for employers of individuals who are being treated for diabetic macular edema (DME), to help understand the impact of DME on a person's everyday life and the need for frequent visits to the clinic for monitoring and treatment.



1

What does it mean to have DME?



- DME is a complication of diabetes caused by leaking of fluid and proteins from damaged blood vessels within the macula (the central part of the retina at the back of the eye that plays an important role in seeing fine details and allowing one to see colors). This can lead to blurred and distorted central vision if not treated effectively. Peripheral vision (also known as side vision) is usually not affected, so even if the person with DME is unable to see certain things in detail, they are not completely blind.
- Typical symptoms of DME include straight lines appearing wavy or bent, blurring of the central point of focus, gaps or black spots in vision, and changes in color, shape, or size of objects.
- DME can affect daily activities that rely on fine vision, such as recognizing faces, reading, writing, driving, and watching TV. Sometimes the condition is slow to progress so a person with DME may not realize that they have a problem until the activities previously mentioned start to become more difficult.



2

How is DME treated?



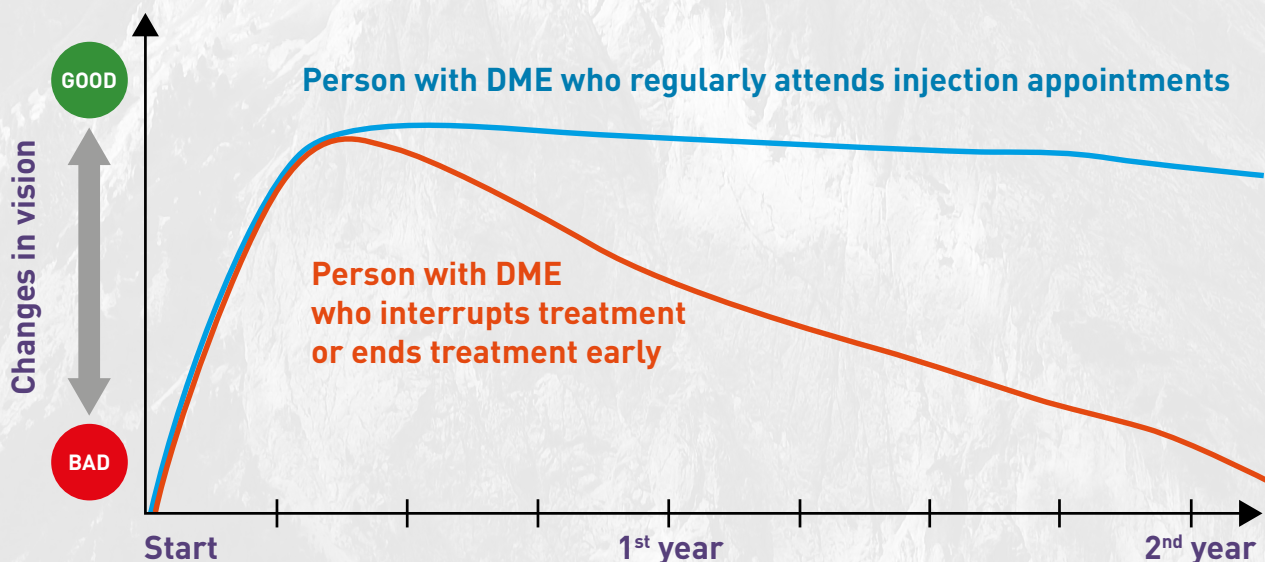
- People with DME require regular examinations and treatment to keep their vision from getting worse. Most people with DME are being treated with regular injections into the eye performed in a clinic or hospital by a qualified ophthalmologist or nurse. Most of these injections are with anti-VEGF (vascular endothelial growth factor), a medicine that reduces the fluid and protein in the retina (the part of the eye that catches the light and translates it into an image), which can help to maintain and improve vision. In some cases, if a person's DME does not improve with anti-VEGF treatments, steroid injections into the eye may be considered by the treating ophthalmologist.
- Anti-VEGF injections can maintain, and sometimes restore, vision for many people, but each treatment does come with a need for some recovery time, usually between a few hours and up to a day or two, regardless of any temporary side effects that may occur. Temporary side effects could include eye soreness, irritation, and redness, sensitivity to light, changes in vision, including blurred vision or black spots, and increased production of tears. These effects typically wear off within a couple of days and most are considered to be common and expected reactions to the treatment and procedure. During eye examinations, people with DME will often receive dilating eye drops, which will make them sensitive to light and cause blurry vision for at least 4–6 hours after the last eye drop. It is therefore not safe to drive or use machinery until these effects have worn off.

