### Myopia Management

Slow the progression of myopia (nearsightedness) with contact lenses or eyedrops\(^1\)-\(^27\)

- Orthokeratology contact lenses
- Soft multifocal contact lenses
- Low concentration atropine eye drops

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**Possible Discussion Points for Parents and Doctors When Choosing Contact Lens Myopia Management**

<table>
<thead>
<tr>
<th>Situation</th>
<th>Orthokeratology</th>
<th>Soft Multifocal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact lenses only worn at home</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Child swims frequently</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Parents know how to care for soft contact lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High myopia, more than -5.00 D</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Child has difficulty with dexterity</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Child mostly wants to wear glasses</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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**Resources for Parents**

- www.mykidsvision.org
- www.allaboutvision.com/conditions/myopia.htm
- www.orthokacademy.com/information-for-patients

**Resources for Doctors**

- www.myopiaprofile.com
- www.orthokacademy.com
- www.brienholdenvision.org
- www.gpli.info

*(for webinars as well as references for the information provided in this brochure)*

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**Which is better, orthokeratology or soft multifocal contact lenses?**

- Both provide effective myopia management\(^1\)-\(^23\)
- Direct comparison indicate no difference in myopia management\(^19\)
- Decision should be based on lifestyle of family

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References available at contactlenses.org and gpli.info

Learn more about Myopia Management

www.contzlenses.org
www.allaboutvision.com

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What does myopia management mean?

- Kids typically have -1.00 D myopia when they first get glasses
- Normally progress -0.50 D per year from age 8 to age 16 years
- Would therefore have -5.00 D myopia as an adult
- If myopia management slows progression by 50%, would only have -3.00 D myopia as adult and have much less risk of sight threatening complications later in life.

Orthokeratology Contact Lenses

- Worn only while sleeping to reshape or flatten the front surface of the eye
- Removed in the morning, resulting in clear vision all day without glasses or contact lenses
- Risk of significant microbial keratitis is the same as an overnight contact lens wear (about 20 cases per 10,000 years of wear)
- Slows myopia progression about 43%

Soft Multifocal Contact Lenses

- Contact lenses with specialty-designed multifocal optics
- May replace monthly, every two weeks, or daily
- Risk of eye infection is about 20 cases per 10,000 years of wear
- Slows myopia progression about 38%.

Atropine

- Low concentrations (<0.01%) slow myopia progression with few side effects
  - May make near vision blurry (can wear reading glasses)
  - May increase pupil size (can wear sunglasses to decrease light sensitivity)
  - These rarely require additional treatment
- Drops taken every night at bedtime
- Drops don’t sting
- Slows myopia progression about 58%

Combination

- May combine orthokeratology contact lenses and atropine
- May combine soft multifocal contact lenses and atropine
- Combination of orthokeratology contact lenses and atropine works better than atropine alone
- No studies of soft multifocal contact lenses and atropine available yet

Myopia Facts

Myopia affects one-out-of-three people in the United States
- As much as 90% of people in some East Asia countries
Typically onsets at 8 years of age and progresses until 16 years of age
- Younger age one becomes myopic typically means higher myopia in adulthood
High myopia increases the risk of sight-threatening complications
  - Retinal detachment
  - Glaucoma
  - Central vision loss
We can slow the progression with contact lenses
  - Children as young as seven years can routinely care for contact lenses
  - Contact lenses improve self-esteem in children who wear glasses
  - Contact lenses improve quality of life, especially for athletes and kids who don’t like to wear glasses