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# Confident Myopia Management with Contact Lenses

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VDCO, Berlin, 7th October 2023



#### 6 Myopia: its historical contexts Paulus T V M de Jong<sup>1,2,3</sup> OPEN ACCESS

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ABSTRACT Worldwide, and especially in Asia, myopia is a major vision-threatening disorder. From AD 1600 on, to prevent myopia, authors warned against near work without sufficient pauses. There was an abundance of theories about the causes of myopia, the most common one being the necessity of extra convergence on nearby work with thickened extraocular muscles and elevated intraocular pressure. Ocular tenotomies against myopia were in vogue for a while. Axial lengthening of the eye in myopia was mentioned around 1700, but it took 150 years to become accepted as the most prevalent

sign of high myopia. In 1864, a lucid concept of myopia sign or mign myopia, in 1664, a local concept or myopia and other ametropias arose through a clear separation between accommodation and refraction. Posterior staphyloma was known around 1800 and its association with myopia became evident some 30 years later. There still seems to be no generally accepted classification of myopia and particularly not of degenerative or pathologic

INTRODUCTION

have been myopic.

myopia and particularly not of experimentation of particularly myopia. This review focuses on myopia from 350 BC until the 21st century and on the earliest writings on the histology of eyes with posterior staphyloma. A proposal for myopia classification is given.

from objects to the eye because they lacked the protection of the upper orbital ridge, and this could be improved by looking at distant objects through a hollow pipe.7 Was this a first attempt at improving visual acuity by using a pinhole? The symptoms of hyperopia and presbyopia were known shortly after Aristotle's time, in which period vision loss was explained by defects either in the emanation theory (light emitted from the eye), the undulation theory (light from objects reaching the eye) or in the eye itself.<sup>4</sup> Around 1100, this undulation theory was proven.<sup>55</sup> The noun myopia, in Latin lusciositas, appeared as such around AD 550 in Aetius' writ-ings.<sup>4 10</sup> Today, myopia can be defined as a refracings. tion anomaly of the non-accommodated eye with a spherical equivalent of -0.5 dioptre (D) or more negative. Our present definition of the dioptre as a unit of refraction was, by the way, accepted only in 1872 after much lobbying during the previous World Congress of Ophthalmology.<sup>11</sup> Only in 1864 was accommodation clearly separated from refraction anomalies, and a clear concept of myopia was introduced.<sup>12</sup> There are several subdivisions of myopia

according to the amount of refraction, age of onset and aetiology or its effects on the eye.<sup>13-12</sup> Even Duke-Elder showed concerns about myopia clas-The first issues of the British Journal of Ophthal-mology contain many articles on the Great War.<sup>1</sup> sification at the start of his section on 'Pathologsincation at the start of his section on "ratholog-ical Myopia" where he did not know what name to choose: progressive, high, malignant of degen-erative myopia.<sup>16</sup> He defined degenerative myopia Thus, one can read: "Some military authorities hold that a man, unless he is a sniper, need not see what he shoots at as long as sufficient visual acuity erative myopia." He defined degenerative myopia as "that type of myopia which is accompanied by degenerative changes occurring especially in the posterior end of the globe". Sir Stewart wrote that enables him to fire in the right direction".2 In the early years of this war, many men with insufficient vision were not enlisted, but in 1918 it was written: myopic eyes should not be classified by their amount of objective myopic refraction (retinoscopy), and "men who require glasses have had to be enlisted, and glasses are being issued to those who need them".<sup>2</sup> These glasses were only fitted for the right he kept the criteria for degenerative myopia vague. It is noteworthy that we write about primary versus secondary open angle glaucoma and about eve because "Musketry instructors consider training such men (shooting from the left shoulder) more trouble than it is worth". From a statistical point of view, few men who received such a glass would secondary retinal degeneration17 but not about primary and secondary myopia. Only Curtin named pathologic myopia, secondary myopia.<sup>18</sup> The term 'primary' is often used to hide our ignorance about The concept of myopia originated with Aristotle (350 BC), who used for the first time the word pathogenesis. When one accepts primary myopia in essence to be myopia due to elongation of the visual μύώψς (muoops) derivated from μύειν (muein, axis of the eye, not in conjunction with systemic to close) and wy (oops, the eye)." Aristotle made syndromes involving the eye, OR due to unknown actiology, we could call all other causes of myopia the link between bulging eyes, frequent blinking, squeezing of the eyelids, close reading and microgsecondary myopia. 'Primary' myopia is commonly raphy.<sup>2</sup> It was two millennia before it was explained why myopes see better through a pinhole and how, divided into simple and pathologic myopia (box 1) where the amount of myopia, often set at  $\leq -8.00$ D, is a cut-off point.<sup>16 19</sup> Examples of secondary by squeezing the eyelids, only the vertical component of diffusion circles disappears so that horizontal lines are better seen (figure 1A).<sup>6</sup> Aristotle thought that eyes deeply located in the head had better myopia include myopia induced by cataract, drugs, eye drops as pilocarpine, diabetes mellitus, oxygen toxicity after diving or myopia associated with distant vision than protruding eyes. Protruding eyes systemic syndromes. Pseudomyopia may be due could not collect well the ether movements coming to ciliary or accommodation spasm,<sup>30</sup> and night de Jong PTVM 8r / Ophthalmo/ 2018;102:1021-1027. doi:10.1136/bjophthalmol-2017-311625

