Myopia is an epidemic that needs to be managed

• Uncorrected myopia is the leading cause of avoidable blindness worldwide.
• Myopia (≤ –0.50 D) and high myopia (≤ –5 D) is on the increase. By 2050, half the global population could have myopia.
• This will place a huge burden on already overstretched health budgets, not only to provide spectacle correction, but also to treat the potentially blinding conditions caused by high myopia.

The onset of myopia can be prevented or delayed

• Spending more time outdoors and less time doing close work can prevent or delay the development (onset) of myopia.
• Myopia progresses faster in younger children. Progression slows down during adolescence and ends in early adulthood.
• As a result of faster progression and more time during which progression can take place, younger children are more likely to eventually develop high myopia.

Myopia can be managed and progression slowed down

• Children with myopia need spectacles in order to achieve at school. Early detection and referral is essential, and school eye health programmes play an important role.
• Slowing down progression reduces the risk of developing high myopia. Interventions include daily low-dose atropine, bifocals and orthokeratology lenses. Time outdoors does not slow down progression.
• It is important to measure myopia progression in order to check how effective a particular intervention is.