AMERICAN ACADEMY OF OPHTHALMOLOGY
The Eye M.D. Association

POLICY STATEMENT

Frequency of Ocular Examinations

Policy:
The frequency of ocular examinations should be based on the presence of visual abnormalities and/or the probability of visual abnormalities developing. Individuals who have ocular symptoms require prompt examinations. Individuals who do not have symptoms but who are at high risk of developing ocular abnormalities related to systemic diseases such as diabetes mellitus and hypertension or who have a family history of eye disease require periodic eye examinations. The frequency of these examinations depends on the age of the individual, the specific condition, and the likelihood of finding abnormalities on examination. Patients who have no symptoms and who are at low risk should receive an initial comprehensive eye examination, and they should then follow a schedule of periodic assessment designed to detect ocular disease.

Background:
There are several times in an individual's lifetime when an ocular examination is extremely important. Certain infectious, congenital, and hereditary eye diseases may be manifest at birth, and since they create a risk to vision if undetected, an examination in the newborn is justified. Preschool-age children should receive an ocular examination because amblyopia is estimated to occur at a rate of two to four percent and may lead to functional blindness if undetected. The major abnormality among school-age children is the unrecognized development and progression of myopic refractive error, and individuals in this age group should be examined. Myopia can develop in individuals in their 20s, and it can progress in those whose refractive error did not stabilize in the teenage years. In the young adult the rate of development of other significant eye disease is low, but it increases steadily after the age of 40.

Routine or yearly eye examinations have been recommended as a standard for good health maintenance. However, population-based data confirm a low frequency of eye disease in adults below the age of 40 in the United States and suggest that less frequent examinations are appropriate for most patients.

Evaluation:
If a comprehensive medical eye examination in the third decade of life reveals that no ocular disease is present, routine ocular examinations every 2 to 3 years for young adults with no ocular complaints serve little practical purpose. Prior to the onset of presbyopia (at approximately age 40), the majority of Americans experience no changing refractive error or significant ocular disease. However, an interim evaluation is warranted if ocular symptoms, visual changes, or injury are encountered. For young individuals at higher risk for certain diseases, such as African-Americans who are at higher risk for glaucoma, examinations should be considered every 2 to 4 years for adults under age 40, every 1 to 3 years for those aged 40 to 54, and every 1 to 2 years for those aged 55 to 64, even in the absence of visual or ocular symptoms.

For asymptomatic individuals or individuals without risk factors who are 40 to 54 years old and who have had a comprehensive examination, the recommended interval for interim evaluations is 2 to 4 years. For individuals who are 55 to 64 years old, the recommended interval for interim evaluations is 1 to 3 years. For individuals 65 years old or older, the American Academy of Ophthalmology recommends an examination every 1 to 2 years, even in the absence of symptoms.

In summary, the frequency of ocular examinations should depend on the individual's age, race, past ocular history, medical history, family history of eye disease, and the types of symptoms or ocular findings encountered. If significant ocular disease is detected, the frequency of examination will depend on the severity of the condition, the response to therapy (or surgery), and the potential for detecting progression of the abnormality.

Recommendations:

1. Infants at high risk, such as those with the potential for retinopathy of prematurity and those with a family history of retinoblastoma, childhood cataracts, childhood glaucoma, or metabolic and genetic disease, should have a medical examination by an ophthalmologist as soon as medically feasible.

2. All children should undergo an evaluation to detect eye and vision abnormalities during the first few months of life, at 6 months to 1 year, at 3 years (approximately), and at 5 years (approximately). Abnormalities present at birth, such as opacities of the ocular media (e.g., congenital cataract) or ptosis, may have profound effects on the development of the normal vision in the infant. By age 3 to 3 1/2 years, the child will generally cooperate enough for fairly accurate assessment of visual acuity and ocular alignment, and he or she should have this assessed by a pediatrician or other medical practitioner. Any abnormalities or inability to test are criteria for referral to an ophthalmologist.

3. School-age children should be evaluated regularly (approximately every 1 to 2 years) during primary health care visits, in schools, or at public screenings for visual acuity and ocular alignment.

4. After an initial comprehensive eye examination is performed by an ophthalmologist, individuals from the age of puberty to age 40 should be examined every 5 to 10 years unless ocular symptoms, visual changes, or injury occur. The exception is for young adults who are at risk of developing significant ocular disease in this interval because of risk factors; these individuals should be examined every 2 to 4 years.

5. Individuals who develop diabetes mellitus type 1 should be examined by an ophthalmologist 5 years after disease onset and at least yearly thereafter. Individuals who develop diabetes mellitus type 2 should be examined at the time of diagnosis and at least yearly thereafter.

6. Individuals without risk factors from age 40 to 54 should be examined by an ophthalmologist every 2 to 4 years. Individuals without risk factors from age 55 to 64 should be examined every 1 to 3 years.

7. Individuals without risk factors 65 years old or older should have an examination performed by an ophthalmologist every 1 to 2 years.

8. The frequency of ocular examinations in the presence of acute or chronic disease will vary widely, with intervals ranging from hours to several months, depending on the risks encountered, response to treatment, and potential for the disease to progress.

9. Any individual at higher risk for developing disease, based on ocular and medical history, family history, age, or race should have periodic examinations determined by the particular risks, even if no symptoms are present.

10. A routine comprehensive annual adult eye examination in individuals under the age of 40 unnecessarily escalates the cost of eye care and is not indicated except as described above.

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