

## U.S. Preventive Services Task Force Issues Final 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. – May 24, 2022 – The U.S. Preventive Services Task Force (Task Force) today published final recommendation statements on screening for glaucoma in adults over age 40 and screening for impaired visual acuity in older adults, age 65 and above. The Task Force determined that there is not enough evidence to make a recommendation for or against screening. **These are I statements.** These final recommendations are meant for primary care professionals and are only 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 located in the back of the eye. This recommendation focuses on one type of glaucoma—primary open-angle glaucoma. While glaucoma progresses slowly, it is a leading cause of irreversible blindness in the United States.

“Although impaired vision is a common condition in older adults that can affect independence and quality of life, there is not enough evidence to recommend for or against primary care clinicians screening for the condition in people who have not noticed problems with their vision,” says Task Force member Katrina Donahue, M.D., M.P.H. “In the absence of this evidence, primary care clinicians should use their judgment when deciding whether or not to screen.”

The main risk factor for most types of impaired vision and glaucoma is older age; however, family history is also a common risk factor. In addition, Black and Hispanic/Latino people have higher rates of glaucoma than White people.

“The Task Force wanted to see if there was an opportunity for primary care clinicians to play a greater role in helping to prevent vision loss from glaucoma, especially among those who are disproportionately affected,” says Task Force chair Carol Mangione, M.D., M.S.P.H. “However, there is not enough evidence to inform what primary care clinicians can do, so we are calling for more research.”

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

The Task Force’s final recommendation statements and corresponding evidence summaries have been published online in the *Journal of the American Medical Association*, as well as on the Task Force website at:

<http://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statements and evidence reviews were available for public comment from October 26, 2021, to November 22, 2021.

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 and public health at the University of California, Los Angeles (UCLA) and the executive vice chair for Health Equity and Health Services Research in the UCLA Department of Medicine.

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