

MYOPIA Management

What Is The Big Deal?

Cheryl Chapman, OD, Diplomate ABO



50 yo Mayan Male: -17.00 with Bilateral Posterior Staphyloma

Myopia Management: Does It Really Matter?

As myopia control gains coverage in national media, some eye care practitioners find themselves asking the question: 'Why should I care?'. After all, what is the big deal if someone ends up -6.00 instead of -3.00? They are still myopic, right? They will still need glasses or contacts to see and function.

Let's examine a few points that may underscore why myopia management matters.

Why We Care

- **Preventative Care Is King:** You expect your health care providers to have your best interests at heart. Let's look at the example of cardiology. You would expect your cardiologist to counsel you to take action to reduce the risk of a cardiovascular event, right? Lose weight, exercise, eat a healthy diet, etc. (In fact, I would fire my cardiologist if he was content to let me be overweight and live on a diet of donuts!) As your eye care provider, we are constantly trying to prevent adverse ocular events.
- **Early Onset Cataracts:** Studies indicate a higher percentage of cataract formation in nearsighted individuals. In addition, nearsighted eyes tend to develop cataracts at a younger age.
- **Glaucoma:** The risk of developing glaucoma is 14 times greater in a -6.00 eye compared to an eye that is not nearsighted. Stabilize that patient at -3.00 and their risk is only 4 times greater.
- **Retinal Detachment:** Risk of retinal detachment in a myopic eye climbs from 3 times to 22 times as you move from -3.00 to -6.00!
- **Myopic Retinal Degeneration:** As the eye grows from -3.00 to -6.00 the risk of retinal degeneration jumps from 2 times to a staggering 41 times!

It's Our Job To Care

At Gretna Vision Source, we are our patients' biggest advocates. We love improving quality of vision and reducing the risk of future complications.