

# ABOUT MYOPIA GUIDELINES

The Brien Holden Vision Institute's Guidelines for Myopia Management, is an easy-to-use, practical tool developed to assist the busy eye care professional in managing patients with myopia. They are a vital addition to myopia management in your practice.

Incorporating the latest evidence-based knowledge, the Guidelines are designed to help you assess and establish the best possible treatment pathway for your patients.

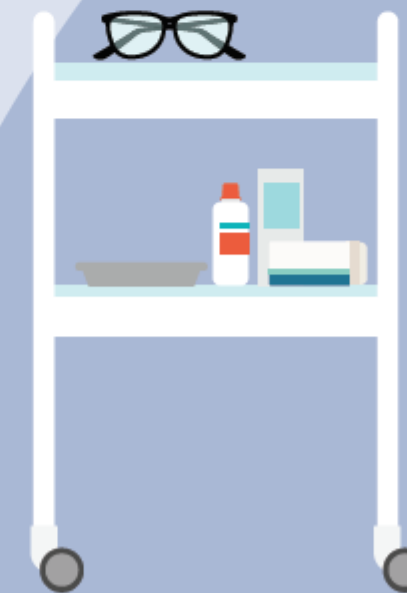
The step-wise approach includes:

- Initial consultation
- Assessment of risk for onset and progression
- Management strategies
- Follow-up

For free access to the Guidelines for Myopia Management from your smartphone, tablet or desktop, go to: **[bhvi.org/myopia-calculator-resources/myopia-resources/](https://bhvi.org/myopia-calculator-resources/myopia-resources/)**

# Initial consultation

- **History** (including family history, nearwork, outdoor time)
- **Age of onset, progression** (if myopic)
- **Visual acuity** (uncorrected, best corrected)
- **Binocular vision**
- **Corneal topography\***
- **Anterior eye examination\***
- **Intraocular pressure\***
- **Objective/subjective cycloplegic refraction**
- **Fundus examination\***



# 1

\* Rule out secondary myopias – e.g. keratoconus, syndromic associations

# Assessment of risk

## Increased risk of onset



### Parental myopia

One or both parents myopic



### Refractive error

More myopic than age normal or progression worse than 0.75D/yr



### Ethnicity

East Asian



### Near work

Excessive



### Outdoor time

Limited

## Increased risk of progression



### Age

9 yrs or less



### Parental myopia

One or both parents myopic



### Refractive error

More myopic than age normal or progression worse than 0.75D/yr



### Ethnicity

East Asian

# 2

To estimate risk of progression in myopic eye, see **Myopia Calculator** link below.



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# Management

# 3

## No myopia

### Reduce risk

- Increase time outdoors
- Frequent breaks from near work

## Myopia

### Choosing a myopia control strategy: consider

- Patient suitability
- Risk of progression\*
- Patient/carer preference
- Effectiveness of strategy
- Access to strategy

### No control

- Single vision spectacles
- Single vision contact lenses

### Myopia control

- Contact lenses
  - Multifocal-like
  - Extended depth of focus
- Orthokeratology
- Progressive addition spectacles
- Executive bifocals
- Peripheral defocus spectacles
- Atropine (low-dose)
- Combination (e.g. low dose atropine with multifocal-like contact lenses)

\*Fully correct based on cycloplegic refraction; myopia control should be a priority.  
Use **Myopia Calculator** link below to determine benefit with myopia control.



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# 4

## Follow-up\*

1 WEEK

1 MONTH

3 MONTHS

6 MONTHS

9 MONTHS

12 MONTHS



- Atropine (low-dose)



- Single vision contact lenses
- Contact lenses:
  - Multifocal-like
  - Extended depth of focus
- Orthokeratology



- Single vision spectacles
- Executive bifocals
- Peripheral defocus spectacles
- Progressive addition spectacles

### Procedures

- Updated history
- Best-corrected visual acuity
- Over-refraction
- Anterior eye examination (with lid eversion)
- Corneal topography (as needed for Ortho K)
- Pupil size/response to light (as needed for atropine)
- Intraocular pressure (as needed for atropine)
- Objective/subjective cycloplegic refraction (6 monthly)
- Fundus examination (annually)

1. If progression not slowed → check lens prescription/fit → Check compliance → Consider changing treatment power/design or treatment mode.
2. If myopia is stable for at least two years and if the individual is at age when risk for progression is minimal, can consider ceasing myopia control.

\* For the first year especially for children and progressing myopes. Further follow up schedule may be modified based on patient progress, treatment modality and performance.



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# ADDITIONAL RESOURCES

At the Brien Holden Vision Institute, we continuously develop relevant tools, online education courses and other materials to equip eye care professionals with the latest research, while the myopia management market segment develops and grows globally. The Guidelines seamlessly complement our additional practitioner resources, the Myopia Calculator and Myopia Education Program.

## MYOPIA CALCULATOR

The *Myopia Calculator* illustrates the impact of various myopia management strategies on the amount of myopia progression in a child. It is free for you to use, helps support patient and parent communications and improves treatment compliance in an area that eye care professionals can find challenging. Utilising technology currently unmatched in the profession, its key features include:

- Visual display of data
- Tailored to your patient through age, ethnicity and refractive error
- Recommended management options
- Easy to use

It is a must-have for practitioners.

To access the *Myopia Calculator*, go to:  
**[bhvi.org/myopia-calculator-resources/](https://bhvi.org/myopia-calculator-resources/)**  
*Available in multiple languages.*

## MYOPIA EDUCATION PROGRAM

Our *Myopia Education Program* was created to revolutionise the profession's understanding of myopia management. Connecting you with globally recognised leaders through interactive case studies, videos and webinars, the Program provides the skills to better-manage progressive myopia for your patients.

To find out more or to register, go to:  
**[bhvi.org/myopia-education-program/](https://bhvi.org/myopia-education-program/)**

## MYOPIA GUIDELINES

### **Content:**

Sankaridurg P<sup>1</sup>, Tilia D<sup>1</sup>, Morton M<sup>1</sup>, Weng R<sup>1</sup>, Jong M<sup>1</sup>, Zhu F<sup>2</sup>.

1. Brien Holden Vision Institute Limited; 2. Shanghai Eye Disease Prevention and Treatment Center.

### **Design:**

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