

### Screening for Impaired Visual Acuity in Older Adults: Clinical Summary

<b>Population</b>	<b>Adults 65 years or older who do not present with vision problems</b>
<b>Recommendation</b>	<b>No recommendation. Grade: I (insufficient evidence)</b>

<b>Risk Assessment</b>	Older age is an important risk factor for most types of visual impairment. Additional risk factors for cataracts are smoking, alcohol use, ultraviolet light exposure, diabetes, corticosteroid use, and black race. Risk factors for AMD include smoking, family history, and white race.
<b>Screening Tests</b>	A visual acuity test (such as the Snellen eye chart) is the usual method for screening for visual acuity impairment in the primary care setting. Screening questions are not as accurate as visual acuity testing. Evidence on other tests is lacking.
<b>Treatment and Interventions</b>	Treatments include corrective lenses for refractive error; surgical removal of cataracts; laser photocoagulation, verteporfin, and intravitreal injections of VEGF inhibitors for exudative (or wet) AMD; and antioxidant vitamins and minerals for dry AMD.
<b>Balance of Benefits and Harms</b>	The USPSTF concludes that there is insufficient evidence to assess the balance of benefits and harms of screening for impaired visual acuity in older adults.
<b>Other Relevant USPSTF Recommendations</b>	The USPSTF has made recommendations on screening for glaucoma and interventions to prevent falls in community-dwelling older adults. These recommendations are available on the USPSTF Web site ( <a href="http://www.uspreventiveservicestaskforce.org">www.uspreventiveservicestaskforce.org</a> ).

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org).

AMD = age-related macular degeneration; VEGF = vascular endothelial growth factor.