Major review: The underutilization of vision screening (for amblyopia, optical anomalies and strabismus) among preschool age children.

Castanes MS.

Source

School of Public Health, The University of Texas, Health Science Center at Houston, USA. mcastanes@yahoo.com

Abstract

BACKGROUND:

Nearly 80% of preschool age children never get an eye examination (1). Many "back to school" physical exams do not test for common vision disorders. Untreated eye and vision problems can interfere with most life experiences. The prevalence of undetected vision problems among preschool age children is estimated to be 5% to 10% (2). Failure to detect visual impairment early may have a permanent effect on long term vision outcomes, education achievement, and self esteem (3). The most common vision disorders among children are strabismus, amblyopia and optical problems impairing visual acuity and depth perception. Various professional organizations, including the American Academy of Pediatrics (AAP), advise preschool vision screening to detect and correct vision problems before school entry. The AAP also recommends that children continue to receive periodic eye and vision examinations throughout childhood. However, resources for this level of care are rarely available. As such, only 21% of preschool age children receive vision screening and even fewer children get a comprehensive eye examination (1).

PURPOSE:

The purpose of this review is to determine, through a critical review of the literature, the social, economic, and political barriers which contribute to the underutilization of vision screening among preschool age children. A secondary aim is to identify gaps in the literature base that may be needed to complete a public policy response to this problem.

METHOD:

A comprehensive review and analysis of the pertinent available literature.

RESULTS:

A variety of barriers exist which prevent children from receiving proper vision screening. They include social, economic and even political problems. Social contextual barriers include
ignorance, inconvenience, language, and a lack of providers. Financial barriers affect low income families. Political barriers reside in the disproportionately meager funding of preventative medicine. Moreover there are additional factors which put preventative medicine for vision at a disadvantage compared to other pediatric demands like immunizations, such as the danger to both the individual and society from the medical condition being prevented.

CONCLUSION:

Even considering large gaps in the literature concerning this topic, it is clear that low income, minority, uninsured families are at high risk of not utilizing vision screening. Ignorance remains a major problem at all levels so improvements in the distribution of information and education are needed and should yield improvement. Additional funding is necessary to pay for these remedies. Titration and direction of available resources to those at highest risk will create the greatest return on such efforts.