

1. Myopia Risk Factors

Each of these below are **independent risk factors** for myopia development and progression.



 <p>Age of Myopia Onset</p> <p>< 9 yrs > 12 yrs ></p> <p>Older</p> <p>Younger age likely to progress faster</p>	 <p>Myopic Parent(s)</p> <p>None > One parent ></p> <p>Two parents</p> <p>Myopia is hereditary</p>	 <p>Outdoor Time</p> <p>Less > 2 hrs ></p> <p>More</p> <p>Aim for at least 2 hours per day</p>	 <p>Close Work</p> <p>Less > 2 hrs ></p> <p>More</p> <p>Aim for less than 2 hours per day of leisure screen time</p>	 <p>Binocular Vision Disorders</p> <p>Esophoria High AC/A Intermittent Exotropia</p> <p>Accommodation lag; fix where possible</p>
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← Can't be modified ————— Most easily modified → ————— Fix where possible →

More risk factors in the red indicate likelihood of faster myopia progression

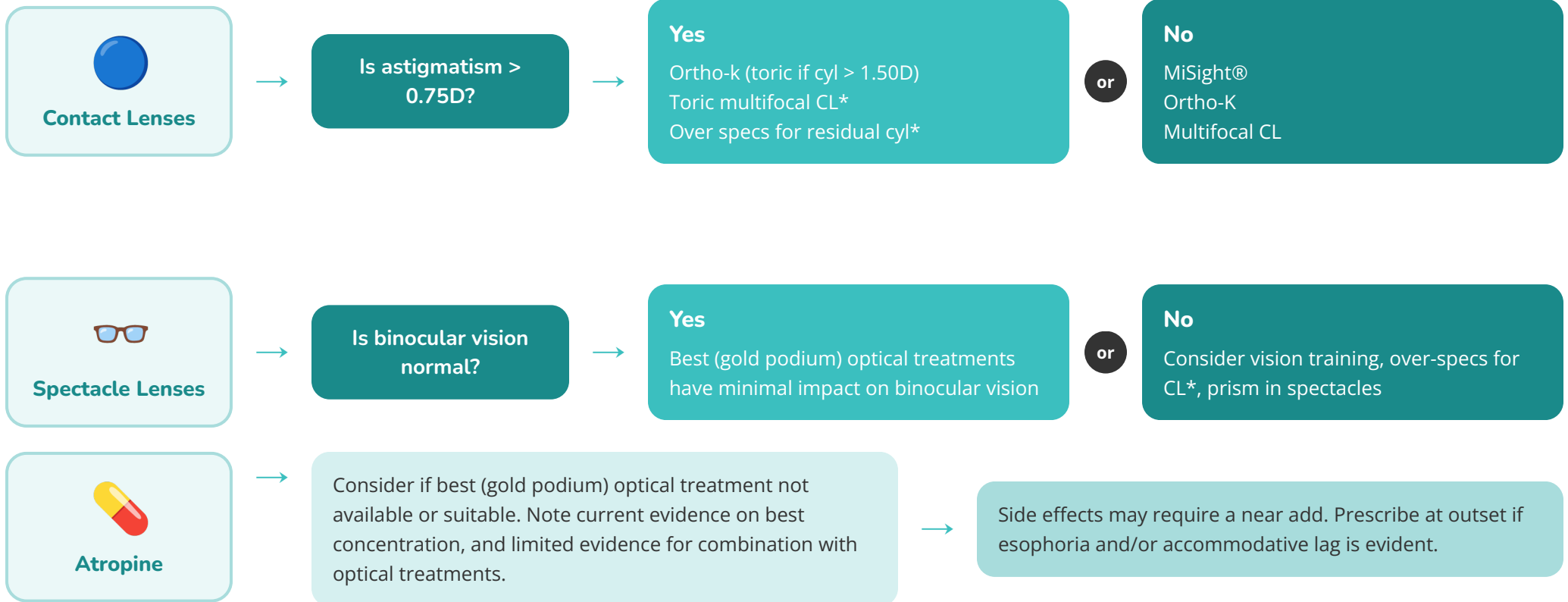
 **Slower & Lower Risk**
 **Medium Risk**
 **Faster & Higher Risk**



Encourage more **outdoor time** and less **screen time** to help lower risk

2. What to Prescribe

The first consideration is prescribing an effective spectacle or contact lens option for both **myopia correction and control**. Select from the best (gold podium) of treatments where possible.