3

How often, and how many, treatments are required to treat DME?



- Without regular treatment with anti-VEGF injections, DME may continue to progress, and vision may get worse. The time between each injection is based on how well the person with DME responds to treatment, which is different for everyone. Usually, the time between injections is every 4–16 weeks, but the doctor will decide the optimal time between injections for each person.
- Initially, a person with DME will require monthly injections to stabilize and potentially improve their vision. After the first few months, they will need to continue to attend the clinic for eye assessments and further treatment appointments on a less frequent, but still regular and long-term basis, to keep their condition from getting worse. Their ophthalmologist will decide on the schedule for follow-up examinations and treatments.
- You can compare the anti-VEGF injections with the treatment of high blood pressure. If someone has high blood pressure, their cardiologist will prescribe them medication, and as long as the patient takes their medication as directed their blood pressure will be under control and the risk of a heart attack will be the same as for a person without high blood pressure. However, if the patient stops taking their medication, their risk of having a heart attack goes up compared to someone without high blood pressure. Similarly, if a person with DME continues with their treatment, their risk of vision loss will be less. This is particularly important because sometimes a person with DME does not notice any difference between injections, but the main objective of the treatment is to maintain their vision for as long as possible.



Illustrative diagram

4

Why is it important to receive regular treatment for DME?



- If a person with DME is treated early and regularly, they may not experience any vision loss and they can carry on with everyday activities required in the workplace.
- With regular treatment, DME should not be a barrier to employment and people with DME will be able to continue fulfilling their work functions at a high level. Without regular treatment, their vision may get worse and could negatively affect their ability to perform their work duties.
- Starting treatment soon after experiencing the first symptoms of vision loss increases the chance of preserving or even improving vision for a person with DME. If they interrupt or stop the regular treatment plan recommended by their ophthalmologist, their DME will likely progress, and their vision may get worse.
- The longer the treatment for DME is interrupted or delayed, the more difficult it becomes to maintain or restore their vision and it could reach the point where treatment can no longer help. It is therefore of utmost importance that people with DME continue to attend their eye appointments.
- It is also important because most of the people affected by DME are of working age, so this can maintain their daily activities and ability to work.

5

What can I do as an employer to support my employee?



- It is important that an employee with DME can attend all their treatment and monitoring appointments. They should feel able to prioritize their health needs in a safe and supportive work environment.
- When your employee receives an eye injection, they undergo a surgical procedure and should therefore be afforded the necessary time to recover before returning to work. This is typically for the remainder of the day post-injection, and they can usually return to work as normal the following day.
- You may want to consider discussing adjustments to their individual work setting, if required, to support them, including using brighter lighting or introducing magnifiers and other vision aids to help them see things more clearly and to continue to work independently.
- DME is only one potential health complication for people living with diabetes. Therefore, people with diabetes often have several other diabetes-related appointments, including screenings and treatments, to deal with different aspects of their condition. Attending these diabetes-related appointments is a crucial part of their overall diabetes care.
- As a recommendation, you and your employee may want to designate one or two specific days on a regular basis during which they can attend their medical appointments, to cause the least impact on your work environment. As your employee's doctor, we will be glad to assist in scheduling your employee's appointments to make that work.



Further information on DME



Additional resources with further information on DME and how to support people with vision loss are available.

Please scan the QR CODE below for more details.





The Barometer Program is managed by clinical leaders in ophthalmology as well as representatives from the International Federation on Aging (IFA), International Agency for the Prevention of Blindness (IAPB) and Bayer. The activities of the Barometer Program are funded and facilitated by Bayer where the scientists and representatives from IFA and IAPB retain decision authority to the research scope, methods, analysis of findings and dissemination of the outputs of the Barometer Program.

