

# Journal of Medical Screening

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## Editorials

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### Prevention of blindness: a lost opportunity

Why is it that diabetes remains by far the biggest cause of loss of vision in England and Wales in those aged 16–44 when this is mostly preventable?

A recent analysis of all registrations for blindness and partial sightedness in England and Wales for 12 months during 1990–91 has confirmed that diabetic retinopathy continues to be an important cause of vision loss. Nine hundred and thirty seven out of a total of 32 291 registrations were for diabetic retinopathy. Between the ages of 16 and 64 the total number registered was 4371, in whom loss of vision was regarded as avoidable in 1102. Of these 1102 cases, 386 (35%) were due to diabetes.<sup>1</sup> With a good system of screening and treatment over 80% of these should be avoidable.<sup>2</sup>

Screening for diabetic retinopathy is inadequate. There is no nationally approved system for inviting known diabetic subjects for regular eye examinations. Enthusiasts row their own boats but nationally too little is happening, and many patients become blind needlessly.

Annual eye examination is vital to enable treatment for changes which threaten sight to be given quickly before

vision is irreversibly lost. A Bristol survey showed that 50% (16 of 32) of the patients registered as having lost their sight were not having regular eye checks.<sup>3</sup> It is the role of the NHS to provide this basic service. A recent screening brief in this journal summarises the evidence and what needs to be done.<sup>2</sup> More litigation with larger damages may be the only way to make purchasers and providers do their job.

C J BURNS-COX

*Consultant Physician  
Directorate of Medical Services  
Frenchay Hospital  
Bristol BS16 1LE*

- 1 Evans J, Rooney C, Ashgood S, Dattan N, Wormald R. Blindness and partial sight in England and Wales April 1990–March 1991. *Health Trends* 1996;28:5–12.
- 2 Screening brief: diabetic retinopathy. *J Med Screen* 1995;2:126.
- 3 Clark JB, Grey RHB, Lim KKT, Burns-Cox CJ. Loss of vision before ophthalmic referral in blind and partially sighted diabetics in Bristol. *Br J Ophthalmol* 1994;78:741–4.