

This fact sheet explains the Task Force's draft recommendation on screening for impaired visual acuity in older adults. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from July 21 to August 17, 2015. The Task Force welcomes your comments.

Screening for Impaired Visual Acuity in Older Adults

The U.S. Preventive Services Task Force (Task Force) has issued a **draft recommendation** on *Screening for Impaired Visual Acuity in Older Adults*.

This draft recommendation applies to adults ages 65 or older who have no symptoms of vision problems and are not reporting problems with their vision to their doctor. It applies only to screening provided by a primary care professional. Primary care professionals include doctors and nurses who provide general health care. This recommendation does not discuss screening provided by vision specialists, such as ophthalmologists and optometrists, who conduct comprehensive eye examinations.

The Task Force reviewed research studies on the potential benefits and harms of screening for three types of vision problems that often occur in adults ages 65 or older. It also looked for evidence on the accuracy of screening and the benefits and harms of treatment of these eye conditions.

This draft recommendation statement summarizes what the Task Force learned about screening for impaired visual acuity in older adults: there is not enough evidence on the potential benefits and harms of screening in the primary care setting to make a recommendation for or against screening.

What is impaired visual acuity?

Impaired visual acuity happens when a person's vision is not as clear or sharp as it could be because of aging or an eye condition.

Facts About Impaired Visual Acuity

Impaired visual acuity, or vision impairment, is a serious and common health problem in older adults. It may reduce a person's quality of life because it can decrease his or her ability to function and live independently.

Common causes of vision impairment in adults over 65 are **refractive errors**, such as nearsightedness or farsightedness; **cataracts**, or the clouding of the eye's lens; and **age-related macular degeneration (AMD)**, which reduces vision in the center of the eye.

Screening for Impaired Visual Acuity

The goal of visual acuity screening is to identify vision problems early so they can be treated. In a primary care setting, clinicians usually screen for these conditions with an eye chart test. This chart shows rows of capital letters. The largest letter is in the top row, and the letters become smaller in each following row (go to the end of this guide for more information on visual acuity tests).

The Task Force found that screening with an eye chart can identify people who have refractive errors, but it cannot accurately identify early-stage AMD or cataracts in people who do not have symptoms of vision problems. Although effective treatments for refractive errors, AMD, and cataracts are available, the Task Force found no evidence about these treatments in the primary care setting, as they are usually done by specialists. Because of the lack of evidence about vision screening in primary care, the Task Force was unable to make a recommendation for or against screening.

Older adults who are having problems seeing or have questions about whether they should be screened should talk with their doctor or nurse or an eye specialist.

The Draft Recommendation on Screening for Impaired Visual Acuity in Older Adults: What Does It Mean?

Here is the Task Force's draft recommendation on screening for impaired visual acuity in older adults. Recommendation statements have letter grades. The grades are based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When there is not enough evidence to judge potential benefits and harms, the Task Force does not make a recommendation for or against—it issues an **I Statement**. The Notes explain key ideas.

Before you send comments to the Task Force, you may want to read the full [draft recommendation statement](#). The statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence review](#) provides more detail about the studies the Task Force reviewed.

1 The Task Force concludes that the **current evidence is insufficient** to assess the balance of benefits and harms of screening for impaired **visual acuity** in **older adults**.

I Statement

Notes

1 **current evidence is insufficient**

The Task Force did not find enough evidence to make a recommendation for or against screening in this population.

visual acuity

The clarity and sharpness of vision.

older adults

Adults ages 65 or older.





What is the U.S. Preventive Services Task Force?

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a [draft recommendation statement](#). All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

Task Force Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

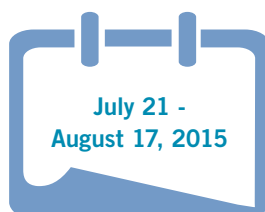
Click Here to Learn More About Visual Acuity

-  **Visual Acuity Test [Image]**
(Medline Plus)
-  **Refractive Errors**
(National Eye Institute, National Institutes of Health)
-  **Cataract**
(National Eye Institute, National Institutes of Health)
-  **Age-related Macular Degeneration**
(National Eye Institute, National Institutes of Health)

 [Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between **July 21** and **August 17, 2015**.



All comments will be considered for use in writing final recommendations.