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Bulletin

NEXT MEETING

September 12, 2023

Paula: slos@mailcan.com
Or text 314-725-2020

Mark your Calendar Now
FOR 1 HOUR CE CREDIT

Dr. Ariel Cerenzie, OD, FAAO, FSLS
Presents--Myopia Management-
The Science & Clinical Application

6:00 PM Dinner
7:00 PM Business meeting
7:15 PM Sponsor Cooper Vision
Break Followed by CE

RSVP to Paula slos@mailcan.com
Or text 314-725-2020

Commitees:
Contact Lens: Dr. Brendan Mulqueeny
Technology: Dr. John Bush
MO State Board: Dr. Debbie Kerber and
Dr. Kurt Finklang
MOA Trustees: Dr. Robert Goerss
and Dr. Matthew McCoy
UMSL: Dr. Keshia Elder and Dr. Marybeth Rhomberg

Thank you Aaron Wood
And LKC
563-676-7113
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We had a huge group of 58 in person attendees and 35 in person ZOOM attendees

Modern Day Diabetes

Presented by: Jeffry Gerson, OD
Submitted by: Allison Schafers, OD

Optometrists are on the front line of diabetes care and it is important for optometrists to stay involved and embrace an active role. The following statistics are pertaining to diabetes in Missouri: 9.9% of Missourians have diabetes, 63.5% of patients in Missouri self-monitor blood glucose, 66.4% have an A1c reading taken twice per year, 60.7% of patients with diabetes have an annual eye exam, and 69.3% of patients with diabetes have an annual foot exam.

The most common medications taken by patients with type 2 diabetes include metformin, a statin, lisinopril, and aspirin. One study involving primary care providers found that only 6% of PCPs could identify all risk factors for a pre-diabetes screening, 17% of PCPs could identify the lab parameters correctly for diagnosing pre-diabetes, and only 11% knew the recommended treatment.

The current lab criteria for diagnosing diabetes includes fasting blood glucose and A1c. For fasting blood glucose a normal range is up to 100mg/dL, pre-diabetes is 100-125mmg/dL and over 125mg/dL indicates diabetes. For A1c, normal range is up to 5.4%, pre-diabetes is 5.4-6.5%, and above 6.5% indicates diabetes. It is important for us as providers to understand these numbers as some patients may not have been told or do not understand they have diabetes
One of the most important factors a patient can do to make lifestyle changes is physical activity. This would include 30 minutes of activity five days per week. The gold standard historically used for diagnosing diabetes is fasting blood glucose. A1c is now used for detecting. However the best test for detecting early is the oral glucose tolerance test. This test can detect diabetes as much as five to nine years earlier
In regards to retinal findings, we can detect peripheral dot hemorrhages in our patients. This is concerning for microvascular disease and blood pressure and blood sugar should be checked on all patients presenting with these findings. More peripheral findings can also

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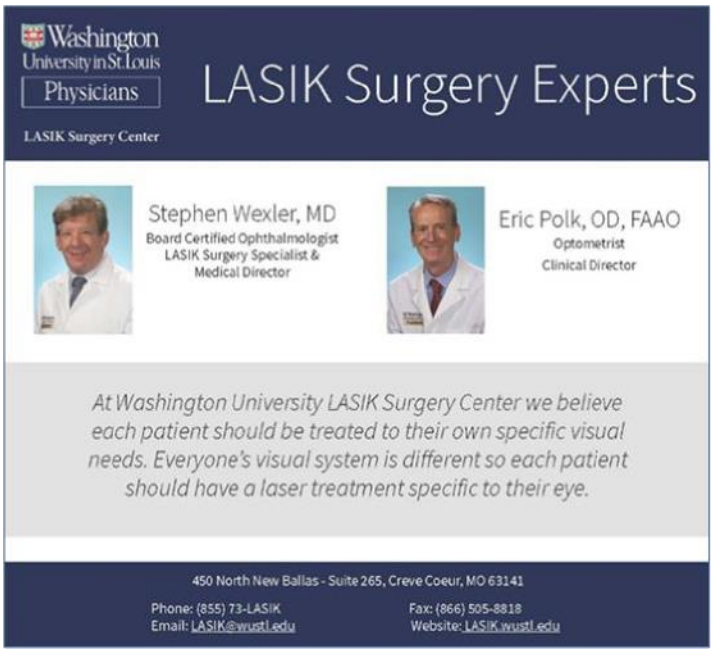

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indicate worse findings/outcomes. These patients can have a 4.7-fold increased risk of proliferative diabetic retinopathy.
Functional testing for diabetic retinopathy can include an ERG. It is an objective test which can show providers which patients are more likely to progress to need treatment. It can especially be useful to determine follow-up intervals for patients and the handheld ERG is a quick test that is easy to operate.

As far as detecting a patients risk for developing diabetes, the American Diabetes Association has a risk test available online. There are five questions to answer. Genetics plays a big role in diabetes risk. If one parent has diabetes then there is a 50% likelihood of developing diabetes and if two parents have diabetes it goes up to an 80% risk.

An important topic to consider is how to we prevent or delay the onset of diabetes. Important factors in preventing diabetes are healthy eating, physical activity, smoking cessation, less stress, and more sleep. In one study on diabetes prevention, one group was put on metformin and the other group made changes in their lifestyle that included physical activity. The group that did the best was the group that made lifestyle changes. They found they were half as likely to develop diabetes as those put on metformin right away.

As optometrists we have to care about preventing diabetes because if patients do not develop diabetes, then they will not develop diabetes related ocular complications. Of all of these prevention methods, physical activity is the most important. It improves not only blood glucose, but improves patients well being. Patients with diabetes are more likely to suffer from depression and exercise can help these patients.

