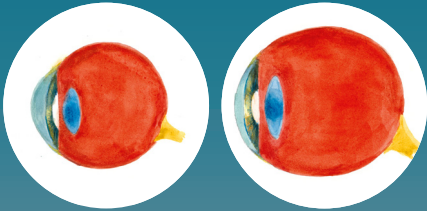


MYOPIA MANAGEMENT: Axial Length or Refractive Error?

1. DIAGNOSING MYOPIA

Refractive state is the balance of the optical and axial components, i.e., variation in axial length exists between eyes but is compensated by corneal and lens power. Thus, axial length alone is not a good diagnostic for myopia.

Presence of any myopia = eye length > intended eye length.



A

B

Two emmetropic (+0.50) eyes. B has a longer axial length but flatter corneal curvature.

CAUTION: Failure to cycloplege for refractive error in young children may result in falsely identifying an eye as myopic and may result in unwarranted treatment.

The best way to **DIAGNOSE** myopia is with refractive error.

2. MONITORING PROGRESSION

Sensitive measures are required to assess progression. Subjective refraction is only $\pm 0.50D$ accurate. Axial length measurements are more sensitive with optical biometers delivering reliable accuracy (0.04mm or 0.12D).



An optical biometer

CAUTION: Axial length measurements can be influenced by diurnal and seasonal variations. Failure to consider these may lead to false conclusions about treatment efficacy and may result in unwarranted variation in treatment.

The best way to **MONITOR** progression is to measure axial length.

3. MYOPIA MANAGEMENT

Every young myope can be helped with some degree of myopia management.



BHVI

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