



Doctors of optometry are embracing managing myopia, not just talking about it.

According to an American Optometric Association (AOA) Research & Information Committee (RIC) survey, 69% of doctors of optometry report providing myopia management services in their practices and three out of four responding doctors consider myopia to be a disease in need of treatment. Nearly all responding doctors who provide myopia management services (93%) are practicing in metropolitan areas and 71% of these doctors report working in an independent practice not affiliated with private equity or corporate optometry.

Survey highlights from doctors of optometry providing myopia management services:

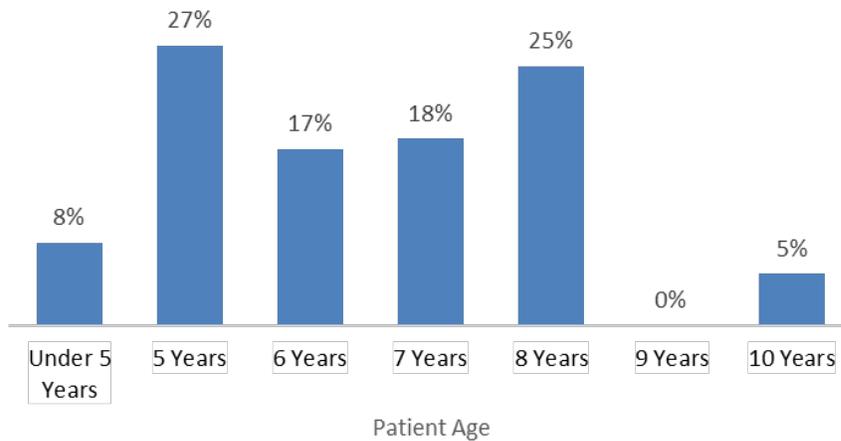
- 18% report practicing in a medically underserved area.
- 14% report practicing in a corporate affiliated or retail chain location.
- 73% believe an annual progression of 0.5 to 0.75 diopters is warranted before initiating myopia management protocols.
- Refractive error was rated the most important risk factor considered to warrant myopia management followed by rate of progression/rate of change and patient age.
- Food and Drug Administration-approved soft (contact) lenses for myopia management was the preferred myopia management method.
- 33% of myopia management candidates defer treatment; 80% of these patients defer treatment because of costs.

In May 2022, the AOA RIC developed a survey seeking real-world data relative to doctors' experiences with myopia management to understand the extent to which doctors of optometry are providing myopia management services. The survey received 464 qualified responses from doctors of optometry from 41 states and the District of Columbia.

Findings

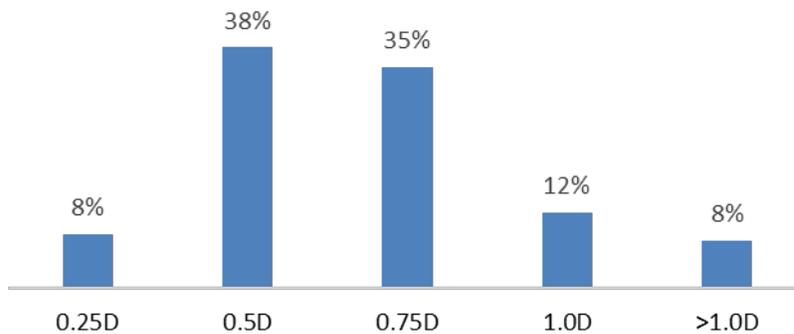
Eighty-seven percent of responding doctors report discussing myopia and management techniques with parents when the child is between 5 and 8 years of age, and the average age of 5.5 years (See Figure 1).

Figure 1: At What Age Doctors of Optometry Discuss Myopia and Management Techniques with Patients' Parents



