

SEEING BEYOND EFFICACY

FUNDAMENTAL CONSIDERATIONS WHEN PRESCRIBING A MYOPIA MANAGEMENT PLAN

ORTHO-K

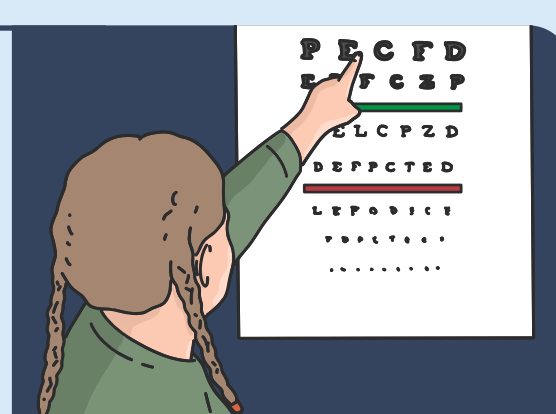


SAFETY PROFILE

- Less dryness and discomfort than soft lenses.⁶
- The incidence of microbial keratitis is **low**, between 5 and 14 **per 10,000** patient years of wear.^{7,8}

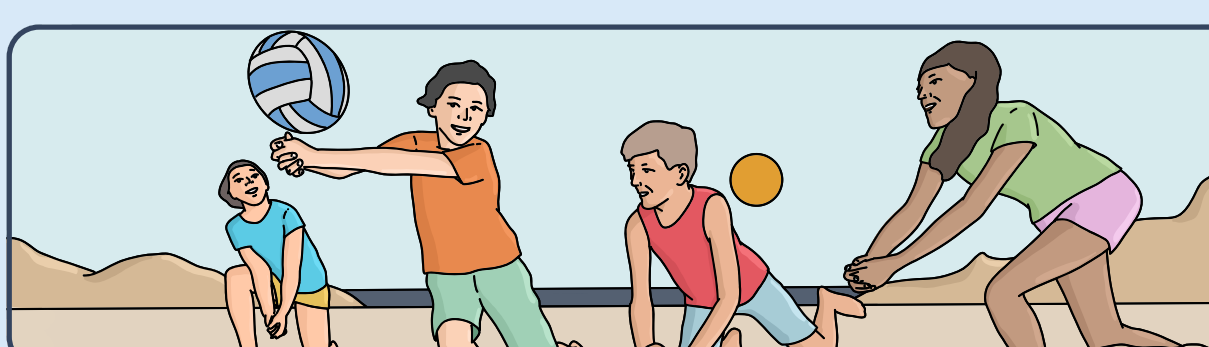
QUALITY OF VISION

- Provides stable vision without the need for any daytime correction.⁵



COMPLIANCE

- Parents can oversee handling and wear.¹
- Potentially higher compliance than with spectacles.⁵



QUALITY OF LIFE

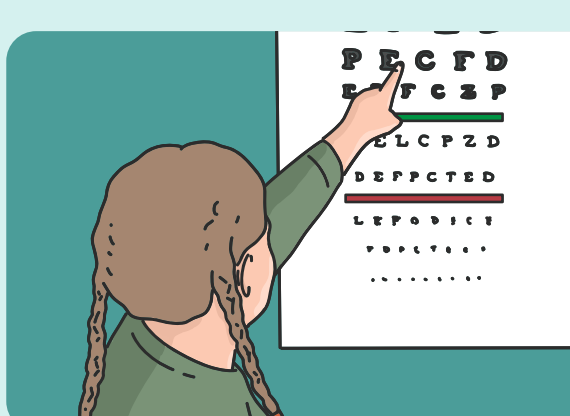
- Corrects vision and manages myopia.¹
- Improved quality of life, activity participation,^{2,3} and confidence.^{3,4}

CONTACT LENS



SAFETY PROFILE

- Soft contact lens wear appears to be safer in 8- to 12-year-olds than in adolescents and young adults.⁵
- The incidence of microbial keratitis is **low** between 2 and 4 per 10,000 patient-years of daily wear.⁵



QUALITY OF VISION

- May offer small differences in quality of vision among different designs.⁵

COMPLIANCE

- Potentially higher compliance than with spectacles.⁵
- 95% of children learn to handle lenses at their first visit.⁹



QUALITY OF LIFE

- Corrects vision and manages myopia.¹
- Improved quality of life, activity participation,^{2,3} and confidence.^{3,4}

