Prevalence of amblyogenic risk factors among children aged 3.5-5.5 years in Scotland who failed vision screening in 2021/22

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Background

- Scotland's pre-school vision screening programme aims to detect and treat amblyopia early, reducing its prevalence, severity, and the risk of long-term visual impairment.
- ➢The American Association for Paediatric Ophthalmology and Strabismus (AAPOS)¹⁻³ provides age-specific criteria to reduce

Method

- Vision screening tests, all conducted by orthoptists, included:
 Presenting vision
 - Presenting vision
 Orthoptic evaluations





over-referrals and increase cost-effectiveness in vision screening.

➢This study aims to determine the prevalence of amblyogenic risk factors (ARF) in children aged between 3.5-5.5 years who were referred after failing vision screening, and whose subsequent eye exam results were returned for analysis.

Method

Based on AAPOS criteria, the following ARFs were applied and their prevalences calculated for 2021/22 data:

- Constant manifest strabismus
- Hyperopia (spherical equivalent refraction, SER) >+4.00D (in one/both eyes)
- Astigmatism >1.75DC (in one/both eyes)
- > Anisometropia >1.25DC for astigmatism
- Anisometropia >1.25D (SER) for hyperopic or mixed (one eye hyperopic, the other myopic) anisometropia

 Screening failures were referred for eye examinations by optometrists/ ophthalmologists which included:
 Cycloplegic refraction

Results		
	Prevalence	Confidence Interval
Presence of one ARF	5.06%	(4.84-5.29)
Presence of two ARFs	1.62%	(1.49-1.76)
Presence of three ARFs	0.27%	(0.22-0.33)
Presence of four ARFs	0.04%	(0.03-0.07)

Constant manifest strabismusProportion of Children

Results

In 2021/2022, Scottish Health Boards comprising over 85% of

- Scotland's population reported the following:
- ➤ 39,741children (77.2% of all eligible children) completed their vision screening.
- ➢ 8,317 children (20.9%) did not pass the screening and were referred for further eye examinations.
- Data were returned and analysed for 5,503 children (66.2% of those referred)

Hyperopia >+4.00D (in one or both eyes SER)	35.1%
Astigmatism > 1.75D (in one or both eyes)	48.2%
Hyperopic anisometropia >1.25D (SER)	26.6%
Astigmatic Anisometropia >1.25D	12.6%
Mixed Anisometropia >1.25D (SER)	2.0%

Conclusions

> Early detection of amblyogenic risk factors is essential for preventing permanent visual impairment caused by amblyopia.

>Timely interventions can be implemented to ensure normal visual development and optimise visual outcomes.

≻In this predominantly Caucasian population 5.06% (95% CI: 4.84-5.29%) of Scottish children (3.5 – 5.5 years) have at least one ARF.

> The high prevalence of ARFs validates the importance of carrying out a universal vision screening programme.

References

- Arnold, R.W., Donahue, S.P., Silbert, D.I., Longmuir, S.Q., Bradford, G.E., Peterseim, M.M.W., Hutchinson, A.K., O'Neil, J.W., de Alba Campomanes, A.G., Pineles, S.L. and Screening, A.V., 2022. AAPOS uniform guidelines for instrument-based pediatric vision screen validation 2021. Journal of American Association for Pediatric Ophthalmology and Strabismus, 26(1), pp.1-e1.
- Donahue, S.P., Arnold, R.W. and Ruben, J.B., 2003. Preschool vision screening: what should we be detecting and how should we report it? Uniform guidelines for reporting results of preschool vision screening studies. Journal of American Association for Pediatric Ophthalmology and Strabismus {JAAPOS}, 7(5), pp.314-316.

Donahue, S.P., Arthur, B., Neely, D.E., Arnold, R.W., Silbert, D., Ruben, J.B. and AAPOS Vision Screening Committee, 2013. Guidelines for automated preschool vision screening: a 10-year, evidence-based update. Journal of American Association for Pediatric Ophthalmology and Strabismus, 17(1), pp.4-8.

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