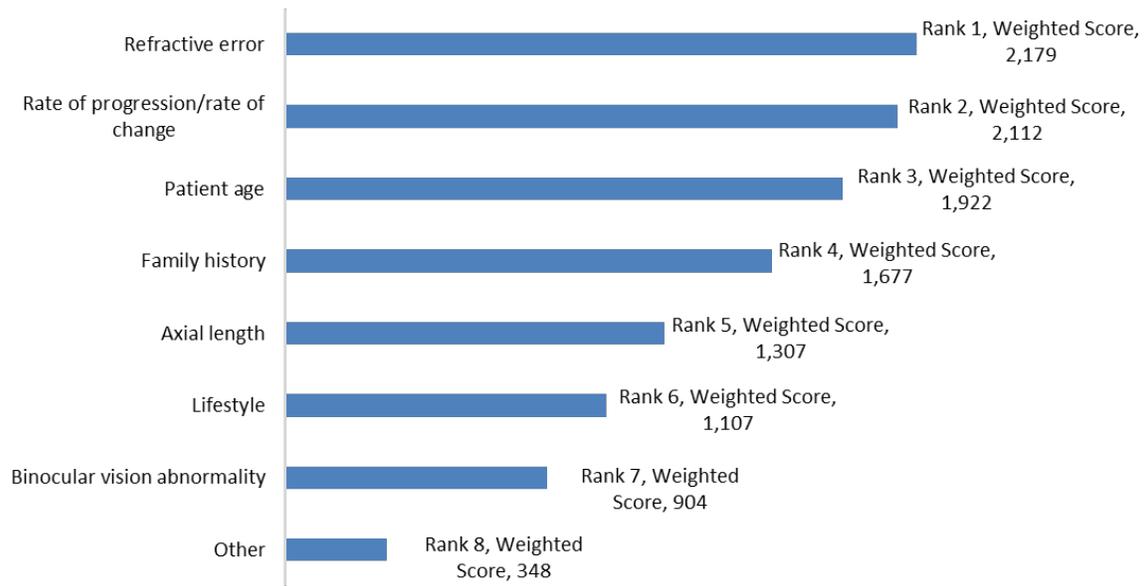
As seen in Figure 2, 73% of doctors report annual progression of 0.5 to 0.75 diopters is warranted before initiating myopia management protocols.

Figure 2: Annual Progression Warranted Before Doctors of Optometry Initiate Myopia Management Protocols



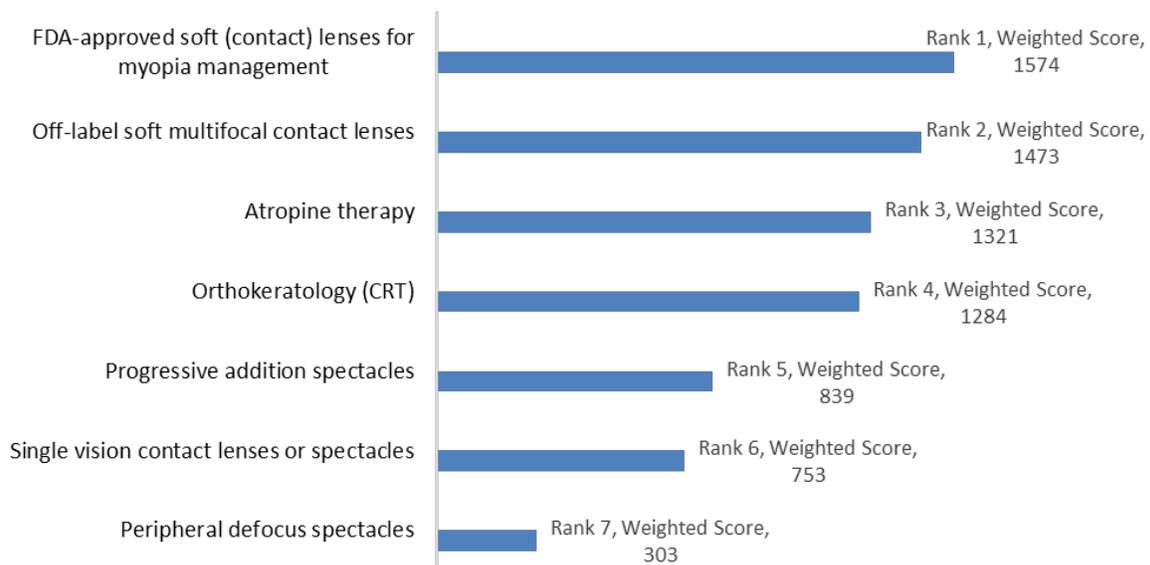
Doctors consider many risk factors when considering initiation of myopia management protocols. When presented with a list of risk factors, doctors ranked patients' refractive error as the most important risk factor to consider. Rate of progression/rate of change was ranked second most important risk factor to consider followed by patient age and then family history. Figure 3 provides each of the risk factors doctors consider to warrant myopia management based on overall ranking of importance.

