http://www.helsebiblioteket.no/Retningslinjer/Diabetes/11.+Komplikasjoner/11.6+Diabetisk+retinopati/11.6.2+Klassifisering

Table 11.3 Guidelines for timing of ophthalmological examinations in diabetic patients

Patient group	First examination	Kontrollhyppighet uten retinopati [a]
Type 1-diabetes	5 years after diagnosis	Annually/every second year, or less frequently when plasma glucose and blood pressure are stable
Type 2-diabetes	At the time of diagnosis	Annually/every second year, or less frequently when plasma glucose and blood pressure are stable
Pregnant women	Before pregnancy, or as early as possible during pregnancy	Once early in pregnancy [b]

When retinopathy is present, optimal blood pressure and metabolic control are important. Blood pressure treatment even at normal blood pressure may also affect retinopathy favourably. (*Heart Outcomes Prevention Evaluation (HOPE) Study. Effects of ramipril on cardiovascular and microvascular outcomes in people with diabetes mellitus. Results of the HOPE study and MICRO-HOPE substudy. Lancet 2000;355:253-8.*).

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[a] Patients with retinopathy are examined by an ophthalmologist on an individual basis. Optimally, the examination should consist of retinal photography and ophthalmoscopy. Retinal photographs may also be used in organized screening. The pictures may be taken by a technician, but they must be interpreted by an ophthalmologist

[b] If microalbuminuria is present, the examination should be repeated after 3-4 months.