

## LEARNING OBJECTIVES

9-20-22

**PERFORMANCE GAP/ ACTIVITY NEED**: Vision impairment is often not adequately recognized as a risk factor for adverse, non-visual, late life health outcomes. Specifically, there is mounting evidence that poor vision may increase the risk of accelerated cognitive decline and dementia. Recent evidence shows that even after accounting for the effect of other well recognized dementia risk factors, a large number of dementia cases in the U.S. are still attributable to poor vision. Most vision impairment and blindness is avoidable or has simply yet to be addressed. Accordingly, poor vision may represent an accessible intervention target to optimize late life health and well-being. Primary care providers may consider referral to eye care professionals of older adults with risk factors or complaints related to vision. [Source: JEhrlich 7/22/22, personal communication]

**DESIRED OUTCOMES**: At the end of the activity, attendees will be able to:

- describe the importance of vision in promoting late life health and well-being.
- detail the possible mechanisms underlying the association between vision impairment and cognitive health.
- determine how vision fits into a life course model of dementia risk factors.

**LEARNERS**: ophthalmologists, neurologists, internists, general/family practitioners

**DESIRABLE PHYSICIAN ATTRIBUTE**: provide patient-centered care, employ evidence-based practice

**CULTURAL/LINGUISTIC DIVERSITY/IMPLICIT BIAS (AB241)** Reflect on the patient populations most affected and consider how implicit bias may impact appropriate care of these patients.