

Embracing Action on Childhood Myopia

Raphaella Tran, OD, MS, FAAO, of North Suburban Vision Consultants in Deerfield, Illinois, recently authored an article on CooperVision's ECP Viewpoints website. ECP Viewpoints is a blog for eye care professionals who want to share stories, insights and perspectives to help their peers.

Dr. Tran highlighted a now one-year old report from the National Academies of Sciences, Engineering, and Medicine—"Focus on Myopia: Pathogenesis and Rising Incidence."¹ The report paints a sobering picture about myopia as an alarming public health concern. The report highlights a global uptick in myopia prevalence, warns of associated ocular complications and underscores significant gaps in research guidelines and public awareness.¹

She writes, "As stewards of children's vision and eye health, caring for children with myopia is more than the diagnosis. It's more than the treatment, more than the research, and more than the advocacy from the frontlines of daily practice to those with federal and global reach."

Early onset of myopia is a primary risk factor for more severe ocular disease later in life, including retinal detachment, glaucoma and macular degeneration.^{2,5} Studies show that each additional diopter of myopia increases the odds of these complications, as well as the lifetime economic burden on families and health systems. Prompt intervention—ideally at the first sign of myopia—can reduce the final level of myopia.^{17,8} The report commends innovative treatments such as MiSight® 1 day* contact lenses for eligible children*, which have demonstrated efficacy in decelerating myopic progression.^{17,8}

Among its 10 key recommendations, the National Academies report calls first for classifying myopia as a disease.¹ This reclassification would elevate public and professional awareness, unlock research funding and strengthen treatment protocols. Recognizing myopia as more than a refractive error underscores the need for preventive action and longitudinal management.

Environmental factors also play a pivotal role. Ample evidence suggests that at least one hour of daily outdoor time—preferably in bright daylight—can significantly reduce the risk of myopia onset

among school-aged children.^{9,10} Sunlight exposure stimulates retinal pathways that help regulate eye growth, while time spent focusing on distant objects counters the near-work strain



Dr. Tran

associated with digital devices.¹¹ Integrating outdoor activities into school curricula and family routines should be a public health priority.

To bolster clinical practice, the report urges the development and adoption of evidence-based treatment guidelines. These would standardize approaches to interventions—ranging from optical interventions and pharmaceutical agents to lifestyle modifications—and facilitate seamless integration into primary eye care.

Disparities

Socioeconomic and geographic disparities in vision care demand urgent attention, the report finds. In underserved communities, limited awareness of myopia's risks—coupled with sparse screening and referral systems—leads to delayed diagnoses and suboptimal outcomes. The report advocates for an integrated data infrastructure to track vision screenings, referrals and follow-up care, ensuring that high-risk populations receive timely, accessible services.¹

The report also identifies the need for better data, as well as making all stakeholders, including parents and policymakers, aware of the condition.¹

Time for action

Myopia among children is a complex, multifaceted challenge. But it also presents an unprecedented opportunity. Dr. Tran wrote, "Take action, collaborate and advocate for children's vision and eye health. The report makes it clear: each one of us should treat myopia from getting worse in our practices. Our daily contributions as champions for children with myopia make a difference and are an important part of the greater good."

She adds, "The more we know, the more we realize the urgency and the

necessity of the work still to be done for children with myopia." **PA**

Read Dr. Tran's full story here.

And visit CooperVision ECP Viewpoints here to read issues of interest and inspiration to your colleagues.

"Take action, collaborate and advocate for children's vision and eye health."

— Dr. Raphaella Tran

* Indications for Use: MiSight® (omafilcon A) daily wear single use Soft Contact Lenses are indicated for the correction of myopic ametropia and for slowing the progression of myopia in children with non-diseased eyes, who at the initiation of treatment are 8-12 years of age and have a refraction of -0.75 to -4.00 diopters (spherical equivalent) with ≤ 0.75 diopters of astigmatism. The lens is to be discarded after each removal.

† Compared to a single vision 1 day lens

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