

Myopia Control-Play Your Role

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Myopia is the most common ocular disorder, today [1], and by 2050, it is predicted that at least half of the world's population will be myopic, with 10% highly myopic [2]. This is a serious problem, and we must try to retard the progression of myopia amongst children. According to Brennan (3), if one reduces the progression of myopia by one third, the result will be a reduction of 73% of myopia over -5 Dioptres.

There are several interventions available to reduce myopia progression:

- 1. Atropine:** The LAMP Study investigated 3 different concentrations of Atropine (0.05%, 0.02% and 0.01%). All concentrations were well-tolerated, without any negative effects on vision-related quality of life. However, the 0.05% concentration was the most effective in controlling spherical equivalent progression and axial length elongation [4].
- 2. Multifocal spectacle lenses or bifocal spectacle lenses:** In both cases, the retardation effect on myopia progression was not significant and was controversial [5].
- 3. Contact lenses:** The treatment using contact lenses can be divided into 2 categories, rigid and soft lenses:
 - Rigid Gas Permeable (RGP) contact lenses, incorporating the orthokeratology technique, have been shown to be effective in treating myopia progression [6,7].
 - Soft Multifocal Contact Lenses have been shown to be very effective in retarding myopia progression. The lens to use is the one with the distance correction in the centre and the ADD in the periphery creating peripheral retinal myopic defocus [8]. Mi Sight Soft contact lenses are daily disposable lenses for myopia control in children, which have received FDA approval [9].

Eye care practitioners and ophthalmologists in different countries have different fitting philosophies guiding their choice of intervention for combating myopia progression. There are countries where the use of Atropine is beyond the scope of use for the op-

tometrist. In these countries, the only options available for the optometrist are contact lenses or multifocal spectacles. On the other hand, in certain countries, ophthalmologists prefer to fit RGP Orthokeratology lenses. Therefore, it is important that eye care practitioners are aware of the possibilities available to them and then choose the intervention that is best-suited to their myopia control philosophy.

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