# Is Myopia **Control New?**



de Jong PTVM; Myopia its historical contexts; Br J Ophthalmol 2018;1021021-1027

#### ABSTRACT

OPEN ACCESS

Worldwide, and especially in Asia, myopia is a major vision-threatening disorder. From AD 1600 on, to prevent myopia, authors warned against near work without sufficient pauses. There was an abundance of theories about the causes of myopia, the most common one being the necessity of extra convergence on nearby work with thickened extraocular muscles and elevated intraocular pressure. Ocular tenotomies against myopia were in vogue for a while. Axial lengthening of the eye in myopia was mentioned around 1700, but it took 150 years to become accepted as the most prevalent sign of high myopia. In 1864, a lucid concept of myopia and other ametropias arose through a clear separation between accommodation and refraction. Posterior staphyloma was known around 1800 and its association with myopia became evident some 30 years later. There still seems to be no generally accepted classification of myopia and particularly not of degenerative or pathologic myopia. This review focuses on myopia from 350 BC until the 21st century and on the earliest writings on the histology of eyes with posterior staphyloma. A proposal for myopia classification is given.



## Is Myopia Control New?



de Jong PTVM; Myopia its historical contexts; Br J Ophthalmol 2018;1021021-1027



Ninth Annual Contact Lens Issue

N THIS ISSUE:

#### Summary

In conclusion, one may say that all the above factors will tend to load the final analysis in favor of an apparent control of myopia.

March 1966

ASSOCIATION

Ignoring these factors, however, it would appear to be true that certain of the functional origins of progressive myopia are better dealt with by means of contact lenses than with conventional spectacles. But in cases of high (and even moderate) myopia associated with posterior stretching of the globe, it is likely that the myopia will continue to progress, possibly at a reduced rate. Further research is called for on a broad and controlled basis to establish whether myopia control is real (in the scientific sense) or apparent (in the practical sense), and if it be real, the associations and influences responsible for this control in respect to the physiology of the eye, the physiology of vision and the physical and/or pathological changes associated with some types of myopia must be established. 🔳 🖬 🔳

# Is Myopia **Control New?**



Saks, Sidney J. Fluctuations in refractive state in adapting, and long-term contact lens wearers," Journal of the American Optometric Association Vol. 37, March 1966

















9 @missioneyecare https://www.instagram.com/missioneyecare/











# Evidence-based myopia management



Evidenced-based practice (EBP) is applying or translating research findings in our daily patient care practices and clinical decision-making to improve patient outcomes

https://accelerate.uofuhealth.utah.edu/improvement/what-is-evidence-based-pract

# Hierarchy of evidence pyramid



Wolffsohn J. et al. Evidence-based practice in myopia management. Optometry in Practice ISSN 2517-5696 Volume 22 Issue 3

# Evaluating Study Design

- Prospective vs. Retrospective
- Control Group
- Study Participants
- Randomisation
- Masking
- Duration
- Outcome Measures





# **Evaluating Study Design**



- Prospective vs. Retrospective
- Control Group
- Study Participants
- Randomisation
- Masking
- Duration
- **Outcome Measures**





# Study Design: primary outcome measures

Refractive error

Axial length







# **Dual Focus Optical Design**

Two correction zones to correct myopia so children enjoy clear, spectacle-free vision

Correction zones

Two treatment zones (2.00D myopic defocus) to place the treatment zone image in front of the retina

Treatment zones creating myopic defocus



1. Chamberlain P et al. A 3-year Randomized Clinical Trial of MiSight Lenses for Myopia Control. Optom Vis Sci. 2019; 96(8): 556-567.

