



AMERICAN ACADEMY  
*of* OPTOMETRY

# NAS – Focus on Myopia

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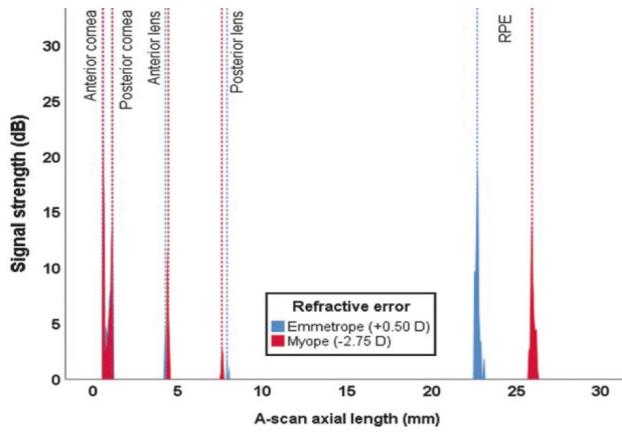
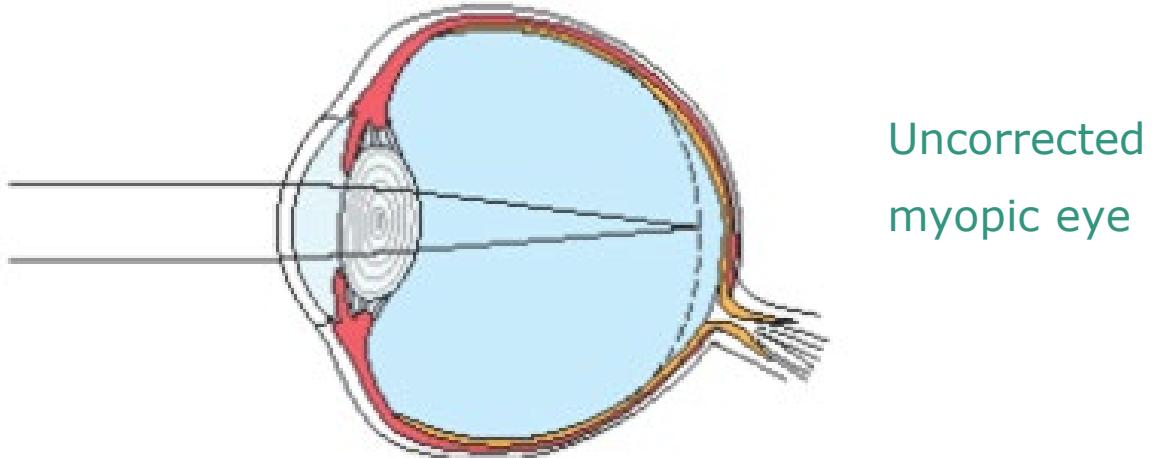
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# What is Myopia?

From Vera-Diaz, Encyclopedia of the Eye, 2010.

- Just a refractive error where distance images focus in front of the retina?
- Failure of emmetropization: mismatch optics / axial length because the **eye grows too long**  
(specifically posteriorly)



Chakraborty et al, 2020.

# Importance of Myopia

- High (increasing) prevalence
- Impaired spatial and temporal vision (reduced neural sampling), therefore quality of life
- Financial costs
- Risk of **vision-threatening** conditions, with any level of myopia
  - myopic maculopathy, retinal detachment, open angle glaucoma...
  - higher myopia → higher risk, but **no safe level of myopia**
  - earlier onset → higher myopia

# Needs

- 1. PREVENT MYOPIA**
- 2. DELAY THE ONSET OF MYOPIA**
- 3. SLOW THE PROGRESSION OF MYOPIA**



# Behavioral Modifications

- **Outdoors** time is **protective** against the development and likely the progression of myopia
- **Schooling (near work)** increases **risk** of myopia

Current Evidence	Gaps
Epidemiological studies show that outdoors is protective of myopia and near work is a risk factor for myopia	<b>Association does not imply causation,</b> need <b>experimental studies</b>
	What about outdoors is protective? Sun intensity/spectral composition? Circadian Rhythms? Dioptric range? Temporal vision? What aspects of near work contribute? Accommodation? Cognitive effort/deployed central attention?

# Optical Treatments

- Specially designed **spectacles** (not approved in USA)
- Specially designed **contact lenses**
- **Orthokeratology** (corneal reshaping treatments)

Current Evidence	Gaps
	Which children will benefit?
	How much they will benefit?
	Can trials results be extrapolated to other demographics?
	Can we accurately measure success? <b>Mechanism?</b> What <b>visual</b> experience is important?
	<b>More effective designs?</b>

# Pharmaceutical Treatments

- Low dose **Atropine** eye drops, Pirenzepine?

Current Evidence	Gaps
	Which children will benefit?
	How much they will benefit?
	Can trials results be extrapolated to other demographics?
	Do they <b>control eye growth</b> as well as Dioptric change?
	Which <b>dose</b> is optimal?
	<b>Mechanism?</b>

# Red Light therapy

- Low intensity red **laser** therapy

Current Evidence	Gaps
Short duration trials in specific populations show these treatments slow the progression of myopia (and elongation of the eye) in some children	Which children will benefit?
	How much they will benefit?
	Do they control eye growth as well as Dioptric change?
	Can results be extrapolated to other demographics?
	<b>Mechanism?</b>
	<b>Safety?</b>

# What Next?

1. Stakeholders (scientists + Industry + organizations), develop studies to:
  - Understand the etiology of myopia, in order to:
    - Develop **more effective treatments to control myopia**
    - Develop **programs to prevent myopia**
  - Develop new and improved treatments:
    - Need to **improve trials design**, e.g., control for behavioral factors, outcomes?
2. Organizations:
  - **Educate** public and clinicians: **robust evidence-based** information
  - Ensure treatments are **accessible** to all patients
3. Clinicians

# American Academy of Optometry

## Goals/Priorities for the NAS Statement of Task

- To provide independent and objective evidence-based information that clinicians can trust, as well as **easily access and interpret** it
- To promote studies that aim to **understand the etiology of myopia** that will lead to the development of more effective, useful and accessible programs to prevent and treatments to control myopia
- To educate (public and clinicians) that myopia is a significant public health concern and action is needed

**Goal: prevent myopia!**





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**Thank you!**

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