

5.5 Eye tests

The questions asked were:

- Do regular eye tests reduce the incidence of eye disease?
- What is the optimal frequency of eye tests for each age group?
- What are the risks and benefits of different frequencies of eye test?

Papers published from 1997 to 2006 and included in this review revealed two important studies on population-based screening of asymptomatic people:

- a 2006 Cochrane review, which found that community-based screening of asymptomatic older people did not result in improvements in vision
- a cohort study in Melbourne found that eye examinations at five-year intervals only yielded a low number of people (maximum of 0.88%) with asymptomatic vision loss; others had noticed a change in vision, and about one-third of those with vision loss had a family history of eye disease.

Section 5.5.2 describes studies for people with diabetes. No studies were identified that allowed assessment of eye testing in other specific populations identified in the scope of this review (such as different age groups, or Aboriginal and Torres Strait Islander people; see Section 1.1).

Two further Cochrane reviews found that there are no RCTs to show the effectiveness or otherwise of population-based screening for glaucoma, or for amblyopia in childhood. Further research is needed, particularly in relation to eye testing for glaucoma, and for the effectiveness and frequency of screening in childhood for amblyopia (see Chapter 6).

5.5.2 People with diabetes and eye tests

Papers published from 1997 to 2006 and included in this review revealed one systematic review of adequate quality that examined eye testing for people with diabetes. This review concluded that it is effective to screen and treat early diabetic retinopathy; however, only a small portion of screened patients benefit from this intervention. The optimal frequency of screening has not been well studied. Several consensus reviews from overseas recommend different schedules.

Further research is needed to determine the optimal screening program. For example, should high-risk patients be screened more often? Should low-risk patients or those with negative test results be screened less often?