



SCREENING FOR IMPAIRED VISUAL ACUITY IN OLDER ADULTS* CLINICAL SUMMARY OF U.S. PREVENTIVE TASK FORCE RECOMMENDATION

Population	Adults Age 65 and Older
Recommendation	Grade I: Insufficient Evidence

Risk Assessment	<p style="text-align: center;">Older age is an important risk factor for most types of visual impairment.</p> <p style="text-align: center;">Additional risk factors include:</p> <ul style="list-style-type: none"> • Smoking, alcohol use, exposure to ultraviolet light, diabetes, corticosteroids, and black race (for cataracts) • Smoking, family history, and white race (for age-related macular degeneration)
Screening Tests	<p style="text-align: center;">Visual acuity testing (for example, the Snellen eye chart) is the usual method for screening for impairment of visual acuity in the primary care setting.</p> <p style="text-align: center;">Screening questions are not as accurate as a visual acuity test.</p>
Balance of Harms and Benefits	<p style="text-align: center;">There is no direct evidence that screening for vision impairment in older adults in primary care settings is associated with improved clinical outcomes.</p> <p style="text-align: center;">There is evidence that early treatment of refractive error, cataracts, and age-related macular degeneration may lead to harms that are small.</p> <p style="text-align: center;">The magnitude of net benefit for screening cannot be calculated because of a lack of evidence.</p>
Other Relevant USPSTF Recommendations	<p style="text-align: center;">Recommendations on screening for glaucoma and on screening for hearing loss in older adults can be accessed at http://www.preventiveservices.ahrq.gov.</p>

For a summary of the evidence systematically reviewed in making these recommendations, the full recommendation statement, and supporting documents please go to <http://www.preventiveservices.ahrq.gov>.

*This recommendation does not cover screening for glaucoma.

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