

How often should diabetic eye screening be performed?

The International Diabetes Federation (IDF) guidelines recommend screening examinations should be done annually or at least every two years. The International Council of Ophthalmologists (ICO) Guidelines provide detailed recommendations for screening schedule and referral based on the classification of DR for both low-/intermediate- and high-resource settings (shown below).

Screening Recommendations:
(Low income setting differences are in brackets)

Classification	Next Screening Schedule	Referral to Ophthalmologist
Diabetic Retinopathy (DR)		
No apparent DR, mild non-proliferative DR, and no DME	1-2 years	Referral Not required
Mild non-proliferative DR	6-12 months (Low income 1-2 years)	Referral Not required
Moderate non-proliferative DR	3-6 months (Low income 6-12 months)	Referral required
Severe non-proliferative DR	<3 months	Referral required
Proliferative DR	<1 month	Referral required
DME		
Non center-involving DME	3 months	Referral required (Low income not required but recommended if laser available)
Center-involving DME	1 month	Referral required

**Follow-up Schedule and Management Based on Diabetic Retinopathy Severity
(Low income setting differences in brackets)**

Classification	Follow Up Schedule for Management by Ophthalmologists
DR severity	
No apparent DR	Re- examination 1-2yrs may not require ophthalmologist
Mild non-proliferative DR	Re- examination 6-12months (1-2 years low income) may not require ophthalmologist
Moderate non-proliferative DR	3-6 months (6-12 months low income)
Severe non-proliferative DR	<3 months; consider early pan-retinal photocoagulation in high income only
Proliferative DR	<1 month; consider pan-retinal photocoagulation
Stable (treated) DR	6-12 months
DME Severity	
Non centre-involving DME	3-6 months; consider focal laser photocoagulation in high income only
Centre-involving DME	1-3 months; consider laser photocoagulation or anti-VEGF therapy
Stable DME	3-6 months

Europe

The development of screening programmes for diabetic eye disease in Europe was initially encouraged by the “[St Vincent Declaration](#)” published in 1989, which set a target of reducing diabetes-related blindness by one third in the following 5 years.

Progress towards achieving the St Vincent Declaration target was reviewed and revised at a consensus conference held in Liverpool, UK in 2005. This meeting was attended by national representatives of diabetology and ophthalmology from 29 European countries.

The discussions led to the development of the “The Liverpool Declaration”, which set a target to reduce the risk of visual impairment due to diabetic retinopathy by 2010 by:

- Systematic programmes of screening reaching at least 80% of the population with diabetes
- Using trained professionals and personnel
- Universal access to laser therapy

Several follow-up conferences have been held since Liverpool to review the progress of countries towards these targets. These have been held as satellite meetings of the Annual European Association for the Study of Diabetes conference in Amsterdam in 2008, Gdansk in 2011, and most recently, Manchester in 2016.

The report from Manchester meeting details the current status of screening programs in different European countries (full copy available [here](#))

While many European countries have made progress towards the implementing screening for DR, very few have established systematic (organised) screening programmes designed to reach all people in the population with diabetes.

Many other European countries have taken a stepwise approach to the implementation of screening, by initially establishing city wide or smaller regional screening programs, with the aim of eventually developing national programmes.