SPECTACLES



SAFETY PROFILE

- Minimal risks, possible peripheral visual field restrictions and distortions in some designs for myopia management.⁵



QUALITY OF VISION

- Patients report variable levels of quality of vision with each spectacle design.⁵



COMPLIANCE

- Easy to use, and remove.⁵
- Contact Lenses and Ortho-k potentially have better compliance than spectacles.⁵



QUALITY OF LIFE

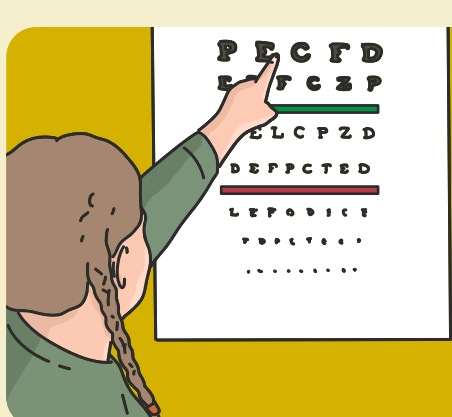
- Lifestyle and cosmesis limitations.⁵
- Corrects vision and manages myopia.⁵

LOW-DOSE ATROPINE



SAFETY PROFILE

- Side effects including discomfort and photophobia are dose-dependent.⁵
- Potential rebound effect in higher concentrations.⁵
- No data for long-term use at effective concentrations.⁵

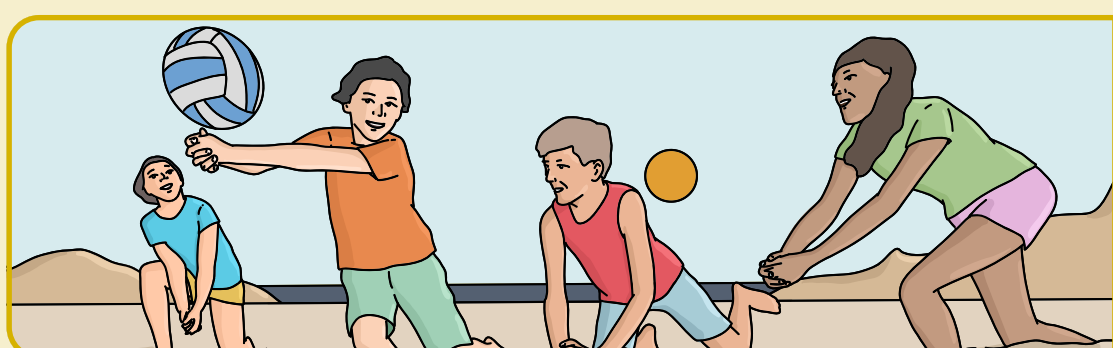


QUALITY OF VISION

- At higher concentrations, modest negative effects on near vision and minimal effects on distance vision can be experienced.⁵

COMPLIANCE

- Compliance may be a challenge, particularly if there are limited obvious benefits from the patient's perspective.⁵



QUALITY OF LIFE

- Atropine does not correct a patient's refractive error. The child will still need a refractive correction in addition to atropine.⁵

DISCLAIMER

The following advice comes from scientific peer-reviewed publications on myopia management approaches and is intended for educational purposes. Johnson & Johnson does not necessarily advise these approaches to clinical management. This advice is not a substitute for medical training and judgment. Individual results may vary. Johnson & Johnson does not intend to promote off-label use. Please seek professional and legal advice for anything off-label. Low-dose atropine is currently not approved by any regulatory body for myopia control. Atropine's use is considered off-label and is subject to local regulatory, legal, and professional requirements that the ECP must understand and comply with to cover all aspects of off-label prescribing in their country.

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3. Santodomingo-Rubido J et al. Myopia control with orthokeratology contact lenses in Spain: a comparison of vision-related quality-of-life measures between orthokeratology contact lenses and single-vision spectacles. Eye Contact Lens. 2013 Mar;39(2):153-7.
4. Walline JJ, et al. Randomized trial of the effect of contact lens wear on self-perception in children. Optom Vis Sci. 2009;86:222-232.4.
5. Bullimore MA, Jong M, Brennan NA. Myopia control: Seeing beyond efficacy. Optometry and Vision Science. 2024;101(3):134-142. doi:10.1097/OPX.0000000000002119
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