MiSight° 1 day

# MiSight<sup>®</sup> 1 day contact lenses are supported by rigorous scientific evidence<sup>1-3</sup>

The MiSight<sup>®</sup> 1 day 7-year clinical trial is the longest-running soft contact lens study among children



Chamberlain P et al. A 3-year Randomized Clinical Trial of MiSight Lenses for Myopia Control. *Optom Vis Sci.* 2019; 96(8): 556-567.
 Chamberlain P et al. Myopia Progression in Children wearing Dual-Focus Contact Lenses: 6-year findings. *Optom Vis Sci.* 2020; 97(E-abstract): 200038.
 Chamberlain P et al. Myopia Progression in Children wearing Dual-Focus Contact Lenses: 6-year findings. *Optom Vis Sci.* 2020; 97(E-abstract): 200038.

3. Chamberlain P et al. Myopia progression on cessation of Dual-Focus contact lens wear: MiSight 1 day 7-year findings. Optom Vis Sci. 2021; 98(E-abstract): 210049.

# Soft Contact Lens Fitting Sagittal Depth



Eef van der Worp, Giancarlo Montani. Powerful Profiles. Contact Lens Spectrum, April 2023.

# Soft Contact Lens Fitting Sagittal Depth



Spherical Daily Disposable Lenses

van der Worp E, Lampa M, Kinoshita B, Fujimoto MJ, Coldrick BJ, Caroline P. Variation in sag values in daily disposable, reusable and toric soft contact lenses. Cont Lens Anterior Eye. 2021 Dec;44(6):101386. doi: 10.1016/j.clae.2020.11.006. Epub 2021 Jan 8. PMID: 33423977.

#### **MiSight<sup>®</sup> 1 day clinical trial design**



\*Spherical equivalent refractive error/Axial length.

1. Chamberlain P et al. A 3-year Randomized Clinical Trial of MiSight Lenses for Myopia Control. Optom Vis Sci. 2019; 96(8): 556-567.

2. Chamberlain P et al. Long-Term Effect of Dual-Focus Contact Lenses on Myopia Progression in Children: A 6-year Multicenter Clinical Trial. Optom Vis Sci. 2022; 99(3): 204-212.

3. Chamberlain P et al. Myopia progression on cessation of Dual-Focus contact lens wear: MiSight 1 day 7-year findings. Optom Vis Sci. 2021; 98(E-abstract): 210049.

## Part 1: How effective is MiSight<sup>®</sup> 1 day? 59% reduction in myopia progression with MiSight<sup>®</sup> 1 day<sup>1\*</sup>

Change in spherical equivalent cycloplegic autorefraction (D) from baseline



With 95% confidence intervals. Includes all available subjects.

CooperVision

\*Over a 3 year period, MiSight® 1 day reduced myopia progression on average by 59% compared to a single vision contact lens.

1. Chamberlain P et al. A 3-year Randomized Clinical Trial of MiSight Lenses for Myopia Control. Optom Vis Sci. 2019; 96(8): 556-567.

MiSight<sup>®</sup> 1 day

## Part 1: How effective is MiSight<sup>®</sup> 1 day? 52% reduction in axial length growth<sup>1\*</sup>

#### Change in axial length (mm) from baseline\*



With 95% confidence intervals. Includes all available subjects. \*Compared to a single-vision 1 day lens.

1. Chamberlain P et al. A 3-year Randomized Clinical Trial of MiSight Lenses for Myopia Control. Optom Vis Sci. 2019; 96(8): 556-567.

