

What is available on the NHS?

- **Prescription glasses.**
- **20-20-20 rule.**
Taking frequent breaks from the screen can help to avoid tired eyes and headaches. The 20, 20, 20 rule suggests taking a break of at least 20 seconds, every 20 minutes and to look at least 20 feet away in the distance, such as the bottom of garden or across the other side of the road.
- **Encouraging healthy living** – well known pattern found by many studies showing that there is a strong link with being outside, good eye health and prescription. The current advice is for all children to spend at least 2 hours a day or 14 hours a week in natural light outdoors.

Contact Details

Eye Unit / Orthoptic Department

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Eye Condition Patient Information Leaflet

Myopia Management



**Please speak to a member of staff if you need
this leaflet in large print, braille, audio
or another language**

What is Myopia?

Myopia is also known as being **short sighted**. This means the light going into your eye does not reach the back of the eye in the correct place (as the eye is too long). This then gives a blurry image when looking far away.

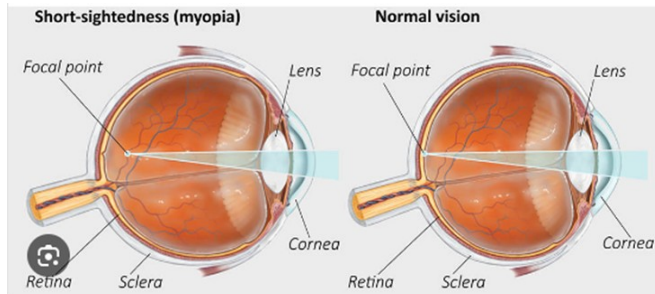


Image from <https://www.healthdirect.gov.au/short-sightedness-myopia>

Correcting vision in Myopia?

It is usually possible to correct myopia with prescription glasses or contact lenses, using concave (curved inwards) lenses, this allows the light to reach the right place at the back of the eye, allowing you to see clearly. Prescription glasses and contact lenses are available from high-street opticians.

Treating the progression of Myopia?

Myopia normally begins between the ages of 10 and 13, but it can also be seen in younger children. It is well known to get worse during the teenage years during growth spurts and usually becomes stable when the body has finished growing in the late teens to mid-twenties.

Options to consider

Contact lenses

- Requires good hand hygiene and contact lens cleaning compliance.
- Increased contact lens wear time which therefore could lead to a small increased risk of infections of the surface of the eye (cornea).

The long-term success and safety of orthokeratology requires a mix of accurate lens fitting, following the advice exactly as it is given about lens care and follow-up recommendations, and timely treatment of any complications.

Myopia Control Glasses

Spectacles lenses for myopia management treatment have no known increased risks compared to wearing spectacles with standard correction lenses.

Atropine Drops

Atropine is used in general medicine, and also as an eye medicine or eye drop. Atropine eye drops for myopia control are used once per day at night time.

As an eye drop, atropine 1% is used to dilate (enlarge) the pupil and stop the eye's focusing mechanism.

First studies for myopia management used 1% atropine however these had significant side effects. Enlarged pupils made a child sensitive to light and blurred their close-up vision. Newer studies have investigated lower concentrations of 0.01% up to 0.05%, which have minimal side effects.

These options all have similar results. Over a 1-3 year period they are thought to prevent the prescription by increasing by about 1Diopter. At present there are no long-term UK based studies to back up these claims and there are no official UK guidelines governing the use of these devices or drops.

Most studies report good outcomes with the progression (worsening) of myopia slowing down following the use of these techniques.

We do not know how long the treatment is required and how long the effect of the treatment will last. Due to the lack of evidence in this area these techniques are not currently being offered on the NHS.

Risks of Myopia Management

- Patients may not respond as expected.
- It can take time to start seeing any results.
- It may be necessary to change to a different treatment, or to try a combination of treatments if the first choice does not have the desired effect.
- There can be a significant time commitment as regular monitoring and appointment are necessary.
- The costs for patients and their parents should be considered, as myopia management treatments are not currently funded by UK national health systems.
- There are limited studies to know how this could affect the eye over a long time period.

Recently there has been a development of new techniques that **might** mean the myopia does not get as bad. These include;

Myopia management contact lenses alters the way the light enters the eye to provide a slow-down signal for eye growth that slows progression of myopia in children.

Myopia management spectacles work to create a slow-down signal for eye growth whilst still allowing the child to have clear vision.

Orthokeratology lenses are a type of contact lens that are worn at night which aim to reshape the front of the eye (cornea).

Atropine Drops are nightly eye drops. Scientists are still unsure of the exact reason why this causes myopia to slow down.

Examples of spectacle types that might be used:

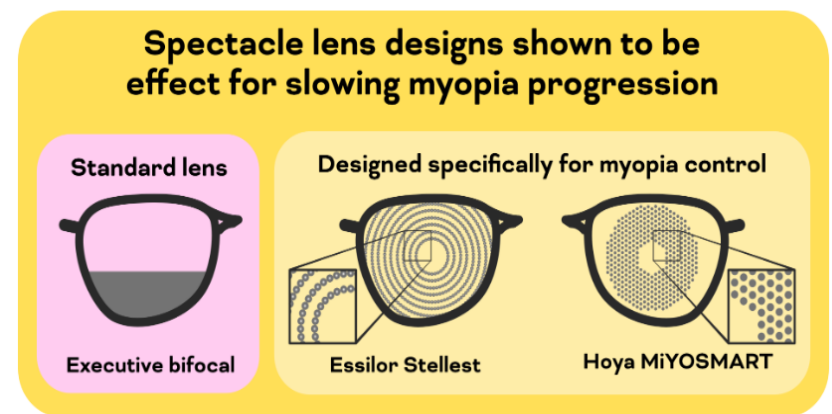


Image from mykidsvision.org/knowledge-centre/all-about-eye-glasses-for-myopia-control