

# Person—blindness, code N

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# Person—blindness, code N

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Blindness (diabetes complication)
<b>METEOR identifier:</b>	270065
<b>Registration status:</b>	<a href="#">Health</a> , Standard 01/03/2005
<b>Definition:</b>	Whether the individual has become legally blind in either or both eyes, as represented by a code.
<b>Data Element Concept:</b>	<a href="#">Person—blindness</a>
<b>Value Domain:</b>	<a href="#">Blindness status code N</a>

## Value domain attributes

## Representational attributes

<b>Representation class:</b>	Code	
<b>Data type:</b>	Number	
<b>Format:</b>	N	
<b>Maximum character length:</b>	1	
	<b>Value</b>	<b>Meaning</b>
<b>Permissible values:</b>	1	Blindness - (< 6/60) occurred in either or both eyes in the last 12 months
	2	Blindness - (< 6/60) occurred in either or both eyes prior to the last 12 months
	3	Blindness - (< 6/60) occurred in one eye within 12 months and in the other eye prior to the last 12 months
	4	No blindness
<b>Supplementary values:</b>	9	Not stated/inadequately described

## Collection and usage attributes

<b>Guide for use:</b>	CODE 3    Blindness - (< 6/60) occurred in one eye within 12 months and in the other eye prior to the last 12 months  Blindness can be diagnosed in one eye within 12 months even though it has been previously diagnosed on the other eye.
<b>Collection methods:</b>	Ask the individual if he/she has been diagnosed as legally blind (< 6/60) in both or either eye. If so record whether it has occurred within or prior to the last 12 months.  Alternatively determine blindness from appropriate documentation obtained from an ophthalmologist or optometrist.


## Data element attributes

## Source and reference attributes

<b>Submitting organisation:</b>	National Diabetes Data Working Group
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Origin: National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.

## Relational attributes

Related metadata references: Is re-engineered from  [Blindness - diabetes complication, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005 .pdf](#) (19.7 KB)  
*No registration status*

Implementation in Data Set Specifications: [Diabetes \(clinical\) DSS](#)  
[Health](#), Superseded 21/09/2005

### **DSS specific information:**

Patients with diabetes have an increased risk of developing several eye complications including retinopathy, cataract and glaucoma that lead to loss of vision.

Diabetic retinopathy is a leading cause of blindness. Retinopathy is characterised by proliferation of the retina's blood vessels, which may project into the vitreous, causing vitreous haemorrhage, proliferation of fibrous tissue and retinal detachment. It is often accompanied by microaneurysms and macular oedema, which can express as blurred vision. The prevalence of retinopathy increases with increasing duration of diabetes. In the early stage, retinopathy is asymptomatic. Up to 20% of people with diabetes Type 2 have retinopathy at the time of diagnosis of diabetes. The cumulative prevalence of proliferation diabetic retinopathy and macular oedema after 20 years of type 1 diabetes is about 40%. The Diabetic Retinopathy Study Group showed that panretinal photocoagulation reduces the risk of severe loss of vision by 50%.

Although diabetes retinopathy cannot totally be prevented, better control of blood sugar level slows the onset and progression of retinopathy (The Diabetes Control and Complications Trial - DCCT). Cataract and glaucoma are also associated diabetic eye problems that could lead to blindness.

Regular eye checkups are important for patients suffering from diabetes mellitus. This helps to early detect abnormalities and to avoid or postpone vision-threatening complications.

According to the NSW Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus, a comprehensive ophthalmological examination should be carried out:

- At diagnosis and then every 1-2 years for patients whose diabetes onset was at age 30 years or more.
- Within five years of diagnosis and then every 1-2 years for patients whose diabetes onset was at age less than 30 years.

If retinopathy is detected, review diabetes control and improve if necessary.

### References:

*Vision Australia, No 2, 1997/8; University of Melbourne.*

*The Diabetic Retinopathy Study Research Group. Photocoagulation treatment of proliferative diabetic retinopathy.*

*Clinical application of Diabetic Retinopathy Study (DRS) finding, DRS Report Number8. Ophthalmology. 1981; 88:583/600).*

*Diabetes Control and Complications Trial: DCCT NewEngland Journal of Medicine, 329(14), September 30, 1993.*

[Diabetes \(clinical\) NBPDS](#)  
[Health](#), Standard 21/09/2005

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