

U.S. Preventive Services Task Force Issues Draft Recommendation Statements on Screening for Glaucoma and Impaired Visual Acuity

More research is needed on screening in primary care for people who have not reported concerns with their vision

WASHINGTON, D.C. – October 26, 2021 – The U.S. Preventive Services Task Force (Task Force) today posted draft recommendation statements on screening for glaucoma and screening for impaired visual acuity in older adults. The Task Force determined that there is not enough evidence to make a recommendation for or against screening. **These are I statements.** These draft recommendations only apply to screening in the primary care setting and for people who have not reported any problems with their vision.

Grade in these recommendations:

I: The balance of benefits and harms cannot be determined.

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Impaired vision, also known as impaired visual acuity, is a decrease in the sharpness or clarity of vision. In older people, impaired vision is associated with decreased quality of life and can affect the ability to perform daily tasks. Glaucoma is a group of eye diseases that can cause vision loss and blindness by damaging the optic nerve, a nerve in the back of the eye. While glaucoma progress slowly, it is the second leading cause of irreversible blindness in the United States.

“Impaired vision and glaucoma are serious and common conditions that affect many people’s independence and quality of life,” says Task Force member Katrina Donahue, M.D., M.P.H. “Unfortunately, there is not enough evidence to determine if screening for these conditions in the primary care setting can help people who have not noticed problems with their vision.”

The main risk factor for most types of impaired vision is older age. Common risk factors for glaucoma include older age, family history, and certain conditions of the eyes. In addition, Black and Hispanic/Latino people have higher rates of glaucoma than White people.

“The Task Force is calling for more research to fully evaluate the benefits and harms of screening people for glaucoma and impaired vision in primary care who have not noticed any issues with their vision, especially those who are disproportionately affected,” says Task Force vice chair Carol Mangione, M.D., M.S.P.H. “In the absence of evidence, clinicians should use their judgement when deciding whether or not to screen individual patients.”

It is important that people who are having problems with their vision talk to their clinician so that they can get the care they need.

The Task Force’s draft recommendation statements and draft evidence reviews have been posted for public comment on the Task Force website at www.uspreventiveservicestaskforce.org. Comments can be submitted from October 26, 2021, to November 22, 2021 at www.uspreventiveservicestaskforce.org/tfcomment.htm.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Donahue is a professor and vice chair of research at the University of North Carolina at Chapel Hill Department of Family Medicine. She is a family physician and senior research fellow at the Cecil G. Sheps Center for Health Services Research and the co-director of the North Carolina Network Consortium, a meta-network of six practice-based research networks and four academic institutions in North Carolina.

Dr. Mangione is the chief of the Division of General Internal Medicine and Health Services Research; holds the Barbara A. Levey, M.D., and Gerald S. Levey, M.D., endowed chair in medicine; and is a distinguished professor of medicine at the David Geffen School of Medicine at the University of California, Los Angeles (UCLA) and the executive vice chair for Health Equity and Health Services Research in the Department of Medicine. She is a distinguished professor of public health at the UCLA Fielding School of Public Health, director of the UCLA Resource Center for Minority Aging Research/Center for Health Improvement of Minority Elderly, and associate director of the UCLA Clinical and Translational Science Institute. Dr. Mangione is a member of the National Academy of Medicine.

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