2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two -letter Code for the one (1) Section best sullied to review your abstract

EPIDEMIOLOGY (EP)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
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4. The signature of the First (Pre senting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

FLAVIO HIRAI
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70)
Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

HIRAI	**FLAVIO**	**E.**
Last Name	First	Middle

CORNEA/INCAT — Service (sector)
N/A — Nº CEP

Clinically Significant Macular Edema and Survival in Type 1 and Type 2 Diabetes: Wisconsin Epidemiologic Study of Diabetic Retinopathy

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Purpose: to investigate the association of clinically significant macular edema and long-term survival in individuals with type 1 and type 2 diabetes.

Methods: the Wisconsin Epidemiologic Study of Diabetic Retinopathy (WESDR) is an ongoing prospective population -based cohort study initiated in 1980 -82 of individuals with diabetes diagnosed at either < 30 years of age (younger -onset, n=996) or ? 30 years of age (older-onset, n=1,370). Stereoscopic color retinal photos were graded for retinopathy using the modified Airlie House Classification scheme and CSME was defined by ETDRS criteria.

Results: prevalence of CSME was 5.9% and 7.5% for the younger - and older -onset groups, respectively. After 20 years of follow-up, 276 younger-onset and 1,123 older-onset persons died. When adjusting for age and gender CSME was not significantly associated with all-cause (hazard ratio and 95% confidence interval 1.41 (0.96-2.07), p=0.08) or ischemic heart disease mortality (1.14 (0.61-2.12), p=0.68) in the younger-onset group. In the older onset group, there was increased all -cause and ischemic heart disease mortality when CSME was present: 1.55 (1.25 -1.92), p<0.01 and 1.56 (1.15-2.13), p<0.01, respectively, when adjusting for age and gender. After controlling for other risk factors, the association remained significant for ischemic heart disease (1.58 (1.07 -2.35), p=0.02) among those taking exogenous insulin. CSME was not significantly associated with stroke mortality by in either group.

Conclusions: CSME appears to be a risk indicator for decreased survival in persons with older -onset diabetes mellitus. The presence of CSME may identify individuals who should be under care for cardiovascular disease.