



For more information about myopia control research, or to get involved, please email ceri@dit.ie



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MYOPIA CONTROL

INFORMATION LEAFLET FOR PARENTS

Learn more about short-sightedness and what you can do to slow it's progression in your child



CENTRE FOR EYE RESEARCH IRELAND | TU DUBLIN



WHY IS IT HAPPENING?

Myopia results from a combination of genetic and lifestyle factors. Lifestyle choices such as increasing time spent in education, more near work including screens, and limited time spent playing outdoors are all believed to be key factors driving the global myopia epidemic.

WHY CARE?

Higher myopia results in the need for thicker glasses and, most importantly, increases the risk of certain eye conditions such as glaucoma (**2 - 3 times higher risk**), cataract (**2 - 6 times higher risk**), retinal detachment (**3 - 44 times higher risk**) and myopic maculopathy (**2 - 127 times higher risk**). See table below.

Myopia Level (D)	Glaucoma	Cataract	Retinal detachment	Myopic Maculopathy
-1.00 to -3.00	2.3	2.1	3.1	2.2
-3.00 to -5.00	3.3	3.1	9.0	9.7
-5.00 to -7.00	3.3	5.5	21.5	40.6
Above -7.00	-	-	44.2	126.8

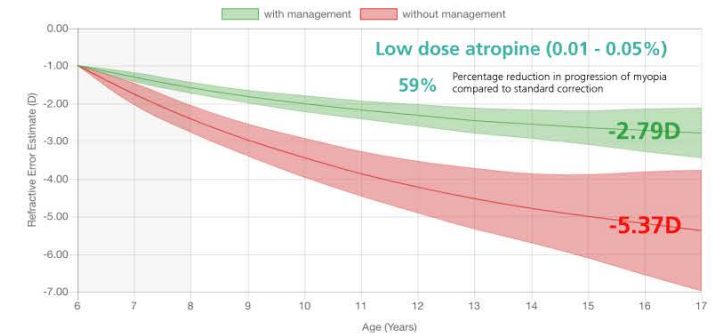


WHAT CAN BE DONE?

To improve quality of life, and reduce the risk of future eye problems, specific initiatives are now available which help slow the progression of myopia. This is known as myopia control. The treatment options include special contact lenses and atropine eye drops. Atropine is the most effective treatment currently available.

What is atropine and does it work?

Atropine is an eye drop that has been used safely for decades to treat other eye disorders in children. A very low dose of atropine has been proven in Asia to slow down progression of myopia by 59% when children use one drop in each eye per night.



If treated with low dose atropine, the level of myopia at age 17 may be **-2.79D**. If not treated immediately, the final level of your child's myopia at age 17 may be **-5.37D**. Treatment, therefore, dramatically reduces the child's lifetime risk of ocular complications.

Where can I get atropine treatment?

Low dose atropine is currently not available for treatment of myopia in Europe, but is now routinely prescribed in Asia. However, the Centre for Eye Research Ireland (CERI) has worked with a pharmaceutical company to make a new product accessible in Ireland. This product is now available by participating in one of the two clinical trials (CHAMP and MOSAIC) ongoing at CERI which use atropine to slow myopia progression in children.

Is there a cost to take part in these trials?

No. It is free to participate in these studies. All study-related visits will be provided at no cost. The treatment will be provided free of charge for the entire duration of the study.

CAN I GET INVOLVED?

YES. The CHAMP and MOSAIC clinical trials are currently recruiting participants. If your child is aged between 6-16 years old inclusive and short-sighted, contact the team at CERI. For contact lens options, speak to your Optometrist.

Further Information on myopia control

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WHAT IS MYOPIA?

Myopia occurs when the eye grows too long causing blurred distance vision commonly known as short-sightedness. It is the fastest spreading condition in the world.

Just 60-80 years ago, only 10-20% of the Asian population was short-sighted, but today myopia affects up to 96% of teenagers and young adults in parts of Asia. The prevalence of myopia has recently doubled in Europe and now affects 50% of young adults. By 2050, it is estimated that 1 in every 2 persons worldwide will be myopic, with some regions like Europe and the USA at risk of following the dramatic increases observed in Asia.

