

Person—ophthalmoscopy performed indicator (last 12 months), code N

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Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Ophthalmoscopy performed indicator
METEOR identifier:	302821
Registration status:	HealthI , Standard 21/09/2005
Definition:	Whether or not an examination of the fundus of the eye by an ophthalmologist or optometrist, as a part of the ophthalmological assessment, has been undertaken in the last 12 months, as represented by a code.
Data Element Concept:	Person—ophthalmoscopy performed indicator
Value Domain:	Yes/no/not stated/inadequately described code N

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N	
Maximum character length:	1	
	Value	Meaning
Permissible values:	1	Yes
	2	No
Supplementary values:	9	Not stated/inadequately described

Collection and usage attributes

Guide for use:	CODE 9 Not stated/inadequately described This code is not for use in primary data collections.
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Data element attributes

Collection and usage attributes

Guide for use:	CODE 1 Yes Record if a fundus examination of eye has occurred. CODE 2 No Record if a fundus examination of eye has not occurred.
Collection methods:	Ask the individual if he/she has undertaken an eye check, including examination of fundi with pupils dilated. Pupil dilatation and an adequate magnified view of the fundus is essential, using either detailed direct or indirect ophthalmoscopy or fundus camera. This will usually necessitate referral to an ophthalmologist.

Source and reference attributes

Submitting organisation: National diabetes data working group
Origin: National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.

Relational attributes

Related metadata references: Supersedes [Person—ophthalmoscopy performed status \(previous 12 months\), code N](#)
[Health!](#), Superseded 21/09/2005

Implementation in Data Set Specifications: [Diabetes \(clinical\) NBPDS](#)
[Health!](#), Standard 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.

Eye examinations should be commenced at the time diabetes is diagnosed. If no retinopathy is present, repeat the eye examination at least every 2 years. Once retinopathy is identified more frequent observation is required.

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 a blurred vision. The prevalence of retinopathy increases with increasing duration of diabetes. In the early stage, retinopathy is asymptomatic, however up to 20% of people with diabetes Type 2 have retinopathy at the time of diagnosis of diabetes. 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 detect and treat abnormalities early and to avoid or postpone vision-threatening complications.

References:

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

Diabetes: complications: Therapeutic Guidelines Limited (05.04.2002).