1 mm = 2.50 D

## MiSight<sup>®</sup> 1 day clinical study - 3 years result publication in OVS<sup>1</sup>



1. Chamberlain, P. et al; A 3-year Randomized Clinical Trial of MiSight Lenses for Myopia Control; Optometry and Vision Science 96(8)p 556-567; August 2019

## Part 2: When should you start treatment with MiSight<sup>®</sup> 1 day? Change in axial length<sup>1</sup>

#### 0 to 72 months (Parts 1 & 2)



\*T3 and T6 had worn MiSight<sup>®</sup> 1 day for 3 and 6 years respectively at the end of Part 2.

1. Chamberlain P et al. Long-Term Effect of Dual-Focus Contact Lenses on Myopia Progression in Children: A 6-year Multicenter Clinical Trial. Optom Vis Sci. 2022; 99(3): 204-212.

Change in Axial Length (mm)

#### Faster growing eyes slow the most<sup>1\*</sup>

Comparison of axial length growth prior to treatment (0-36 month) to that observed during treatment (36-72 months)



\*Children with myopia ages 11-15 at start of wear, n=90. <sup>†</sup>90% of myopic eyes respond to MiSight<sup>®</sup> 1 day treatment; ages 11-15 at start of wear, n=90.

1. Chamberlain P et al. Long-Term Effect of Dual-Focus Contact Lenses on Myopia Progression in Children: A 6-year Multicenter Clinical Trial. Optom Vis Sci. 2022; 99(3): 204-212.

Axial Length Growth 36 to 72 months (mm)

## MiSight<sup>®</sup> 1 day works for nearly all children with myopia<sup>1\*</sup>



90% of myopic eyes respond to MiSight<sup>®</sup> 1 day treatment<sup>1\*</sup>

The majority of children fit with MiSight<sup>®</sup> 1 day **do not need a stronger prescription** by their next annual eye exam<sup>2†</sup>

\*90% of myopic eyes respond to MiSight® 1 day treatment; ages 11-15 at start of wear, n=90. \*No clinically meaningful change in refractive error (< 0.25D from baseline) in years 1-3 of the MiSight® 1 day clinical study.

1. Chamberlain P et al. Long-Term Effect of Dual-Focus Contact Lenses on Myopia Progression in Children: A 6-year Multicenter Clinical Trial. *Optom Vis Sci.* 2022; 99(3): 204-212. 2. Chamberlain P et al. A 3-year Randomized Clinical Trial of MiSight Lenses for Myopia Control. *Optom Vis Sci.* 2019; 96(8): 556-567.

## MiSight<sup>®</sup> 1 day clinical study - 6 years result publication in OVS<sup>1</sup>

Longest continuous study with soft contact lenses for myopia management



1. Chamberlain P et al. Long-term Effect of Dual-focus Contact Lenses on Myopia Progression in Children: A 6-year Multicenter Clinical Trial Optom Vis Sci 2022;99:204–212.



Eef van der Worp, Giancarlo Montani. Powerful Profiles. Contact Lens Spectrum, April 2023.

# Myopia Profile Paul Gifford





(NS = not significant)	Diffrence to refraction (I Single Vision	in change D) over 3 years +1.50 CD MF	Difference to axial length (n Single Vision	in change nm) over 3 years +1.50 CD MF
Single Vision	-	-	-	-
+1.50 CD MF	0.16 (NS)	-	-0.07 (NS)	-
+2.50 CD MF	0.46 (45%)	0.30 (37%)	-0.23 (37%)	-0.16 (29%)
<b>MiSight</b> (Chamberlain et al 2019) <sup>3</sup>	0.67 (59%)		-0.28 (52%)	



<sup>33</sup> Kim E, Bakaraju RC, Ehrmann K. Power Profiles of Commercial Multifocal Soft Contact Lenses. Optom Vis Sci. 2017 Feb;94(2):183-196.

#### **MiSight<sup>®</sup> 1 day clinical trial design**



\*Spherical equivalent refractive error/Axial length.

1. Chamberlain P et al. A 3-year Randomized Clinical Trial of MiSight Lenses for Myopia Control. Optom Vis Sci. 2019; 96(8): 556-567.

2. Chamberlain P et al. Long-Term Effect of Dual-Focus Contact Lenses on Myopia Progression in Children: A 6-year Multicenter Clinical Trial. Optom Vis Sci. 2022; 99(3): 204-212.

3. Chamberlain P et al. Myopia progression on cessation of Dual-Focus contact lens wear: MiSight 1 day 7-year findings. Optom Vis Sci. 2021; 98(E-abstract): 210049.

