This Myopia Moment gives you a brief overview of the proven, effective clinical interventions available to manage progressing myopia and how to choose an intervention based on your knowledge about the child and his/her family. Please refer to source references for more details.

**CLINICAL INTERVENTIONS**

**INTERVENTIONS**

Research to date indicates that myopia management interventions typically show a 50% reduction on average in myopia progression. These interventions include:

- **Soft Dual Focus or Multifocal Contact Lenses**
- **Spectacle Lenses for Myopia Control**
- **Orthokeratology**
- **Atropine**

Be aware that not all interventions are approved for myopia management in all countries and usage is therefore off-label.

*The goal of myopia management is to slow or halt myopia progression; in research, this is typically shown as a % reduction of myopia progression vs a control group not receiving treatment. Efficacy typically varies significantly across patients and interventions.

**CHOOSING THE BEST INTERVENTION FOR YOUR PATIENT**

As intervention efficacy varies significantly by patient, it is essential to intervene as early as possible with an option ensuring high compliance leading to the best possible outcome. Choose an intervention that best fits the lifestyle and life-stage of the myopic child and his/her family.

Consider these patient profiles and how they may help guide the most suitable options for myopia management:

- **Children who are physically active**
- **Families where parents or children don’t feel ready for or unable to commit to contact lenses**
- **Children who do not like wearing glasses and/or may lack confidence**
- **Children who enjoy wearing their spectacles full time**

The data in this Myopia Moment is based on 20 studies published between 2009 and 2021. Please see Read More section for detailed source information. Prepared by the World Council of Optometry Myopia Management Resource Committee 2021. The World Council of Optometry Myopia Management Standard of Care initiative is supported by a grant from CooperVision.