

Evidence is lacking for open-angle glaucoma screening benefits and harms

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The U.S. Preventive Services Task Force (USPSTF) concludes that

evidence for weighing the balance of benefits and harms of screening adults aged 40 years or older for primary open-angle glaucoma is currently inadequate. These findings form the basis of a draft recommendation statement published online Oct. 26 by the USPSTF.

Roger Chou, M.D., from the Oregon Health & Science University in Portland, and colleagues conducted a systematic review of the evidence on screening and treatment of glaucoma for populations and settings relevant to U.S. primary care. The review included 83 studies with 76,807 participants. The researchers found that vision screening by an optometrist was associated with no difference in [visual acuity](#) or vision-related quality of life compared with no screening in one randomized controlled trial (616 participants), but the risk for falls was increased. The effects of referral to an eye health provider versus no referral on vision or other health outcomes were not evaluated in any study. Compared with placebo or no treatment, [medical therapy](#) for ocular hypertension and untreated glaucoma was associated with a greater reduction in [intraocular pressure](#), reduced likelihood of glaucoma progression, and an increased risk for ocular adverse events (16 trials).

Based on these findings, the USPSTF concludes that for adults aged 40 years or older without signs or symptoms of open-angle glaucoma, the evidence is currently insufficient to assess the balance of benefits and harms for screening for primary open-angle glaucoma (I statement).

The draft recommendation statement and evidence review have been posted for public comment. Comments can be submitted from Oct. 26 to Nov. 22, 2021.

More information: [Draft Evidence Review](#)
[Draft Recommendation Statement](#)
[Comment on Recommendation Statement](#)

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