#### MiSight<sup>®</sup> 1 day benefits are retained after treatment<sup>1,2\*</sup>

Change in axial length throughout the MiSight<sup>®</sup> 1 day clinical trial<sup>3</sup>



\*12 months post-treatment. Evidence indicates that no accumulated myopia control benefits were lost following 3 or 6-years of MiSight® 1 day wear (on average, for children aged 8-15 at start of wear). Instead, eye growth reverted to expected, age-normal rates.

Atropine and orthokeratology studies have shown post-treatment rebound effect, and there's currently no post-treatment evidence for spectacles or other soft contact lenses.

1. Chamberlain P et al. Myopia progression on cessation of Dual-Focus contact lens wear: MiSight 1 day 7-year findings. Optom Vis Sci. 2021; 98(E-abstract): 210049.

2. Hammond D et al. Myopia Control Treatment Gains are Retained after Termination of Dual-focus Contact Lens Wear with no Evidence of a Rebound Effect. Optom Vis Sci. 2021; 98(E-abstract): 215130.

3. Chamberlain P et al. Long-Term Effect of Dual-Focus Contact Lenses on Myopia Progression in Children: A 6-year Multicenter Clinical Trial. Optom Vis Sci. 2022; 99(3): 204-212.



		Age Dange	Duration	Deplesonsent			Detient	A 11	Sy	mptomatic	CIEs	M	icrobial Ker	atitis
Authors (year)	Country	(years)	(years)	Schedule	Material	N	years	CIEs	Cases	Incidence	95% CI	Cases	Incidence	95% CI
Prospective studies														
Walline (2004) <sup>34</sup>	US	8-11	3	2W	н	57	159	0	0	0	0, 233	0	0	0, 233
Sankaridurg (2013) <sup>40</sup>	PRC	7–14	2	М	SiHy	240	369	25	5	136	50, 300	0	0	0, 103
Walline (2008)42	US	8-11	3	DD	н	247	723	6	6	83	38, 180	0	0	0, 51
Chalmers (2015) <sup>21</sup>	US	8-17	1	DD	Both	202	171	0	0	0	0, 220	0	0	0, 220
Cheng (2020)27	Various	8-15	2-3.5	DD	Н	581	816	2	0	0	0, 47	0	0	0, 47
Woods (2021) <sup>28</sup>	Various	8-12	6	DD	н	135	653	4	0	0	0, 58	0	0	0, 58
Gaume Giannoni (2022) <sup>31</sup>	US	7–12	3	М	SiHy	294	861	16	5	58			11.6	2, 65
Total						1,756	3,752	53	16	43	2 -	7	2.7	0.5, 15
Retrospective studie	es						100 C				<b></b> ,	<b>[</b>		
Chalmers (2011) <sup>23</sup>	US	8-12	1.7	Variou	JS	243	411	4	4	9	per	-	0	0, 93
Chalmers (2021) <sup>29</sup>	US	8–12	2.7	Variou	JS	782	2,134	16	16	75	10,00	00	9.4	3, 34

**TABLE 1.** Summary of Studies of Soft Contact Lens–Related Corneal Infiltrative Events (CIEs) in Children (Younger Than 18 years)

Bullimore MA, Richdale K. Incidence of Corneal Adverse Events in Children Wearing Soft Contact Lenses. Eye Contact Lens. 2023 Mar 6.



# Controlling myopia with orthokeratology



1040-5488/15/9203-0252/0 VOL. 92, NO. 3, PP. 252–257 OPTOMETRY AND VISION SCIENCE Copyright © 2015 American Academy of Optometry

#### FEATURE ARTICLE ON LINE

#### Orthokeratology for Myopia Control: A Meta-analysis

Jun-Kang Si\*, Kai Tang\*, Hong-Sheng Bi\*, Da-Dong Guo<sup>†</sup>, Jun-Guo Guo<sup>\*</sup>, and Xing-Rong Wang\*

#### ABSTRACT

Purpose. To conduct a meta-analysis on the effects of orthokeratology in slowing myopia progression.