Another study looked at coffee consumption and diabetic retinopathy. It showed that people who drink 2+ cups of coffee a day are 47% less likely to have diabetic retinopathy and 70% less likely to have vision threatening diabetic retinopathy.

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Two very important phrases for our patients with diabetes include continuous glucose monitoring and time in range. The FreeStyle Libre is the most common continuous glucose monitor. About 40-50% of patients with type 1 diabetes have a continuous glucose monitor and about 10-15% of patients with type 2 diabetes have a continuous glucose monitor. This is due to insurance coverage being better for type 1 diabetes. Time in range is a far more valuable number than a good A1c. 70% time in range is the goal for most patients. It is better for patients to have consistent blood sugar levels instead of yo-yoing. Patients with better time in range have better outcomes.

There are many ongoing studies for new treatments for diabetic eye disease. One of particular interest utilizes photobiomodulation. This involves using light to alter biology and using certain wavelengths of light can change the way cells work in the eye. This technology is close to being approved for macular degeneration. Optometrists would be able to utilize this treatment in their practices.

Overall, is it important for optometrists to remain on the front line of diabetes care. This involves not only detecting diabetic eye disease and making the appropriate treatment recommendations/referrals, but also to be able to discuss with our patients about diabetes outside the eye. This could include asking about aspects such as physical activity, diet, and time in range and having a confident conversation about diabetes as a whole.

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MOA Report
Matthew McCoy, OD
Robert Goerss, OD

MOA Convention is October 12-15 in Branson. Laser wet lab is Saturday October 14, separate registration is required for the lab.
Keyperson webinar was Thursday the August 13 If you're a keyperson you should have received an email from Lee Ann, if not contact Matt or Robert:.
Dr. Matt McCoy mkmccoy45@gmail.com *OR Dr. Robert Goerss* drgoerss@gmail.com
The focus for the remainder of the year will be continuing to build relationships with legislators through the keyperson system. We will be organizing days to have ODs in Jefferson City to maintain a presence with legislators and discuss our goals for moving forward with scope expansion in 2024. More details will be shared as they emerge. If you are not a keyperson but are interested in helping by contacting your legislator or going to Jefferson City, please let Robert or Matt know as well.

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UMSL Report
Dr. Keshia Elder

The 2027 Class has arrived
UMSL Optometry August Academe
August 26 1;00 PM 4 hours CE/CEE
August 27 8:00 am -5 pm hours CE—6 Hours CEE
Open House—Patient Care Center
Saturday, August 26, 2023
5:30-7:30 pm
Jan 11th-14th An Advanced procedure laser course will be offer and taught by NSO faculty More details to come.

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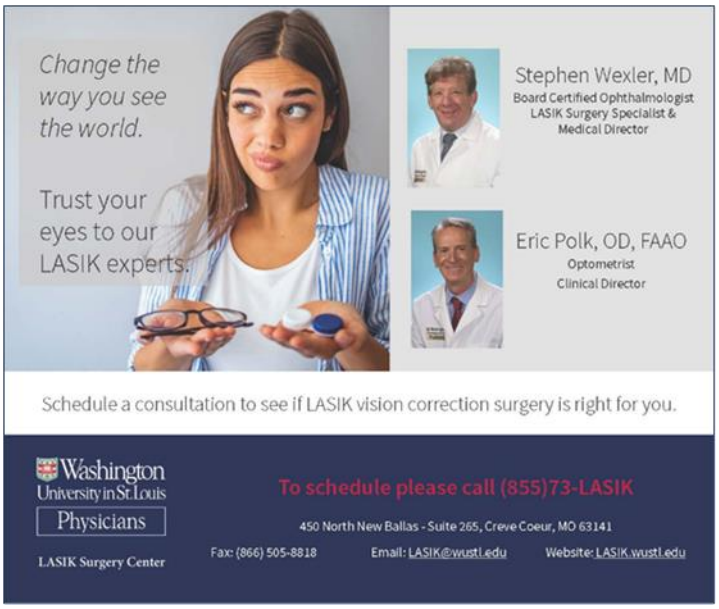

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Contact Lens Report:
Presented by Brendan Mulqueeny, OD

· MyDay Energys is now available for order. The lens utilizes aspheric design to provide similar visual benefit to Biofinity Energys (low ADD to reduce asthenopia/digital eye strain) in a daily modality.

· ClearCare starter kits should be available starting in November of this year.

Ophthalmology Consultants

Joseph P. Gira, M.D.
Josh E. Amato, M.D.
Michelle R. Derheimer, O.D.
Michael P. Donahoe, M.D.
Steven F. Lee, M.D.
Senthil Krishnasamy, M.D.
Byron A. Santos, M.D.
Erin C. Sullivan, O.D.
Sweta Kavali, M.D.
Andrew Pazandak, M.D.
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Jessica Jones, O.D. Brooke Reynolds, O.D. Eric Pfeifer. O.D.

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UPCOMING EVENTS

September 12 , 2023

Dr. Ariel Cerenzie, OD, FAAO, FSLS

Presents--Myopia Management-

The Science & Clinical Application

October 12-15

MOA Convention is in Branson. Laser wet lab is Saturday October 14, separate registration is required for the lab.

NO OCTOBER SLOS MEETING, PLEASE CONSIDER GOING TO THE MOA in Branson, MO

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Dr. Cerenzie attended the University of Houston College of Optometry and completed a cornea and contact lens residency at the University of Missouri-St. Louis College of Optometry.

New Website Under Construction
More updates to come