
Diabetic retinopathy screening (*Comprehensive teleophthalmology examination. Vol. 43[6]*)

Dear Editor,

We would like to thank Greve and Tennant¹ for their comments in the editorial accompanying our article² in the December 2008 issue of the *Canadian Journal of Ophthalmology*.

Although diabetic retinopathy is a treatable eye disease, it remains a leading cause of blindness in industrialized countries. Despite efforts to educate both patients and physicians about the importance of routine diabetic screening and despite the publication of Canadian screening guidelines, a large percentage of the diabetic population continues to receive inadequate retinopathy screening.³⁻⁶ This has led to the search for strategies to better detect vision-threatening retinopathy and reduce the incidence of complications and blindness from diabetic retinopathy.⁷

Diabetic retinopathy is an important public health concern requiring targeted examinations to obtain improved vision outcomes. Although new developments in technology make comprehensive teleophthalmology possible, the best strategy for diabetic retinopathy may or may not require a comprehensive eye examination. A screening strategy specifically designed for diabetic retinopathy in a public health context may not need to provide a complete eye examination, just as screening for colon cancer does not entail a comprehensive gastrointestinal workup. Screening must be separated from diagnosis, treatment, and follow-up where a more sophisticated setup and technology are probably necessary.

Screening for diabetic retinopathy addresses a very specific public health need and results in better awareness, education, and access to reliable screening. In addition, such a screening strategy for diabetic retinopathy is supported by international scientific literature. The screening strategy and methods used in our study are in accordance with published literature and public screening programs in other parts of the world, such as the U.K.⁸

Greve and Tennant¹ have expressed some concern about using pharmacies as an entry point for a screening program, and suggest the use of family doctors and endocrinology offices as a more sustainable option, a strategy that has until now failed to reach diabetics efficiently. Our intent was not to dictate a single program for teleophthalmology diabetic retinopathy screening, but to demonstrate the significant health results that can be obtained when screening is provided for these patients with diabetes. The use of pharmacies as an entry point is only one possible solution to the problem of accessibility. Physicians are very effective at providing care to a captive patient population in a health care setting, but in order for a screening program to be beneficial, we need to target the population outside traditional medical settings. Different populations and regions may require different solutions, and we need to be creative in our outreach methods to maximize the general population's exposure to timely screening.

We believe that efforts to improve screening rates need to be multifaceted and that better access to rigorous, reliable, and timely screening services for diabetic retinopathy offers the best chance of preventing disease and preserving the vision of our diabetic population. We are adamant that government health authorities need to become more involved

in adopting emerging technologies such as telemedicine to provide better outreach services for the diabetic population.

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