**Methods.** A literature search was performed in PubMed, Embase, and the Cochran literature was evaluated according to the Jadad score. The statistical analysis was **Results.** The present meta-analysis included seven studies (two randomized controlled trials) with 435 subjects (orthokeratology group, 218; control group, 2 was 2 years for the seven studies. The weighted mean difference was -0.26 mm (p < 0.001) for axial length elongation based on data from seven studies and -0.1 - 0.03; p = 0.02) for vitreous chamber depth elongation based on data from tw **Conclusions.** Our results suggest that orthokeratology may slow myopia progres are needed to substantiate the current result and to investigate the long-term eff (Optom Vis Sci 2015;92:252–257)

Key Words: orthokeratology, myopia, myopia progression, myopia control, axi



Si et al; Orthokeratology for Myopia Control a Meta-analysis; Optometry and Vision Science, Vol. 92, No. 3, March 201

# 2 years Ortho-k slows axial length growth





FIGURE 2: Mean difference of axial length change between orthokeratology and control at 2-year follow-up. WMD = weighted mean difference.

Si et al; Orthokeratology for Myopia Control a Meta-analysis; Optometry and Vision Science, Vol. 92, No. 3, March 2015

# Can we optimise myopia control with Ortho-k?





# Orthokeratology Top 3 Tips





Go larger

- Historically, 10.5 mm
- Now, 11.0 mm used more



## Use more toric

● ≥ 60% orders

Table 3 Mean and SD of astigmatism by age group

Age	Cylinder		
	Mean	SD	
5 to <8 years	1.01	1.05	
8 to <11 years	0.83	0.97	
II to <14 years	0.82	0.93	
14 to <17 years	0.86	0.94	
17 to <20 years	0.85	0.94	



#### Use more 5.5 mm OZD

- Faster results
- Smaller treatment zone size
- Enhanced paracentral steepening



#### **CRT** Calculator

	OD	OS
RX Sphere:	-	-
K1:		
K2:		
K Value Units:	<ul> <li>Diopters</li> </ul>	O Millimeters
VID *:	•	•
Optic Zone:	6mm 🔻	6mm 👻
Jessen Factor:	+0.50D *	+0.50D *
	Reset Values	Copy To OS
	Calc	ulate

## 43.75/42.25 BC: 9.1 -5.00-1.25x180 RZD: 550/625 11.8 mm VID LZA: 33/34

#### Results



# 43.75/42.25 -5.00-1.25x180 11.8 mm VID



BC: 9.1 RZD: 550/625 LZA: 33/34 2. At what Rx would you initiate treating myopia progression? (Single Choice)  $\ensuremath{^*}$ 

118/118 (100%) answered

-0.50 to -0.75	(29/118) 25%
-1.00 to -1.25	(37/118) 31%
-1.50 to -1.75	(18/118) 15%
-2.00 to -2.25	(17/118) 14%
-2.50 to -2.75	(5/118) 4%
-3.00 or worse	(12/118) 10%



Pediatric Ophthalmology and Strabismus



# Absolute mm of axial length savings @ 2 years



Atropine 0.01% No statistically significant savings



Atropine 0.05% Saves 0.20 mm





Ortho-k Saves 0.25 mm MiSight® 1 day Saves 0.24 mm

# The importance of managing myopia



Flitcroft DI. The complex interactions of retinal, optical and environmental factors in myopia aetiology. Prog Retin Eye Res. 2012 Nov;31(6):622-60.

# The importance of managing myopia

-Retinal Detachment -Glaucoma -Cataracts -Myopic Macular Degeneration 45 40 Myopic risk Factor (X) 35 30 25 20 15 10 5 0 -1.00 -2.00 -3.00 0.00 -4.00 -5.00 Myopia (D)

## Slowing myopia progression by 1 diopter:

- Reduces risk of myopic maculopathy by 40%
- Reduces risk of open-angle glaucoma by 20%
- Reduces risk of visual impairment by 20%

Flitcroft DI. The complex interactions of retinal, optical and environmental factors in myopia aetiology. Prog Retin Eye Res. 2012 Nov;31(6):622-60.



1. World Council of Optometry. Resolution: The standard of care for Myopia Management by Optometrists. https://worldcouncilofoptometry.info/resolution-the-standard-of-care-for-myopia-management-by-optometrists. Accessed 2nd March 2022.

# MAKE CHILDREN'S SIGHT YOUR FIGHT."

## **Protect** their vision from getting worse as they grow.