*Note that these treatments and/or combinations have not been studied for their specific impact on myopia control. Managing binocular vision is important for visual comfort and development, but any impact on myopia control efficacy has not been demonstrated.



Compliance is crucial: Prescribe for full-time wear. Be aware that your myopia control option may involve off-label use.

3. Follow-up Schedules

These are the **recommended minimum follow-up intervals** from the International Myopia Institute (IMI) Clinical Management Guidelines.

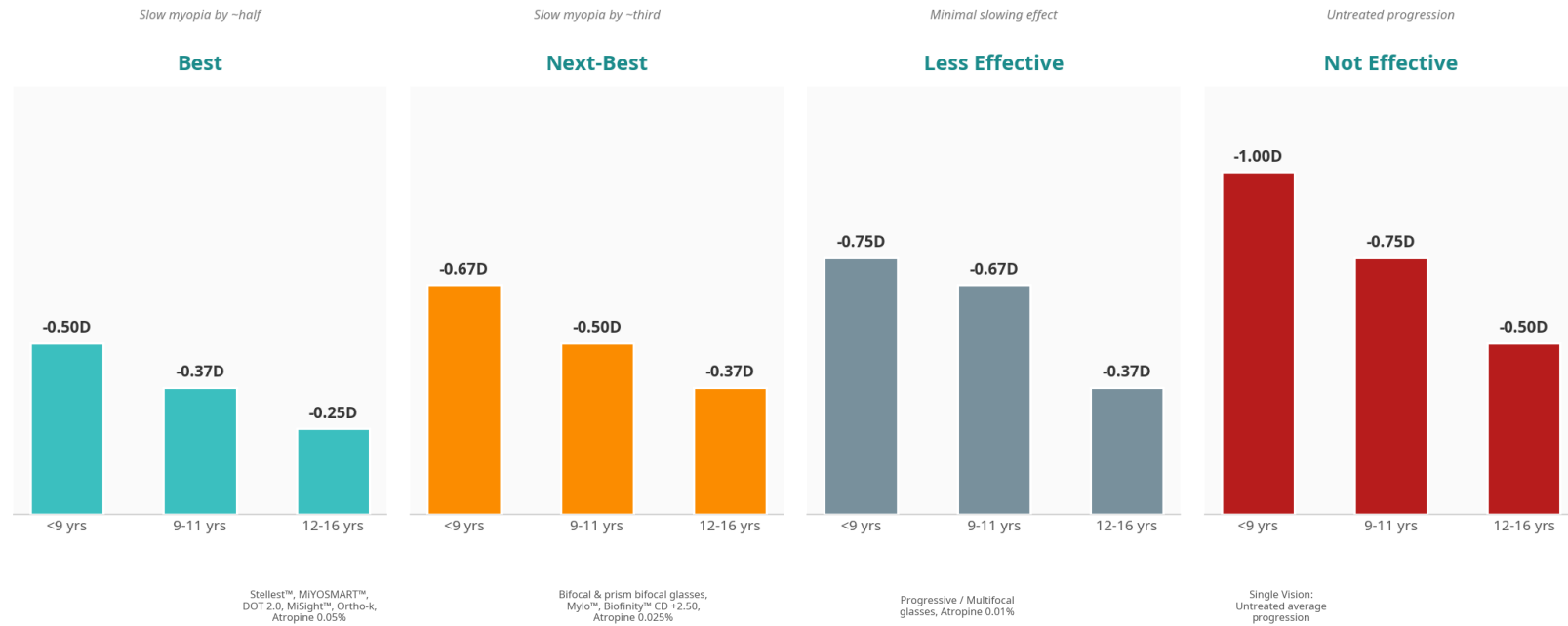


Treatment Type	1 Day	4–7 Days	1 Month	3 Months	6 Monthly
Glasses					
Spectacle Lenses			✓		✓
Soft Contact Lenses					
Soft Contact Lenses		✓	✓		✓
Ortho-k					
Orthokeratology	✓	✓	✓	✓	✓
Atropine					
Atropine Eye Drops		✓	✓	✓	✓

Note: The checkmarks above indicate recommended minimum follow-up visit intervals for each treatment modality. Ortho-k requires the most frequent monitoring, especially in the first month of wear.

4. Gauging Success

The charts below show **average refractive progression per year**, based on child's age and current myopia control intervention. Faster-than-average progression may be due to compliance issues or individual factors.



Annual Change in Axial Eye Length



A myope showing axial length change similar to the emmetrope rate is likely showing a **good myopia control outcome**.