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Bulletin

NEXT MEETING

November 14, 2023

Paula: slos@mailcan.com
Or text 314-725-2020

Mark your Calendar Now
FOR 1 HOUR CE CREDIT

Geoffrey M. Hill, M.D.
Gregory Hill, M.D.

Light Adjustable Lenses and Other New Technologies:
Case Studies in Cataract Surgery

6:00 PM Dinner
7:00 PM Business meeting
7:15 PM Sponsor Daniel Hilario
Break Followed by CE

RSVP to Paula slos@mailcan.com
Or text 314-725-2020

Commitees:
Contact Lens: Dr. Brendan Mulqueeny
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Presented by: Ariel Cerenzie, OD
Submitted by: Allison Schafers, OD

Why is myopia management important? Myopia increases the relative risk of developing several ocular disease conditions compared to an emmetropic eye. The rate of disease is going to increase more as the rate of myopia increases. By the year 2050 about 58.6% of the population is projected to be myopic in the United States. For every 1D increase in myopia the risk for glaucoma increases by 20%. There are two main theories of why this occurs. One theory is oxidative stress as the eye elongates. The other is mechanical stress of the RNFL as it enters the optic nerve. Retinal detachment also increases in risk with increasing myopia. For every 1D increase in myopia the risk for retinal detachment increases by 30%. This occurs due to elongation making the peripheral retina more susceptible to detachment. There is also an increase in vitreous degeneration with elongation. The other big ocular disease that increases with rate of myopia is myopic macular degeneration. For every 1D increase in myopia the risk of myopic macular degeneration increases by 67%. This is also due to elongation of the eye causing peripapillary atrophy, lacquer cracks, and subretinal hemorrhages. However if myopia is slowed by even 1D the risk of myopic maculopathy decreases by 40%. It is important to have conversations about myopia management to decrease the risk of these ocular diseases. The number needed to treat in myopia management is about 5 patients.
Myopia is not just considered a refractive error anymore it is considered a disease. The World Council of Optometry has recently made myopia management the standard of care for these patients

One risk factor for myopia is refractive error at a specific age. It is important to have a discussion with the parents/guardians when these risk factors are present. More frequent follow-up schedules may be indicated in these patients as the earlier myopia starts the higher the final degree and the faster the progression. If the onset is less than ten years old then 26% of these patients become highly myopic whereas if the onset is after ten years of age only about 1% of these patients become highly myopic. It is important to introduce these topics early so when the child does become myopic they are more comfortable with the management.
Genetics is another risk factor for myopia. If one parent is emmetropic and one is myopic a child is twice as likely to develop myopia as a child where

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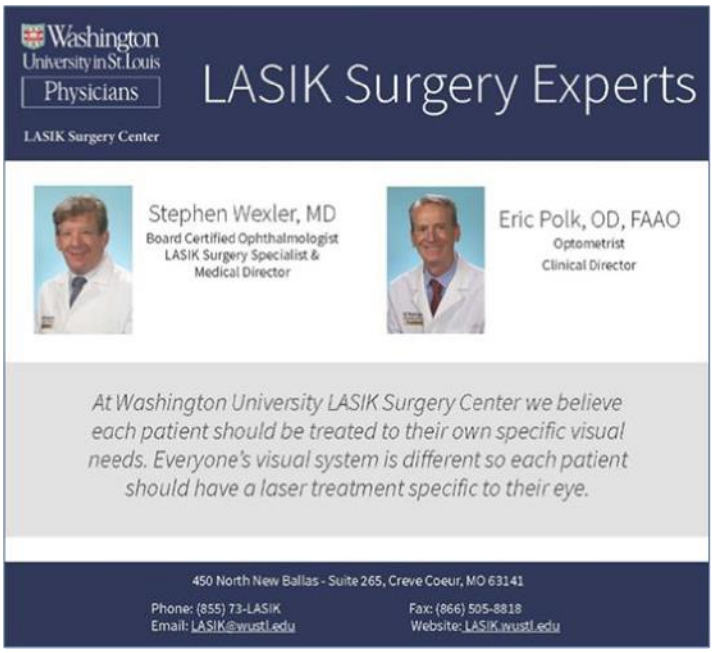

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both parents are emmetropic. If both parents are myopic is five times more likely the child is myopic. One of the biggest risk factors for myopia in present day is the amount of near work kids are doing. More than three hours of near work a day increases the risk. Close working distance is also a risk factor due to dioptric demand. Continuous time is more of risk than cumulative time which is why breaks are encouraged. Digital devices and associated screen time is also a risk factor. Lastly, not enough outdoor time increases risk of myopia development. Studies have found children should be outside at a minimum of two hours a day or more than thirteen hours a week.

