

MYOPIA MANAGEMENT

ABDO position paper



What is myopia management?

Myopia is the most common cause of correctable vision loss globally¹ and therefore the management of this condition is a key skill of a dispensing optician.

Myopia management encompasses a range of interventions designed to prevent or slow down its progress. There is increasing evidence that a number of interventions can slow the progress of childhood myopia however there is less evidence around the longer-term benefits due to the recent development of this intervention.

Why should I be interested?

There is evidence that myopes are at an increased risk of sight threatening eye conditions such as glaucoma (open angle), retinal tears which can lead to retinal detachment, myopic maculopathy or macular degeneration and cataracts. Therefore, intervention to reduce myopia at an early stage could/would have significant eye health benefits to patients as they become older.

Dispensing opticians have a duty of care to children as a legally protected group of patients and registrants should have an understanding of the current advice and research relating to myopia management as would be expected by the General Optical Council. Dispensing opticians should be seen as a source of objective, knowledgeable and up to date advice for young patients and their parents/care givers.

What is the prevalence of myopia?

30 per cent of the world's population is presently myopic and it is estimated that by 2050 this figure will rise to 50 per cent (five billion people) of which nearly one billion will be at high risk of the sight threatening ocular pathology² outlined above. The prevalence of myopia in the UK may exceed 50 per cent amongst working adults.

Current thinking?

Presently there are three myopia management options³ available which could be used in combination- spectacle lenses (bifocal or specialist designed myopia control lenses), contact lenses (both soft and ortho K) and pharmaceutical interventions (not yet licenced in UK). There is also evidence that behavioural changes such as time spent outdoors or limiting time spent on close work activities can have a positive impact on axial length progression.⁴

For the purpose of this paper we have not included surgical interventions as they are outside of its scope.

What are my responsibilities?

You should be able to discuss present options, which one is likely to be of most benefit for a particular patient, its possible effectiveness and the likely short- and long-term risk/benefits.

ABDO's position

Enough evidence now exists to conclude that all patients at risk of myopia should have an informed, evidence- based discussion with their eye care practitioner and that suitable, recorded, cross referral, as part of multi-disciplined team, should take place if the patient wishes.

REFERENCES

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