

## MEDIA RELEASE

### Treating myopia in kids doesn't mean just getting glasses

**Monday 16 September 2019:** As more and more children are being diagnosed with myopia – also known as short-sightedness – it may be comforting for parents to know that there are new techniques and strategies emerging to limit progression of the condition.

Myopia is [projected](#) to affect the vision of approximately five billion people by 2050, more than doubling today's numbers. This equates to half the world's population, with up to one fifth of them (1 billion) at a significantly increased risk of blindness from high levels of myopia if current trends continue.

Luke Arundel, Chief Clinical Officer for Optometry Australia said that there has been some welcome news in the space, with a number of studies suggesting treatments can slow the progression of myopia in children and teens.

"These treatments can induce changes in the structure and focusing of the eye to reduce the development and progression of myopia," he said.

"It's important for parents to be aware of these different treatments because slowing the progression of myopia in children may prevent the development of high myopia, which can cause serious problems like cataract, glaucoma or problems with the retina (the sensor layer at the back of the eye). So, this isn't just about kids having to wear thick glasses, it's about reducing the risk of permanent blindness later in life for those that develop higher levels of myopia."

Until recently, the mainstay of treatment for paediatric myopia was single vision glasses or contact lenses, with frequent prescription updates required as vision worsens over time.

Currently, there are a handful of newer treatments which show promise for controlling myopia. These include atropine eye drops, orthokeratology ("ortho-k") and multifocal/bifocal glasses or multifocal contact lenses.

[Studies show](#) that a low dose of atropine, typically given as eye drops at bedtime, can significantly slow the progression of myopia in some children.

Orthokeratology is the use of specially designed gas permeable contact lenses that are worn during sleep at night to temporarily correct myopia so glasses and contact lenses aren't needed during waking hours. Some optometrists also use "ortho-k" lenses to limit myopia progression in children.

Multifocal contact lenses are special lenses that have a variable power across the lens and have also been shown to be effective tools for limiting myopia progression.

"It's important to chat about these various options with your child's optometrist, because we are now entering an era where we are able to not just correct poor vision from myopia, but to actually slow down its progression" Mr Arundel said.

Myopia is a condition that causes blurry vision in the distance, while near vision usually remains clear. It usually begins in childhood, around age five to seven, and often worsens throughout school years.

Balancing screen time with green time is also important, with research showing that light levels can influence the development of the condition and researchers recommending kids have at least two hours of (sun safe) time outside each day. Extended periods of close work should also be avoided, with a recommendation to follow the 20-20 rule (every 20 minutes, look up into the distance for 20 seconds to relax the focussing muscles in the eyes).

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