There are several treatment options for myopia management. There are not currently any spectacle correction options available in the United States. Bifocals and progressives can be utilized if patients do not want to pursue other options. Progressives have been shown to slow down progression by about 20%. Patients who had an eso posture and had an accommodative lag were more likely to respond to progressives. As far as soft contact lenses, MiSight is the only FDA approved option for myopia management, All other lenses are off label. It is important when looking at multifocal contact lenses for myopia control to utilize a center distance design. The mechanism of action for a multifocal contact lens is the peripheral plus in the contact lens is pulling the peripheral retinal defocus forward and slowing axial elongation. In the BLINK study, they found the higher the add the better the control of the myopia. The MiSight lens was designed specifically for myopia control. On average the lens has been shown to slow progression by 59%. The study on MiSight found there was no significant rebound effect after taking children out of MiSight lenses. There were no complications related to safety during the MiSight study as well. When fitting these lenses initially it is important to get a good baseline cycloplegic refraction. A binocular vision evaluation and biometry can also be helpful. Also discussing visual expectations and additional symptoms as haloes at night is important. Follow-up visits typically entail biometry, refraction without the lenses, overrefraction with the lenses on, and slit lamp. Orthokeratology is another management option for myopia. The lens fit consists of the base curve, reverse curve, alignment, and peripheral curve. The base curve creates the hydraulic force that distributes fluid to flatten the central cornea. In the midperipheral area of the lens, the pressure is released which causes thickening of the tissue. The "perfect" fit resembles a bulls-eye pattern. It has been found that

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lens decentration can help with control of myopia. Orthokeratology slows axial elongation by about 50%. A study found in follow-up that children were safer wearers than adults. Corneal staining was the most common adverse effect. Initial evaluation consists of baseline cycloplegic refraction, biometry, binocular vision evaluation, and topography. Patient expectations should be set with potential for haloes, blurry vision, and residual refraction.

The last treatment method discussed is atropine use. No one really understands why atropine works. There were three main studies used to evaluate atropine. The ATOM1 trial utilized 1% atropine daily for two years. It was found to have an 80% reduction for myopia control compared to placebo. However when it was discontinued there was a large rebound. In ATOM2 it compared 0.5%, 0.1% and 0.01%. The higher concentration of atropine had the highest rebound. The 0.01% stayed stable after it was discontinued. The LAMP study looked at even lower concentrations of atropine. With atropine there is the potential for light sensitivity, initial burning, and near vision blur. It is important to perform an initial binocular vision evaluation as you wouldn't want to prescribe this in a child with little accommodative ability.

As far as combination therapy, in a trial with multifocal contact lenses and atropine there was not significant improvement over mono therapy. In studies with ortho-k and atropine, combo therapy was found to work. The larger pupil is able to get more peripheral plus with orthokeratology. As far as treatments on the horizon, there are spectacle options that should be available in the United

States in the future. Overall, myopia management is now the standard of care in myopia and therefore it is important for optometrists to be able to educate their patients on the options and treatment.

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MOA Report
Dr. Matt McCoy mkmccoy45@gmail.com OR
Dr. Robert Goerss drgoerss@gmail.com

The focus for the remainder of the year will be continuing to build relationships with legislators through the keyperson system. We will be organizing days to have ODs in Jefferson City to maintain a presence with legislators and discuss our goals for moving forward with scope expansion in 2024. More details will be shared as they emerge. If you are not a keyperson but are interested in helping by contacting your legislator or going to Jefferson City, please let Robert or Matt know as well.
MOA Convention is October 12-15 in Branson. Laser wet lab is Saturday October 14, separate registration is required for the lab.

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Contact Lens Report:

Presented by Brendan Mulqueeny, OD

· MyDay Energys is now available for order. The lens utilizes aspheric design to provide similar visual benefit to Biofinity Energys (low ADD to reduce asthenopia/digital eye strain) in a daily modality.
· ClearCare starter kits should be available starting in November of this year.

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Co-Management: Few new updates:

Lauren Falconer, OD
Eric Pfeifer, OD

Apthera IOL for cataract surgery- good for select patients like those who are post RK or those with highly abberated corneas. This is the first and only small aperture depth of focus lens. It was FDA approved July 2022 and had a limited release in Fall 2022 , but it is just starting to become used in the St. Louis Market. It is non-toric, but it can correct up to 1.5 D of astigmatism

Izervay is the second GA injectable treatment, and it was FDA approved this August, after Syfovre (FDA approval in Feb.) Many retinal specialists are using Izervay instead of Syfovre due to the risk of developing retinal vasculitis with Syfovre. Izervay is intended to be administered once a month. Side effects include increased risk of developing neovascular AMD.

