Possible Discussion Points for Parents and Doctors When Choosing Contact Lens Myopia Management Situation Orthokeratology Soft Multifocal Contact lenses only worn at home X Child swims frequently X Parents know how to care for soft contact lenses X High myopia, more than -5.00 D X Child has difficulty with dexterity X



Child mostly wants to wear glasses

Which is better, orthokeratology or soft multifocal contact lenses?

- Both provide effective myopia management¹⁻²³
- Direct comparison indicate no difference in myopia management¹⁹
- Decision should be based on lifestyle of family

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)



Learn more about Myopia Management www.contactlenses.org www.allaboutvision.com

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Myopia Management

Slow the progression of myopia (nearsightedness) with contact lenses or eyedrops¹⁻²⁷

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



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 life²⁸



Myopia Management Treatments

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)²⁹
- Slows myopia progression about 43%³⁰



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 lenses¹⁻²³

- 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

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 wear³¹
- Slows myopia progression about 38%^{30, 32}

Atropine

- Low concentrations (<0.01%) slow myopia progression with few side effects²⁴⁻²⁷
 - May make near vision blurry (can wear reading glasses)
 - May increase pupil size (can wear sunglasses to decrease light sensitivity)
 - These rarely require additional treatment²⁷
- Drops taken every night at bedtime
- Drops don't sting
- Slows myopia progression about 58%³⁰

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^{33, 34}
- No studies of soft multifocal contact lenses and atropine available yet

References available at contactlenses.org and gpli.info