



Recommendations on screening for impaired vision in community-dwelling adults aged 65 years and older - Clinician Summary

POPULATION

This screening recommendation applies community-dwelling adults aged 65 years and older who do not have a condition known to predispose to vision impairment such as glaucoma or diabetes; who live in full-time residential care; or, who have a diagnosis of dementia.

BURDEN OF ILLNESS

Impaired vision is an important health burden, particularly among older adults. It is estimated that 13% of Canadians aged 75 years and older have a “seeing limitation,” with 31% described as severe. The proportion of adults with vision impairment is expected to double in Canada by 2032, as the population ages.

RECOMMENDATIONS

We recommend against screening for impaired vision in primary care settings for community-dwelling adults aged 65 years and over (Weak recommendation, low quality evidence).

This recommendation applies to community dwelling adults aged 65 years and over who are not already under the care of a specialist ophthalmologist. It does not apply to those known to have a condition predisposed to vision impairment such as glaucoma or diabetes; who live in full-time residential care; or, who have a diagnosis of dementia.

BASIS OF RECOMMENDATIONS

- Low-quality evidence was found for the benefits and harms of screening for vision impairment in adults aged 65 years and older in primary care settings.
- There was evidence of no overall benefit to patients from being screened, with the exception of one outcome, falls, which were slightly fewer among those screened.
- The recommendation is weak because of low certainty in the evidence and variability noted in patient preferences.
- A weak recommendation against screening suggests that the primary care providers should not routinely offer screening for visual impairment to asymptomatic community-dwelling adults aged 65 years and older.

CONSIDERATIONS FOR IMPLEMENTATION

This recommendation applies to community-dwelling adults aged 65 years and older. Subgroups of the population that are known to be at increased risk for impaired vision are not the focus of this recommendation, such as people with diabetes or glaucoma. The recommendation does not apply to people who live in full-time residential care or who have a diagnosis of dementia. Professionals who care for these patients should be alert to their potential for impaired vision.

Some asymptomatic older adults may be interested in vision screening despite the uncertain benefits. It is appropriate to remain alert to the potential benefits of a case-finding approach and to be open to discussion of vision screening. Should a primary care provider and patient consider vision screening, thought should be given to the process of referrals for the patient to access treatment.