Ophthalmology Associates welcomes a new surgeon to their group: Dr. Samuel Berry. Dr. Berry is accepting new patients and is a corneal and refractive surgery specialist.

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Ophthalmology Consultants

Joseph P. Gira, M.D.
Josh E. Amato, M.D.
Michelle R. Derheimer, O.D.
Michael P. Donahoe, M.D.
Steven F. Lee, M.D.
Senthil Krishnasamy, M.D.
Byron A. Santos, M.D.
Erin C. Sullivan, O.D.
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UPCOMING EVENTS

NO OCTOBER MEETING

Tuesday, October 17TH
5:30 PM- 8:30 PM
Westwood Country Club
Register at lasik.wustl.edu

WashU LASIK
Continuing Education Dinner

"Challenging Cases in Refractive Surgery"
Eric Polk, OD, FAAO

"Infectious Keratitis"
Jessica Yang Walia, MD

https://ophthalmology.wustl.edu/calendar/event/lasik-ce-event/

November 14, 2023

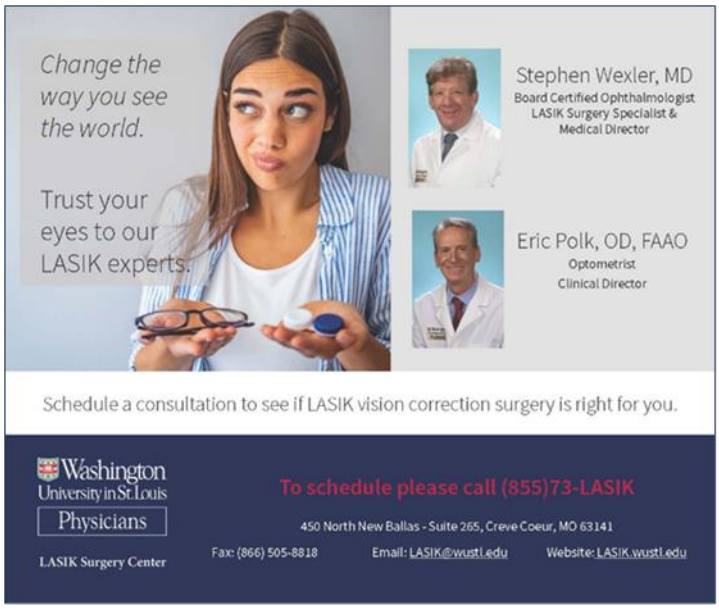
Light Adjustable Lenses and Other New Technologies:
Case Studies in Cataract Surgery
Presented By:
Geoffrey M. Hill, M.D.
Gregory Hill, M.D.

December 12, 2023

We are hoping to have a Holiday CE Hosted by Midland Optical and Essilor Labs. Watch for details to come. It is sure to be a festive CE!

January 11-14, 2024
Ophthalmic Lasers and Procedures Course
UMSL Optometry
University of Missouri–St. Louis

For questions:
Amy Ficklen
(314) 516-5645
aficklen@umsl.edu



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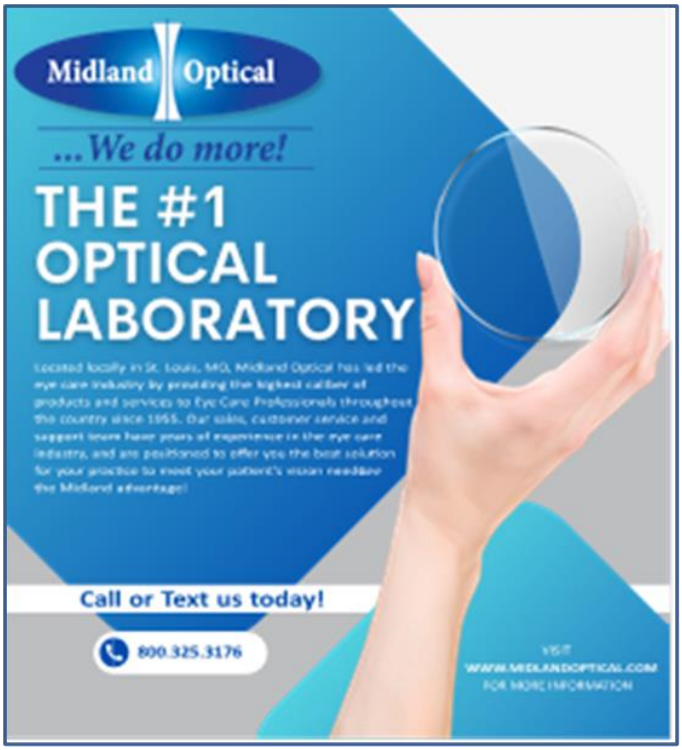

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