





# Reducing sight loss in people living with diabetes

# Scope

Diabetes UK welcomes applications for research which seek to reduce the risk of sight loss in people living with diabetes by improving our understanding of who is at highest risk and by providing improved and more personalised care.

More than 4.9 million people in the UK have diabetes. And diabetes is one of the leading causes of preventable sight loss – over 1,700 people have their sight seriously affected by their diabetes every year in the UK.

More research is needed to understand who is at higher risk of developing diabetes related eye complications and the pathogenic mechanisms underlying them. Recent research has highlighted the role that socioeconomic status and ethnicity play in the development of sight loss in those living with diabetes. Identifying these at-risk groups will inform interventions to combat the growing impact of diabetic retinopathy and its complications on services, and help to determine the effectiveness of treatments, with special emphasis on individualised treatment responses.

With diabetes cases rising, the pressure on hospital eye services throughout the UK is increasing, and this has been heightened by the impact of the Covid-19 pandemic. As a result, waiting times for the evaluation and treatment of people with diabetes have increased and avoidable sight loss has occurred. Therefore, more innovative ways to increase efficiency of services are needed.

To support the development of future research in this area, the <u>Diabetes Research Steering Group (DRSG)</u> brought together people with diabetes, eye disease experts and relevant funders to prioritise areas of focus which are currently lacking in study and to stimulate research in these areas.

#### Priority areas identified:

- Can we identify which treatments will most benefit individuals with diabetic macular oedema (DMO) and proliferative diabetic retinopathy (PDR), and when to seek alternative options?
- How can we identify people at higher risk of developing DMO, PDR, and macular ischaemia and prevent this from occurring?
- What models of care could allow more efficient evaluation and management of patients with diabetic retinopathy and its complications?
- What new treatments can be developed for macular ischaemia and/or retinal fibrosis?
- Can early markers of therapeutic responses be identified?

### **Funding**

Diabetes UK invites applications to kick start research in these areas in line with our project grant scheme which provides funding of up to £500,000 over five years.







#### **Deadline**

The deadline for applications is 1 June 2023 17:00 hrs

# How to apply

Apply for a Diabetes UK grant through our <u>online portal</u> and select "Reducing sight loss in people living with diabetes"

Applications submitted to this highlight notice will be considered in partnership with the Moorfields Eye Charity, Fight for Sight and The Macular Society.

For further details please contact the Diabetes UK Research team at <a href="mailto:research@diabetes.org.uk">research@diabetes.org.uk</a>

## **Application assessment process**

All applications received under this highlight notice will be assessed through the Diabetes UK standard assessment procedure for Project grants and will be considered in competition with all applications submitted.

Applications will be assessed by the scientific panel on the following criteria:

- Potential difference the research will make to the lives of people with diabetes.
- Scientific excellence and potential impact.
- Track record of the applicants.
- Value for money.

Applications will be assessed by the Grants Advisory Panel on the following criteria:

- Relevance to people with diabetes and its potential impact.
- The timescale on which the project could make a difference to people living with diabetes.
- The extent of involvement of people with diabetes in the development and the management of the study.

#### References

1. Foot B, MacEwen C. Surveillance of sight loss due to delay in ophthalmic treatment or review: frequency, cause and outcome. Eye 2017; 31:771-775.