This page is designed to help you test your own understanding of the concepts covered in this issue, and to reflect on what you have learnt. We hope that you will also discuss the questions with your colleagues and other members of the eye care team, perhaps in a journal club. To complete the activities online – and get instant feedback – please visit www.cehjournal.org

### 1. Consider diabetes and its link to diabetic retinopathy. Which statement is correct?

Select one

- a. Diabetes kills fewer people than TB and HIV
- b. The risk of developing type 2 diabetes can be reduced by keeping to a healthy weight, taking regular exercise and minimising sugar intake
- c. Once diabetic retinopathy occurs, the patient will inevitably go blind
- d. If a patient has diabetic retinopathy, they are usually aware of it

### 2. Consider diabetic retinopathy in individual patients. Which statement is correct?

Select one

- a. Diabetic retinopathy (DR) affects only people with high blood pressure
- b. If a patient’s diabetes and blood sugar levels are well controlled, there is no risk of DR
- c. Laser treatment will improve vision in people with DR
- d. The risk of blindness from DR can be avoided if patients attend hospital appointments as required and accept treatment

### 3. Consider diabetic eye disease as a public health problem. Which statement is correct?

Select one

- a. Blindness from diabetic retinopathy can be prevented by a screening programme
- b. Blindness from diabetic retinopathy is mostly linked with patients unable to afford services
- c. The risk of blindness from diabetic retinopathy can be reduced through early detection and treatment
- d. Blindness from diabetic retinopathy occurs mostly in high-income countries

### 4. Consider the prevention of diabetic eye disease in your district. Which of the following is essential?

Select one

- a. Good links with other health workers involved in caring for patients with diabetes (e.g., physicians, diabetes nurses)
- b. A community-based survey to determine the number of people with diabetes in your country
- c. A national diabetic retinopathy screening programme
- d. Enough ophthalmologists to examine every patient with diabetes at least once every year

### ANSWERS

1. **Correct answer:**
   - a. Diabetes kills fewer people than TB and HIV
   - b. The risk of developing type 2 diabetes can be reduced by keeping to a healthy weight, taking regular exercise and minimising sugar intake
   - c. Once diabetic retinopathy occurs, the patient will inevitably go blind
   - d. If a patient has diabetic retinopathy, they are usually aware of it

2. **Correct answer:**
   - a. Diabetic retinopathy (DR) affects only people with high blood pressure
   - b. If a patient’s diabetes and blood sugar levels are well controlled, there is no risk of DR
   - c. Laser treatment will improve vision in people with DR
   - d. The risk of blindness from DR can be avoided if patients attend hospital appointments as required and accept treatment

3. **Correct answer:**
   - a. Blindness from diabetic retinopathy can be prevented by a screening programme
   - b. Blindness from diabetic retinopathy is mostly linked with patients unable to afford services
   - c. The risk of blindness from diabetic retinopathy can be reduced through early detection and treatment
   - d. Blindness from diabetic retinopathy occurs mostly in high-income countries

4. **Correct answer:**
   - a. Good links with other health workers involved in caring for patients with diabetes (e.g., physicians, diabetes nurses)
   - b. A community-based survey to determine the number of people with diabetes in your country
   - c. A national diabetic retinopathy screening programme
   - d. Enough ophthalmologists to examine every patient with diabetes at least once every year

### Picture quiz

A 45-year-old man presents with blurring of vision in his good eye. The other eye has only light perception with a traction retinal detachment.

**Q1.** What is the most likely diagnosis?

- a. Papilloedema due to a brain tumour
- b. Proliferative diabetic retinopathy
- c. Hypertensive retinopathy
- d. Coat’s disease
- e. Non-proliferative diabetic retinopathy

**Q2.** Which of the following clinical signs are present?

- a. Vitreous haemorrhage
- b. Neovascularisation of the retina
- c. Retinal haemorrhages
- d. Retinal hard exudates
- e. Retinal “cotton wool spots”

There may be more than one correct answer.

**Q3.** What treatments might be useful in managing this condition?

- a. Pattern laser treatment to the macular area
- b. Peripheral retinal photoocoagulation
- c. Investigation of papilloedema
- d. Watch and review in 3 months
- e. Anti-vascular endothelial growth factor intra-vitreal injections

### ANSWERS

1. **Correct answer:**
   - a. Papilloedema due to a brain tumour
   - b. Proliferative diabetic retinopathy
   - c. Hypertensive retinopathy
   - d. Coat’s disease
   - e. Non-proliferative diabetic retinopathy

2. **Correct answer:**
   - a. Papilloedema due to a brain tumour
   - b. Proliferative diabetic retinopathy
   - c. Hypertensive retinopathy
   - d. Coat’s disease
   - e. Non-proliferative diabetic retinopathy

3. **Correct answer:**
   - a. Pattern laser treatment to the macular area
   - b. Peripheral retinal photoocoagulation
   - c. Investigation of papilloedema
   - d. Watch and review in 3 months
   - e. Anti-vascular endothelial growth factor intra-vitreal injections

### REFLECTIVE LEARNING

Visit www.cehjournal.org to complete the online “Time to reflect” section.

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