

## Academy Issues New Eye Disease Screening

In conjunction with the launch of the EyeSmart™ Campaign, the American Academy of Ophthalmology is issuing a new eye disease screening recommendation for aging adults.

- The Academy now recommends that adults with no signs or risk factors for eye disease get a baseline eye disease screening at age 40—the time when early signs of disease and changes in vision may start to occur. Based on the results of the initial screening, an ophthalmologist will prescribe the necessary intervals for follow-up exams.
- For individuals at any age with symptoms of or at risk for eye disease, such as those with a family history of eye disease, diabetes or high blood pressure, the Academy recommends that individuals see their ophthalmologist to determine how frequently their eyes should be examined.

The new recommendation does not replace regular visits to the ophthalmologist to treat ongoing disease or injuries, or for vision examinations for eye glasses or contact lenses. Much like mammograms at 40 or colon screenings at 50, this new eye disease screening is a reminder to adults as they age that they need to maintain their eye health.

### Background

The rationale for performing a baseline evaluation is to detect eye disease that is prevalent in the adult population greater than 40 years old in order to provide early treatment and thereby preserve visual function. A thorough ophthalmologic evaluation can uncover common abnormalities of the visual system and related structures, as well as less common but extremely serious ones, such as ocular tumors. This evaluation can also uncover evidence of many forms of systemic disease with ophthalmic manifestations, such as diabetes and hypertension. With appropriate intervention, potentially blinding diseases such as glaucoma, cataract and diabetic retinopathy often have a favorable outcome.

Several common eye diseases may present in the population 40 years and older without the individual recognizing any problem, including primary open-angle glaucoma (POAG), primary angle closure and diabetic retinopathy.

In 2000, it was estimated that 2.22 million people had POAG, and this number will increase to 3.36 million in 2020. Based on data extrapolated from the Baltimore Eye Survey, about half of those with POAG were unaware that they had the disease at the time the study diagnosis was made. Early detection and treatment of POAG may prevent or delay loss of vision, but, unfortunately, the disease is often without symptoms until extensive and irreversible visual loss.

Diabetic retinopathy is a leading cause of blindness and often affects working aged adults. The Centers for Disease Control and Prevention (CDC) estimated in 2005 that there were a total of 20.8 million in the population (7 percent) with diabetes, of which 6.2 million were undiagnosed. In 2000, about 4.1 million U.S. adults 40 years and older had diabetic retinopathy, or about two-fifths of those with diabetes. Although effective treatment for reducing the risk of blinding diabetic retinopathy is available, many patients with diabetes do not receive evaluation and treatment in time to minimize the risk of vision loss.

### What's Different about this Recommendation

The new recommendation is for a baseline screening. It complements the Academy's current Preferred Practice Pattern®, which provides guidance on the frequency of comprehensive eye evaluations for patients with no eye disease risk factors.

The Preferred Practice Pattern says, in summary:

### **COMPREHENSIVE MEDICAL EYE EVALUATION FOR ADULTS WITH NO RISK FACTORS**

| <u>Age (years)</u> | <u>Frequency of Evaluation</u> |
|--------------------|--------------------------------|
| 65 or older        | Every 1-2 years                |
| 55-64              | Every 1-3 years                |
| 40-54              | Every 2-4 years                |
| Under 40           | 5-10 years                     |

Interim eye evaluations, consisting of vision examinations (refractions, spectacles, contact lens evaluations, etc.), may be performed during these periods as well. Patients with risk factors for disease or symptoms and signs of eye disease, and patients who desire an examination, may have additional evaluations during these periods.

**Reference:** 1. Sloan FA, Picone G, Brown DS, Lee PP. Longitudinal analysis of the relationship between regular eye examinations and changes in visual and functional status. J Am Geriatr Soc 2005;53:1867-74.