



Complete Summary

GUIDELINE TITLE

Care of the patient with presbyopia.

BIBLIOGRAPHIC SOURCE(S)

American Optometric Association. Care of the patient with presbyopia. 2nd ed. St. Louis (MO): American Optometric Association; 1998. 61 p. (Optometric clinical practice guideline; no. 17). [115 references]

GUIDELINE STATUS

This is the current release of the guideline.

According to the guideline developer, this guideline has been reviewed on a biannual basis and is considered to be current. This review process involves updated literature searches of electronic databases and expert panel review of new evidence that has emerged since the original publication date.

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SCOPE

DISEASE/CONDITION(S)

Presbyopia

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management

CLINICAL SPECIALTY

Optometry

INTENDED USERS

Health Plans
Optometrists

GUIDELINE OBJECTIVE(S)

- Identify patients at risk of developing functional disability as the result of presbyopia
- To effectively examine the vision status of patients with presbyopia
- To accurately diagnose presbyopia Evaluate the appropriate treatment options for the patient with presbyopia
- To minimize the visual disability due to presbyopia through optometric care
- To inform and educate patients and other health care practitioners about the visual consequences of presbyopia and the available treatment options.

TARGET POPULATION

Adult patients

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis

1. Patient History
2. Ocular Examination
 - Visual Acuity
 - Refraction
 - Binocular Vision and Accommodation
 - Ocular Health Assessment and Systemic Health Screening
3. Supplemental Testing

Treatment

1. Optical Correction with Spectacle Lenses
2. Optical Correction with Contact Lenses
3. Combination of Contact and Spectacle Lenses
4. Refractive Surgery
5. Experimental Surgical Techniques

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The guideline developer performed literature searches using the National Library of Medicine's Medline database and the VisionNet database.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The Reference Guide for Clinicians was reviewed by the American Optometric Association (AOA) Clinical Guidelines Coordinating Committee and approved by the AOA Board of Trustees.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Diagnosis of Presbyopia:

This Guideline describes the optometric care provided for a patient with presbyopia. The examination components described herein are not intended to be all inclusive because professional judgment and the individual patient's symptoms and findings may have significant impact on the nature, extent, and course of the services provided. The potential components of the diagnostic evaluation for presbyopia include the following areas:

- A. Patient history
 - 1. Presenting problem and chief complaint
 - 2. Visual and ocular history
 - 3. General health history
 - 4. Medication usage and medication allergies
 - 5. Family eye and medical histories
 - 6. Vocational and avocational vision requirements
- B. Visual acuity
 - 1. Distance visual acuity testing
 - 2. Near visual acuity testing
- C. Refraction
- D. Binocular vision and accommodation
 - 1. Plus lens to clear near vision
 - 2. Amplitude of accommodation
 - 3. Crossed cylinder test
 - 4. Accommodative convergence/accommodation ratio
- E. Ocular health assessment and systemic health screening
- F. Supplemental testing
 - 1. Positive and negative relative accommodation
 - 2. Near retinoscopy
 - 3. Intermediate distance testing

Management of Presbyopia:

A variety of options are available for optical correction of presbyopia, and the optometrist makes recommendations on the basis of the patient's specific vocational and avocational needs. It is the optometrist's responsibility to counsel the patient regarding these options and to guide the patient in the selection of appropriate eyewear. All types of corrections for presbyopia represent some visual compromise, compared with normal accommodative ability. Ultimately, the success of treatment depends on the lens power, the optical correction, and the specific visual tasks and characteristics of the individual patient.

The frequency and composition of evaluation and management visits for presbyopia are summarized in the table, below.

Frequency and Composition of Evaluation and Management Visits for Presbyopia

Type of Patient	Number of Evaluation Visits	Treatment Options	Frequency of Follow-Up Visits*	Composition of Follow-Up Evaluations			
				VA	REF	A/V	OH
Incipient presbyopia	1 to 2	Optical correction; modify habits and environment	1 to 2 yr	Each visit	Each visit	Each visit	Each visit
Functional presbyopia	1 to 2	Optical correction	1 to 2 yr	Each visit	Each visit	Each visit	Each visit
Absolute presbyopia	1	Optical correction	Annually	Each visit	Each visit	Each visit	Each visit
Premature presbyopia	2 to 3	Optical correction	3 to 6 mos	Each visit	p.r.n.	Each visit	p.r.n.
Nocturnal presbyopia	1 to 2	Optical correction; modify habits and environment	1 to 2 yr	Each visit	Each visit	Each visit	Each visit

VA = visual acuity testing
 REF = refraction
 A/V = accommodative/vergence testing
 OH = ocular health assessment
 p.r.n. = as needed

* Patients prescribed contact lenses may require more frequent follow-up to monitor eye health lens performance.

CLINICAL ALGORITHM(S)

An algorithm is provided for Optometric Management of the Patient with Presbyopia

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

The evaluation and management of presbyopia are important because significant functional deficits can occur when the condition is left untreated. Furthermore, the onset of presbyopia frequently motivates the individual to seek eye care, presenting the optometrist the opportunity to check for the presence of other disorders, some of which might threaten sight or life. This opportunity underscores the public health benefit of comprehensive optometric care for patients with presbyopia. As primary eye care providers, optometrists have the expertise to examine, diagnose, treat, and manage a wide variety of eye and vision problems. For patients requiring other health care services related to systemic conditions detected in the course of their eye examination, the optometrist becomes the point of entry into the broader health care system.

Undercorrected or uncorrected presbyopia can cause significant visual disability and have a negative impact on the patient's quality of life. Gaining an understanding of the patient's specific vocational and avocational visual requirements helps the optometrist recommend the treatment most appropriate for enhancing visual performance. Traditional treatment options include single vision and multifocal spectacle and contact lenses. Although each of these options requires some degree of compromise and adaptation, the patient with presbyopia who receives appropriate optometric care can continue to function well.

POTENTIAL HARMS

There are a range of possible side effects associated with refractive surgery, including overcorrection, undercorrection, induced astigmatism, regression, delayed epithelial healing, stromal haze, diplopia and ocular tenderness.

QUALIFYING STATEMENTS

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Clinicians should not rely on this Clinical Guideline alone for patient care and management. Please refer to the references and other sources listed in the original guideline for a more detailed analysis and discussion of research and patient care information.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Clinical Algorithm
Patient Resources

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1998 (reviewed 2006)

GUIDELINE DEVELOPER(S)

American Optometric Association - Professional Association

SOURCE(S) OF FUNDING

Funding was provided by the Vision Service Plan (Rancho Cordova, California) and its subsidiary Altair Eyewear (Rancho Cordova, California)

GUIDELINE COMMITTEE

American Optometric Association Consensus Panel on Care of the Patient with Presbyopia

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [American Optometric Association Web site](#).

Print copies: Available from the American Optometric Association, 243 N. Lindbergh Blvd., St. Louis, MO 63141-7881

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

The following is available:

- Answers to your questions about presbyopia. St. Louis, MO: American Optometric Association. (Patient information pamphlet).

Print copies: Available from the American Optometric Association, 243 N. Lindbergh Blvd., St. Louis, MO 63141-7881; Web site, www.aoanet.org.

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

This summary was completed by ECRI on December 1, 1999. The information was verified by the guideline developer on January 31, 2000.

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