Screening for visual impairment in older adults: systematic review to update the 1996 U.S. Preventive Services Task Force recommendation

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Record Status
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Citation

Authors' objectives
To assess the effects of screening for impaired visual acuity in primary care settings in older (age > 65 years) adults.

Authors' conclusions
Direct evidence is relatively limited, but shows that screening for impaired visual acuity in older adults in primary care settings is not associated with improved visual or other clinical outcomes and may be associated with unintended harms such as increased risk of falls. Effective treatments (benefits outweigh harms) are available for uncorrected refractive error, cataracts, and age-related macular degeneration. The Snellen chart is the standard for screening for impaired visual acuity in primary care, but its diagnostic accuracy is difficult to assess because a clinically relevant reference standard is not established. There remains no evidence on accuracy of fundoscopic examination by primary care providers. More research is needed to understand why the direct evidence on vision screening in older adults shows no benefit, despite the availability of effective treatments for common conditions associated with impaired visual acuity.

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