**Profile of the diabetic retinopathy patients, treated at a reference center in Belo Horizonte**

Purpose: To identify the presence of diabetic retinopathy, risk factors and perform interventions in advanced cases.

Methods: Transverse, interventionist and descriptive study. The study sample consisted of a total of 900 patients seen in the diabetes task force carried out by the Ophthalmological Center of Minas Gerais, in which 400 diabetic patients were referred and participated in the systematized care using the Staged Diabetic Management Protocol.

Results: Mild non-proliferative diabetic retinopathy was observed in 17% of diabetic patients who underwent funds. Regarding moderate non-proliferative retinopathy, it was seen in 15% of patients. 11% had severe non-proliferative diabetic retinopathy. Proliferative diabetic retinopathy was detected in 4.8% of patients, and high-risk proliferative diabetic retinopathy in 4.8% of patients. Clinically significant macular edema was found in 24% of patients. Patients with proliferative diabetic retinopathy, especially those at high risk, were immediately submitted to a panphotocoagulation session.

Discussion: Diabetic retinopathy remains a serious public health problem and should always be understood as a multidisciplinary approach. The risk factors associated with this retinopathy must be taken into account when approaching any patient with diabetes mellitus, in order to prevent the onset and progression.

In the present study, we found that diabetic retinopathy remains a frequent complication and difficult to control among diabetics. We believe that actions of this nature contribute to the diagnosis, prevention and control of this serious complication of diabetes mellitus.

Keywords: Diabetic retinopathy, risk factors, diabetes mellitus, pathology.

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Diabetes mellitus is among the main causes of irreversible blindness in Brazil. The disease affects 7.6% of the population, according to the Ministry of Health. Insulin-dependent diabetes mellitus represents approximately 20% of cases of primary DM, with the remainder being non-insulin-dependent diabetes mellitus. In general, ophthalmological complications are of high frequency and severity in diabetic patients. About 50% suffer from these complications. Retinopathy is the most common chronic complication of diabetes. The prevalence of diabetic retinopathy varies according to the type of diabetes and the duration of the disease.

Early detection of retinal, macular changes and rapid access to treatment reduce the risk of visual loss and blindness. Complications should be screened in order to identify diabetic retinopathy as early as possible and institute measures to delay its development and, consequently, loss of vision. Thus, referral for ophthalmological examination of the individual with diabetes is important

It is recommended that for patients with type 1 diabetes, fundus examination

it must be performed after puberty or 5 years of illness, and in type 2 diabetes, when the diagnosis is established.

In this campaign called First Diabetic Mutirão carried out by the Ophthalmological Center of Minas Gerais, it aimed to identify the presence of diabetic retinopathy, associated factors and to carry out interventions in advanced cases, 900 people were evaluated, 400 of whom were diabetic.

**Material and methods**

A cross-sectional and descriptive study, the study sample consisted of a total of 900 patients treated in the diabetes task force carried out by the Ophthalmological Center of Minas Gerais, 400 diabetic patients were referred and participated in the systematic care using the Staged Diabetic Management Protocol.

Postprandial capillary blood glucose was performed on the patients. This procedure made it possible to know the degree of glycemic control.

To obtain the data for this study, the following materials were used: 1. Glucometer, reagent tapes, cotton, alcohol, gloves and lancets. For verification

of postmeal plasma glucose values. For the evaluation of the postprandial capillary blood glucose results of diabetic patients, we used the values ​​recommended by the American Diabetes Association, which were considered good, when the values ​​were less than 100mg / dl, 100-140mg / dl, acceptable and greater than 160mg / dl, bad.

2. Snellen table, to perform the visual acuity test, we used the Snellen table printed with optotypes at 5 meters for monocular measurement of VA, with and without optical correction.

3. Fundoscopy / Retinal Mapping, to diagnose and evaluate fundus changes related or not to diabetic retinopathy

4. Biomicroscopy, to assess changes in the anterior segment.

5. Examination of the feet, in order to assess sensitivity and teach self-care of the feet, guide situations that put the feet / legs at risk and how to prevent them, such as: calluses, ingrown toenails, nail fungus or between the toes, if not properly treated can lead to complications that can lead to amputations.

6. Clinical and endocrinological evaluation, in order to guide the population regarding risk factors, treatment and prevention.

**Discussion**

400 diabetic patients participated in the Systematized Service using the Staged Diabetic Management Protocol, aged between 17 and 83 years old, with a median of 63 years old. There was a predominance of males, 54.87%, female patients were 45.13%.

75% of the patients reported using oral hypoglycemic agents and 25% reported being insulin-dependent. With regard to the time of diagnosis, 16.8% referred from 1 to 5 years, 15.7% from 6 to 10 years and 67.5% more than 10 years.

In an analysis of the Body Mass Index, it was found that 49.5% of diabetic patients were with normal weight, 28% were overweight, 16% were with class I obesity, 4.35%, with class II obesity , and 2.15%, with class III obesity.

The most reported comorbidity was arterial hypertension in 66.3%. Regarding life habits, it was found that 19.3% of patients performed physical activity; 8.5% of patients smoke; 42.2% were ex-smokers and 49.3% never smoked. During care, all diabetic patients underwent an examination of the feet.

Mild Non-Proliferative Diabetic Retinopathy was observed in 17% of diabetic patients who underwent funds. Regarding moderate non-proliferative retinopathy, it was seen in 15% of patients. 11% had severe non-proliferative diabetic retinopathy. Proliferative diabetic retinopathy was detected in 4.8% of patients, and high-risk proliferative diabetic retinopathy in 4.8% of patients. Clinically significant macular edema was found in 24% of patients. Patients with proliferative diabetic retinopathy, especially those at high risk, were immediately submitted to a panphotocoagulation session.

**Conclusion**

Diabetic retinopathy remains a serious public health problem and should always be understood as a multidisciplinary approach. The risk factors associated with diabetic retinopathy must be taken into account when approaching any patient with DM in order to prevent the onset and progression of diabetic retinopathy.

In the present study, we found that diabetic retinopathy remains a frequent and difficult-to-control complication among diabetics. We believe that actions of this nature contribute to the diagnosis, prevention and control of this serious complication of diabetes mellitus.

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