Figure 3: Importance of Risk Factors Doctors of Optometry Consider to Warrant Myopia Management



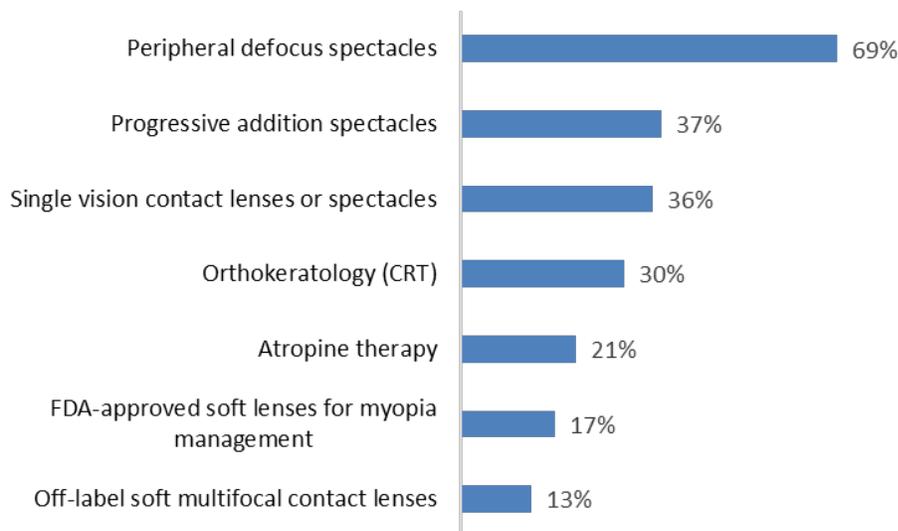
When presented with a list of myopia management methods, doctors of optometry ranked FDA approved soft (contact) lenses for myopia management as the preferred treatment method they are currently utilizing. Off-label soft multifocal contact lenses were the second most preferred management method among responding doctors. Figure 4 displays each of the myopia management methods presented on the survey in order of their ranked preference by responding doctors. Additional comments provided by respondents indicate that “preference order may not be accurate as treatment methods may be combined based on age and progression of disease in patient,” “treatment depends on the patient and/or parent preferences,” “executive/wide segment bifocals also utilized.”

Figure 4: Myopia Management Methods Currently Utilized by Doctors of Optometry in Order of Preference



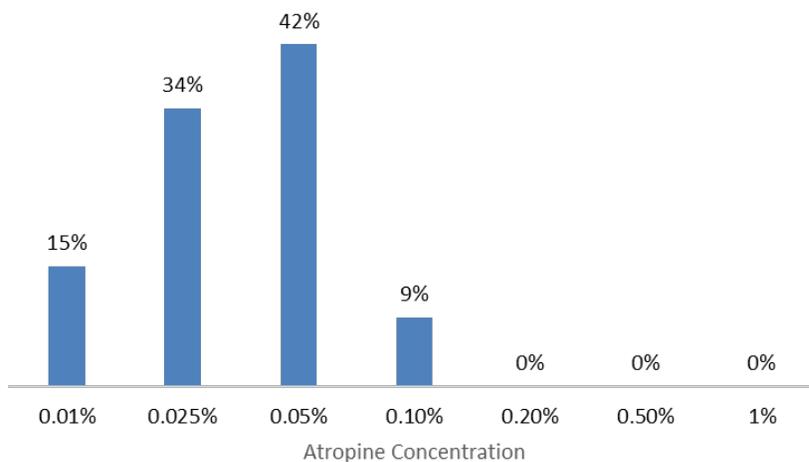
Nearly 70% of responding doctors report they do not use peripheral defocus spectacles when treating myopia management. More than a third of responding doctors report not using progressive addition spectacles or single vision contact lenses or spectacles when managing myopia. While data currently reveals spectacle use is relatively low, it is anticipated that interventions used for myopia management will continue to evolve as additional interventions gain FDA approval. Regulatory constraints may currently be limiting use of spectacles for myopia management in some cases. Figure 5 lists the myopia management method and the percentage of doctors who report they do not current use this method of management.

