



**SCREENING FOR GLAUCOMA
CLINICAL SUMMARY OF U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATION**

Population	Adults without vision symptoms who are seen in primary care
Recommendation	No recommendation. Grade: I statement

Risk Assessment	Important risk factors for open-angle glaucoma are increased intraocular pressure, older age, family history of glaucoma, and African American race.
Screening Tests	Diagnosis of glaucoma is usually made on the basis of several tests that, when combined, evaluate the biologic structure and function of the optic nerve and intraocular pressure. Most tests that are available in a primary care setting do not have acceptable accuracy to detect glaucoma.
Treatment	The immediate physiologic goal and measure of effect of primary treatment of glaucoma is reduction in intraocular pressure. Treatments that are effective in reducing intraocular pressure include medications, laser therapy, and surgery. However, these treatments have potential harms, and their effectiveness in reducing patient-perceived impairment in vision-related function is uncertain.
Balance of Benefits and Harms	Evidence on the accuracy of screening tests, especially in primary care settings, and the benefits of screening or treatment to delay or prevent visual impairment or improve quality of life is inadequate. Therefore, the overall certainty of the evidence is low, and the USPSTF is unable to determine the balance of benefits and harms of screening for glaucoma in asymptomatic adults.
Other Relevant USPSTF Recommendations	The USPSTF has made recommendations on screening for impaired visual acuity in older adults. These recommendations are available at http://www.uspreventiveservicestaskforce.org/ .

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