



IMPAIRED VISION SCREENING

**Recommendation**

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

This recommendation does not apply to patients who are likely to be at increased risk for impaired vision (have a history of falls; live in long-term care; or have a diagnosis of dementia, diabetes, or vision disorder, such as glaucoma).

1. What are some considerations for implementing this recommendation?

- If you do not already carry out routine screening for visual impairment in this patient population, there is no good reason to start.
- If you do carry out routine screening, you may wish to reconsider its place as a preventive strategy in this age group.
- As always, it is appropriate to remain alert to indicators of increased risk, the potential benefits of a case-finding approach, and patients with symptoms.

2. How is impaired vision defined?

- It is defined by an objective measurement of acuity worse than 20/40 on a Snellen test; the threshold at which some form of vision-related functional limitation often begins.

3. How was screening for impaired vision defined?

- Screening would involve administering questionnaire-based visual impairment tests or objective vision tests to patients who are not concerned that they are experiencing visual impairment, with the expectation of further assessment and possible intervention as indicated by screening test results.

4. What is the rationale for a recommendation against screening?

- The evidence reviewed by the Task Force indicates that systematically screening adults 65 years of age and over for impaired visual acuity in primary care settings would not likely lead to meaningful health benefits.
- It is possible that many people in this group who have visual impairment become aware of it on their own, or through routine checks with optometrists/ophthalmologists.

5. Why is it a weak recommendation?

- The recommendation is weak because the evidence is of low certainty and patients vary in their preferences for vision screening.

6. How do I apply a weak recommendation?

- This weak “against” recommendation suggests that you should not routinely offer screening for visual impairment to asymptomatic community-dwelling adults aged 65 years and older.
 - However, you should remain responsive to those patients who may still wish to be screened.

7. What are the harms and benefits of screening adults aged 65 years and older for impaired vision?

- It does not appear that screening this patient population would cause significant harms. However, the time and resources that are used for ineffective activities are then lost to other services, which could have produced benefits for patients.

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