



The Myopia Impact

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The prevalence of myopia and high myopia is rising worldwide at an alarming pace [1,2]. This is in an order or sequence of processes linked to significant increases in the risk of vision impairment from pathological conditions associated with high myopia, including retinal damage, cataract, and glaucoma [1,2].

Regrettably, the issue of vision impairment associated with myopia receives limited attention from a public health viewpoint in terms of assessment of prevalence, protective interventions, and possible treatment selections [1,2].

In accordance with the prevalence data and the corresponding population statistics worldwide, myopia and high myopia will involve 52% (4949 million) and 10.0% (925 million), correspondingly, of the world's population by 2050 [1-3]. Accordingly, the global prevalence of myopia is predicted to advance from 27% of the world's population in 2010 to 52% by 2050 [1-3].

The end result of myopia is not only related to associated pathological conditions but also impacts on quality of life and personal progress [1,2]. Of course, financial lost is another important spot when the myopia impact is assessed [1,2]. Numerous lines of research work demonstrate that correction of refractive errors using spectacles in low socioeconomic areas would evidently improve educational outcomes, resulting in better achievements particularly in myopic students as the main path of tutoring is still the blackboard at distance and this is the distance where their uncorrected vision is blurred [1,2]. Uncorrected myopic students with low socioeconomic position and its correlates, such as lower edu-

cational attainment, poverty, and poor health, are ultimately more likely to be dropped out of school [2].

Documented increases in the prevalence of myopia and high myopia worldwide are a considerable public health crisis [1-3]. As a result, it is fundamental to instantly supply more necessary data to inform clinical advisors, public health workers, and those authorities who decide on the formulation of policies [1,2]. The advice should be provided to categorize myopic defects and review the verification on myopia control methods [1,2]. Unresolved issues in knowledge should be answered remarkably in a firm approach as a groundwork for evidence-based schemes in optometry and ophthalmology to minimize the prevalence of high myopia and associated vision impairment [1,2].

The international myopia institutes, organizations, and independent research groups have lengthily provided extensive selections of scientific papers and practical contribution that award consensus statements and guidelines on myopia, myopia progression, and interventional strategies to slow down the rate of progression [1,2]. Therefore, there should not be any uncertainty to execute these schemes through policies and strategies.

Compliance with Ethical Guidelines

This scientific article has already been presented orally at Moorfields Eye Hospital in London, England on Tuesday 18th August 2020. Review and original based materials have been appropriately cited in the presentation and the ethical guidelines have been respected.

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Conflict of Interest

The author declares no conflict of interest.

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