

This fact sheet explains the Task Force's draft recommendation statement on screening for vision problems in children. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from February 28 to March 27, 2017. The Task Force welcomes your comments.

Vision Screening for Children

The U.S. Preventive Services Task Force (Task Force) has issued a **draft recommendation** statement on vision screening for children ages 6 months to 5 years. The Task Force recommends screening children who are ages 3 to

5 at least once for vision problems. However, for children under 3 years of age, the Task Force did not find enough evidence to recommend for or against screening.

What is Amblyopia?

A common cause of vision problems in children is amblyopia, often called lazy eye. This happens when the eye and the brain do not work together well. Other childhood vision problems, which are risk factors for lazy eye, include:

- Farsightedness—when distant objects look clear but closer objects look blurry.
- Nearsightedness —when objects up close are clear but objects in the distance are blurry.
- Crossed eyes—the eyes do not line up in the same direction.
- Anisometropia – when one eye is able to focus better than the other eye.
- Visual deprivation – when there is a blockage within the eye.

Facts about Childhood Vision Problems

Amblyopia, or lazy eye, is one of the most common vision problems among children. Children who have other eye conditions, such as having crossed eyes, nearsightedness, or farsightedness, are at risk for developing lazy eye. About 1-6% of children have amblyopia or its risk factors.

If it is not treated during childhood, lazy eye could lead to permanent damage to the eye, even loss of vision in that eye. The older a child gets, the harder it can be to treat lazy eye. Typically, lazy eye becomes permanent if the child is not treated by 6 to 10 years of age. Plus, visual problems that are not treated can lead to accidents and injuries, bullying, depression, anxiety, and poor self-esteem.

Lazy eye can be treated by using eyeglasses, wearing a patch over the “good eye” for a period of time, or, in some cases, eye surgery.

Potential Benefits and Harms of Screening for Vision Problems in Children

The Task Force found that early treatment of lazy eye for children ages 3 to 5 can lead to improvements in a child's vision. Earlier treatment can also help reduce social problems like bullying.

However, the Task Force also found that screening could lead to higher false-positive rates. In other words, screening could conclude a child has a vision problem when he or she really does not. If that happens, the child may be treated, such as by using eyeglasses, for no reason. Based on this evidence, the Task Force concluded that the benefits related to vision screening in children 3 to 5 years of age outweigh the harms.

For children who are less than 3 years of age, the Task Force did not find enough evidence to determine the benefits and harms of screening or whether treatment at this age can improve a child's vision.

The Draft Recommendations on Screening for Vision Problems in Children: What Do They Mean?

Here are the Task Force's draft recommendations on screening for childhood vision problems. They are based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. They are also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force recommends for screening (**Grade B**), it is because it has more potential benefits than potential harms. When the Task Force makes an **I statement** it is because there is not enough evidence to make a recommendation for or against the screening.

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

1 The Task Force recommends [vision screening](#) for all children at least once between the ages of 3 and 5 years, to detect the presence of [amblyopia \(lazy eye\)](#) or its risk factors. (**Grade B**)

2 The Task Force concludes that there is [not enough current evidence](#) to assess the balance of benefits and harms of vision screening for children less than 3 years of age. (**I statement**)

Notes

1 [vision screening](#)
There are several different screening tests that clinicians use. These include charts of symbols to see how well a child's eyes can focus, tests of how well a child can determine the depth or distance of an object, and tests that cover one eye, then the next, to see how well the eyes can work together.

[amblyopia \(lazy eye\)](#)
Lazy eye occurs when there is an alteration in the nerve that transports what the eyes sees to the brain. As a result, the brain and eye don't work together the way they should.

2 [not enough current evidence](#)
The Task Force did not find enough information about the benefits and harms of screening for children less than 3 years of age.

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





The Task Force is an independent, volunteer group 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, and 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](#).

USPSTF 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 Vision Problems in Children

-  **Get Your Child's Vision Checked**
(healthfinder.gov)
-  **NEI for Kids**
(National Eye Institute, National Institutes of Health)
-  **Amblyopia**
(Medline Plus)
-  **Strabismus (Crossed Eyes)**
(Medline Plus)

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



The Task Force welcomes comments on this draft recommendation.



Comments must be received between February 28 and March 27, 2017.



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