

U.S. Preventive Services Task Force

Screening for Impaired Visual Acuity

SCREENING FOR IMPAIRED VISUAL ACUITY: CLINICAL SUMMARY OF THE USPSTF RECOMMENDATION

What does the USPSTF recommend?

For asymptomatic adults 65 years or older:

The USPSTF found that the **evidence is insufficient** to assess the balance of benefits and harms of screening for impaired visual acuity in older adults.

Grade: I statement

To whom does the recommendation apply?

This recommendation applies to asymptomatic older adults (65 years or older) who present in primary care. It does not apply to persons who have reported signs and symptoms of vision loss, seek care for vision problems, or have vision loss related to another medical condition (e.g., diabetic retinopathy).

What's new?

This recommendation is consistent with the 2016 USPSTF recommendation statement.

How to implement this recommendation?

- There is insufficient evidence to recommend for or against screening for impaired visual acuity in adults without symptoms of vision impairment.
- Clinicians should use their clinical judgment to determine how to evaluate patients who have symptoms of vision loss.

What additional information should clinicians know about this recommendation?

- About 12% of U.S. adults aged 65 to 74 years and 15% of those 75 years or older reported having problems seeing, even with glasses or contact lenses.
- Refractive errors are the most common cause of impaired visual acuity. Half of all cases of bilateral low vision in adults 40 years or older are caused by cataracts, and 50% of adults 75 years or older in the United States have cataracts. AMD is the leading cause of blindness in adults older than 65 years; the prevalence of AMD is 13.4% in adults 60 years or older.
- The prevalence of impaired visual acuity is higher among persons of lower socioeconomic or educational status and those without private health insurance.
- Older age is an important risk factor for most types of visual impairment. Family history strongly correlates with myopia and hyperopia. Risk factors for cataracts include older age, smoking, alcohol use, exposure to ultraviolet light, diabetes, and exposure to oral or inhaled corticosteroids. Risk factors for AMD are not completely understood but are thought to include older age, smoking, obesity, diet low in green leafy vegetables, elevated cholesterol levels, cardiovascular disease, and family history.
- However, there is limited evidence that primary care–based screening for impaired visual acuity is beneficial in persons who have not reported symptoms.

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Note: The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision-making to the specific patient or situation.

AMD = age-related macular degeneration; USPSTF = U.S. Preventive Services Task Force.

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This series is coordinated by Joanna Drowos, DO, contributing editor.

A collection of USPSTF recommendation statements published in *AFP* is available at <https://www.aafp.org/afp/uspstf>.

The full recommendation statement is available at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/impaired-visual-acuity-screening-older-adults>.

The USPSTF recommendations are independent of the U.S. government. They do not represent the views of the Agency for Healthcare Research and Quality, the U.S. Department of Health and Human Services, or the U.S. Public Health Service.

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Why are this recommendation and topic important?

Impaired visual acuity is associated with decreased quality of life in older persons, including reduced ability to perform activities of daily living, work, and drive safely, as well as increased risk of falls and other accidental injuries.

What are other relevant USPSTF recommendations?

The USPSTF has a recommendation on screening for glaucoma, which can be found on the USPSTF website (<https://www.uspreventiveservicestaskforce.org>).

Where to read the full recommendation statement?

Visit the USPSTF website or the *JAMA* Network website (<https://jamanetwork.com/collections/44068/united-states-preventive-services-task-force>) to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.

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