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Introduction

e incidence of diabetes is increasing. With roughly 800,000 new cases diagnosed each year, the prevalence of diagnosed diabetes has increased by 33% between 1990 and 1998 [1]. Currently, an estimated 15.7 million people, of whom only 65% have been diagnosed, have

Preventive care practices, In , , it has been showed that early detection of diabetes is important because initiating an early treatment of the disease may postpone complications. Besides an increased prevalence of diabetes, there is also an increase in th number of complications attributed to diabetes, which can a ect every organ of the body. Poor glycemic control can lead to heart disease, stroke, blindness, kidney disease, amputations, and dental disease. is analysis will review journal articles and published sources on diabetes-related foot, oral, and eye complications, which strongly support the present study [15]. Diabetic retinopathy, the main contributor to blindness, is a term for certain abnormalities in the small blood vessels of the retina that are caused by diabetes. Early detection of diabetic retinopathy is essential since retinopathy is o en asymptomatic. When rst diagnosed, approximately 21% of people with type 2 diabetes show some retinopathy. People with type 1 diabetes tend to develop retinopathy a er three to ve years from the onset of diabetes [14]. One of the strongest predictors of developing retinopathy is the length of time an individual has had diabetes; the longer the duration, the greater the probability of developing retinopathy [4]. Besides routine eye exams, glucose control is recommended to prevent the onset of retinopathy. Although early detection and treatment of eye complications could prevent approximately 90% of new cases of diabetes-related blindness [16], many diabetics in the United States are not receiving the recommended preventive eye screenings [4]. is study is strongly support the present study.

Conclusion

Proper management with regular screening substantially reduces the expenditure related to care of patients with diabetic retinopathy and related complications even in a developing country. Strategies aimed at preventing DR and early detection of the onset of retinopathy can increase survival and the intrival without complications and the cost e ectiveness ratio will be able to compare favorably with many healthcare programs' which reduce the burden of diabetic retinopathy even in developing countries. In the study of American Diabetes Association 2001 has shown that the increasing prevalence of type 2 diabetes also brings with it a commensurate increase in the burdens of a chronic disease. Diabetes and its related complications incur both societal (indirect) and economic (direct) costs. In 1997, an estimated $98 billion was spent on diabetes. Approximately $44 billion was spent on direct medical care and treatment, which is concomitant to present study which incur huge medical cost [14]. In National Center for Chronic Disease Prevention and Health Promotion 1999,