Figure 5: Percentage of Doctors Not Currently Using Various Myopia Management Methods



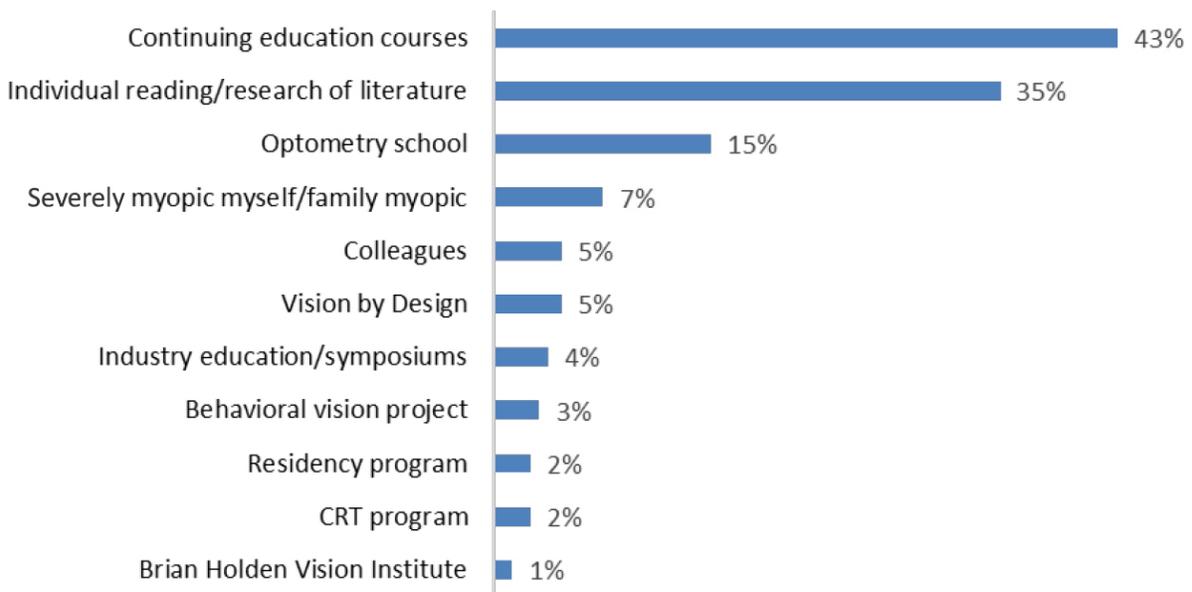
Nearly 80% of responding doctors report using atropine therapy for myopia management. As seen in Figure 6, most of these doctors prefer to use an atropine concentration of 0.05% for myopia management.

Figure 6: Preferred Atropine Concentration for Myopia Management



Doctors were asked to provide comments on how they learned about myopia management and methods. After coding write-in responses, 43% of doctors indicated they learned about myopia management from continuing education courses and 35% reported individual reading/research of literature to learn about myopia management. Figure 7 provides a list of how doctors learned about myopia management and the percentage of doctors who reported this education method.

Figure 7: Percentage of Doctors of Optometry who Learned About Myopia Management from Various Educational Sources



Doctors report improved vision-related quality of life as the most beneficial benefit of myopia control for patients. Reduction in the risk of retinal detachment was ranked the second most beneficial benefit followed closely by better uncorrected and corrected visual acuity. Reduced dependence on correction was ranked as the least beneficial benefit of myopia management for patients.

The survey asked doctors about activities and support that industry could provide to help them better serve their myopic patients. Sixty-three percent of doctors would like additional education on the science of myopia management and myopia control, 57% of doctors would like additional education on patient engagement strategies related to myopia management and myopia control, 50% of doctors would like advocacy for insurance to cover myopia management and 46% would like diversity in cost of interventions. Thirteen percent of doctors provided other responses which included: patient education materials, education of other medical providers, continued research and evidence-based guidelines for management and risks of not treating myopia.

Finally, doctors were asked which industry, professional association and additional stakeholder support has been the most meaningful to them in providing myopia management and myopia control interventions. Fifty-three percent of doctors report education for doctors of optometry has been most meaningful stakeholder support to them, 33% report public awareness efforts and 10% report statements on the need for myopia management and myopia control interventions have been the most meaningful in providing interventions. The AOA RIC survey demonstrates key findings about myopia management by the doctors of optometry who provide this service in their practices.