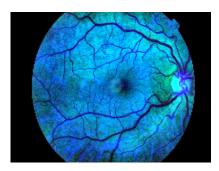
DRSense - Diabetic Retinopathy Report

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Diagnosis: Mild DR (Level 1)

Recommended Actions:

Immediate Recommendations for Diabetic Retinopathy (DR) Level 1

As an expert ophthalmologist, it is crucial to provide concise and actionable recommendations for healthcare professionals to ensure timely and effective management of patients with diabetic retinopathy (DR) level 1. Here are the immediate recommendations:

Control Blood Sugar

• Early and effective glycemic control is essential to slow down the progression of DR. Patients should be educated on the importance of maintaining a target hemoglobin A1c (HbA1c) level of <7% (53 mmol/mol).

Monitor Patient Regularly

- Regular eye exams every 6-12 months are necessary to monitor the progression of DR and detect any changes or complications promptly.
- Monitoring for macular edema and macular scars is crucial to identify potential vision-threatening complications.

Referral to Ophthalmologist

 Refer the patient to an ophthalmologist within 6-12 months for a comprehensive eye examination, including dilated fundoscopy, to assess the severity of DR and implement appropriate management strategies.

Communication with Patient

- Educate the patient on the importance of regular monitoring, blood sugar control, and modifiable lifestyle risk factors to reduce the risk of progression and vision loss.
- Emphasize the potential long-term consequences of uncontrolled DR, such as vision loss, blindness, or even kidney disease.

These immediate recommendations for DR level 1 are designed to ensure timely and effective management of patients with mild diabetic retinopathy, while also emphasizing the importance of blood sugar control, regular monitoring, and patient education.

Disclaimer: Consult a healthcare professional for medical advice.