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# Preface

Diabetic retinopathy remains the leading cause of low vision and blindness in people of working age in Europe and USA. At the same time that there has been continuous improvement in the management and treatment of diabetic retinal disease. Projections for the next decade indicate that number of persons with diabetes will increase over the next twenty to thirty years by 35% creating a real challenge to the public health capacity to care for patients with diabetic retinopathy and persons at risk for this complication.

For over forty years I have been particularly involved in the study of diabetic retinopathy. Since my earlier training days under the guidance of Norman Ashton, in London, I have always been focusing on the “whys” and “hows” of diabetic retinopathy. The goal was always to improve our understanding of its development and progression. Since London I worked for extended periods of time in Coimbra, Portugal and in Chicago, USA, at the University of Illinois Eye and Ear Infirmary. Translational research by combining laboratory with clinical research has been my main interest and a great source of personal enjoyment. This, I believe is clearly reflected in this book. For the same reasons it deals primarily with nonproliferative retinopathy in diabetes type 2, the most frequent form of diabetic retinal disease and the disease stage where the

mechanisms of the retinal pathology can be more clearly correlated with the systemic disease.

I believe strongly that improved understanding of diabetes in general is fundamental for the management of retinal disease and that an open and permanent communication between the ophthalmologist and the diabetologist is crucial for the best care to our patients with diabetic retinopathy. This is why the first chapter book includes the approved guidelines for management of diabetes and its complications.

This book is the result of a challenge by a colleague of mine, Manuel Sanchez Salorio, of Santiago de Compostela, Spain.

I hope sincerely that it may contribute by offering a balance between original thought and proven clinical practice. It would give me great pleasure if the readers, particularly young ones, find in this book concepts that stir in their minds new perspectives for improved understanding and management of diabetic retinopathy. This means that our patients will have better options and that their sight will have more chances to be preserved in spite of their diabetes.

Finally, I would like to thank all the authors that contributed to this book.

My personal thanks go also to the persons who helped me review and check all the details involved in the preparation of the book, namely, Alda Gonçalves, Cristina Ramos and Catarina Neves.