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## Practitioner Experience



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### **The Time to Proactively Manage Myopia is Now**

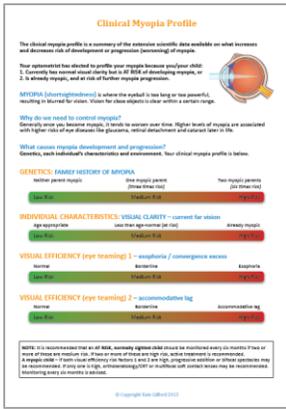
I have an active practice when it comes to myopia management in children. Myopia management involves identifying the risk factors for myopia, correcting the child's vision, and then educating and counseling the parents and child. I have been interested in how I could impact the lives of the children that I see with myopia for years and now I am pleased to have a new tool to add to my options.

The earlier I can work with a child, the better chance to see the desired impact. It's been my experience that myopia tends to progress faster in children under the age of ten. Therefore, the earlier I see them, the better - particularly if they are already myopic.

This is a serious discussion for the family. I want to be prepared so that I can help parents understand the situation thoroughly. I also want to present all the options available that we can use to correct their child's vision and manage the myopia.

I start by sharing the amount of increase in refraction that has taken place over time, specifically the child's prescription in the previous year versus the current prescription (or in the case of a new patient, his prescription in relation to his age). I provide an anatomical explanation using a short PowerPoint presentation with simple visuals to illustrate the growth of the eye. I also discuss the longer term potential implications of myopia: increased risks of retinal holes, detachments, glaucoma, cataracts and myopic maculopathy.





To further help parents, in addition to my PowerPoint presentation, I download two tools from Dr. Kate Gifford's website, <http://www.myopiaprofile.com>:

- Clinical Myopia Profile
- Practitioner's Guide to the Clinical Myopia Profile

These tools help me to categorize the child's risk factors for myopia into High, Medium and Low and outline the potential issues that myopia can create. These tools also lend credibility and seriousness to the situation.

I present various clinical options to the child and the parents:

- Atropine
- Ortho-K
- The use of soft daily disposable center distance multifocal contact lenses

I also like to share published success rates of each option and show any results from my own patients.

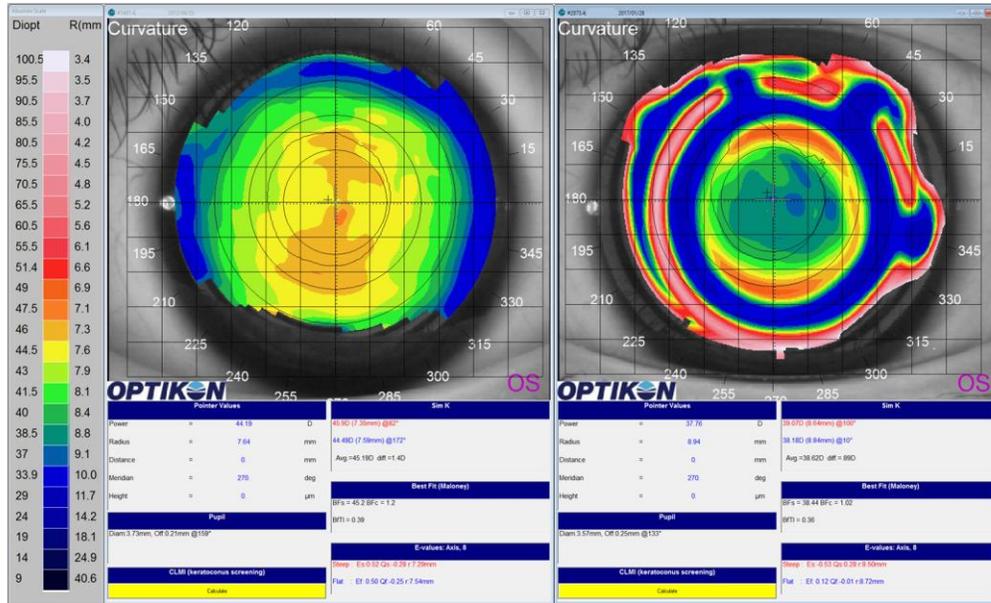
With NaturalVue® (etafilcon A) Multifocal 1 Day Contact Lens, I now have a contact lens that has the attributes I have been looking for -- advanced optics with an extended depth of focus design (center distance) with a large amount of relative plus power in the periphery, and daily disposability.

I currently have 12 patients in the NaturalVue Multifocal Contact Lenses. I have been seeing one of those patients, a 16-year old Asian female, since she was 11 years old. At that point, her myopia was progressing steadily. I used Ortho-K to manage her myopia. Now that she is in high school, she is not getting enough sleep to sustain the Ortho-K protocol. After a 4 month wash out period from Ortho-K, I re-fit her with NaturalVue MF and is doing very well in the lens.

The image below is an image of topography for this patient's eyes. The left side of the image shows her right eye before she started wearing ortho K lenses. Compare this to the right side of the image, which shows the NaturalVue MF lens on her left eye; The corneal topography image with the NaturalVue Multifocal shows an well centered treatment zone that appears better than the best Ortho- K lens.

16yo Asian Female: -7.50 -0.50 x 180.

Left image with OS no lens; Right image with OS -6.75 with NaturalVue Multifocal on eye.



I continue to aggressively manage myopia in the kids I see in my practice. I am starting to develop a referral program to use with local pediatricians and ophthalmologists so that I can play a more active role in my community. I feel that we as Doctors need to be a voice to educate and inform both patients and parents regarding this issue.

Dr. David Sweeney is in private practice at Vision Source Insight Eyecare in Atlanta, GA. His practice includes family eye care, contact lens care and the diagnosis and treatment of ocular disease. Dr. David Sweeney graduated from New England College of Optometry in Boston. He is a member of Georgia Optometric Association and American Optometric Association (AOA). He is also a member of the AOA Low Vision Section and he lectures on how Low Vision Rehabilitation can help those persons who are visually impaired from eye diseases such as macular degeneration and diabetes. Dr. Sweeney is also a member of the AOA Cornea and Contact Lens Section and pursues an interest in specialty contact lenses to correct presbyopia, keratoconus, and astigmatism.

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