Test your knowledge and understanding

These questions are designed to help you to test your own understanding of the concepts covered in this issue.

We hope that you will also discuss the questions with your colleagues and other members of the eye care team, perhaps in a journal club. To complete the activities online – and get instant feedback – please visit www.cehjournal.org

Tick ALL that are TRUE

### Question 1 When considering the management of myopic children:
- a. False. It does not matter at what age the intervention is implemented; it has the same effect throughout childhood
- b. False. Under-correction using spectacles is preferred as the first choice of intervention
- c. False. There is not much difference between the amount of myopic progression resulting from the use of progressive addition lenses (PALs) and executive bifocal spectacles in children
- d. True. It is possible that combining orthoK with low-dose atropine to reduce the rate of myopia progression has an additive effect

### Question 2 In children at risk of developing myopia:
- a. False. Cycloplegic refraction is more accurate. It is ideal to compare non-cycloplegic refractions over at least 12 months
- b. False. Measuring axial length increase may assist when assessing children prescribed orthokeratology. However, be aware that axial length increases with age, even in children with emmetropia
- c. False. A full eye health check is always required, even if pinhole acuity improves the vision
- d. True. It is a good idea to record data on ethnicity, family history of myopia, time spent outdoors and time spent on near work

### Question 3 When detecting myopia
- a. True. Myopia is heritable, particularly if both parents have myopia. However, it also depends on environmental factors
- b. False. Pinhole acuity is only indicated when a patient is not able to see the 6/6 line
- c. False. A full eye health check is always required, even if pinhole acuity improves the vision
- d. True. Multiple pinholes are easier for young children to use than single pinholes

### Question 4 Considering the myopia epidemic
- a. False. Myopia is currently associated with increased educational pressures and moderate near work
- b. False. Children are more likely to develop high myopia (≤ –5 D) if they become myopic at a young age (6–8 years old)
- c. False. One strategy is for all school children to spend time outdoors as this delay or prevent the onset of myopia, and slow down myopia progression
- d. True. A 25% reduction in incidence among primary school children would mean a significant delay in onset of myopia and perhaps high myopia

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ANSWERS

A child is measured for spectacles. INDIA

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