



MYOPIA AWARENESS WEEK 2019
THE MYOPIA MOVEMENT
WHAT IS MYOPIA?





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Myopia is an eye condition that causes poor long-distance vision. Myopia is caused by structural irregularities in the eye. Myopia is also known as nearsightedness because myopic people can still see things clearly that are close. In myopic eyes, the eyeball is either longer than normal, or the cornea is too curved, both causing the image to be focused in front of the retina rather than on the retina, causing some images to be blurry.

WHAT CAUSES MYOPIA?

While heredity is a factor, the recent increase in myopic people suggests there may also be environmental risk factors. Studies in the US, Asia and other countries show time spent doing close work, such as reading or computer work, and not enough time spent outdoors could play a role in the development of myopia.

HOW COMMON IS IT?

On average, 30% of the world is currently myopic and by 2050, based on current trends, almost 50% will be myopic, that's a staggering 5 billion people¹. We have the responsibility and power to make a difference and tell others about myopia and its risks.

WHAT ARE THE SIGNS?

The most obvious sign of myopia is that objects in the distance appear blurry. However, children might report headaches and eye fatigue caused by the eyes straining to focus. Myopia usually develops during childhood, so parents should look for signs such as sitting too close to the television or holding screens close to the face; these are common habits in children with myopia, along with squinting and tilting the head. Observant teachers may also notice children who have difficulty reading the blackboard.

HOW DOES IT PROGRESS?

Myopia is often categorized as mild, moderate or high severity, depending on the amount of correction needed. Children often find their eyesight worsens considerably during puberty. This is because the irregularity in the eye worsens as the eye grows. These irregularities in the eye usually slows by the time people reach adulthood and eye growth has stopped.

HOW IS IT TREATED?

Although corrective lenses (glasses and contact lenses) are the traditional and easiest way to treat myopia, they do not help stop the progression of myopia. Recent research indicates that corrective lenses may, in fact, make myopia worse. Glasses and contact lenses can elongate the length of the eyeball resulting in worsened nearsightedness. The intent of myopia prevention is to stop this lengthening of the eyeball from occurring either through drug therapy (restricting focussing) or by specialty multifocal spectacle or contact lenses that defocus the image in the periphery (moving it in front of the retina), thus shortening its length and making it either stable or hopefully less nearsighted.

ARE THERE COMPLICATIONS?

Most people with mild to moderate myopia won't experience any complications. However, high myopia, requiring a lens of -6.00 dioptres or more, does come with a risk of complications. People with high myopia have an increased risk of retinal detachment, cataracts, myopic degeneration and glaucoma, which can all cause vision loss. People with high myopia should ask their optometrist about the warning signs for these conditions, and ensure they have comprehensive eye health checks regularly.

CAN MYOPIA BE PREVENTED?

As myopia is often hereditary, it cannot be completely prevented; however, new research suggests ways to slow the progression of the condition, especially in children. The condition may be delayed or prevented by spending less time on devices and more time outside, possibly due to increased exposure to sunlight or the need to look into the far distance regularly. While myopia cannot be completely prevented, it can also be treated through the use of corrective lenses – multifocal glasses or contacts – and through drug therapies to restrict focussing.

References

1. Holden BA, Fricke TR, Wilson DA, Jong M, Naidoo KS, Sankaridurg P, Wong TY, Naduvilath TJ, Resnikoff S, Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050, *Ophthalmology*, May 2016 Volume 123, Issue 5, Pages 1036–1042.

