



Myopia in Children

What is myopia?

To form a clear image, light needs to pass into the eye and focus precisely on the retina at the back of the eye. In myopia, the light is focused just **in front of** the retina instead of on it. This means that the picture that the brain sees is blurred, especially if the object is at a distance from the eye.

There are two ways in which this can happen. Either the eye is bending the light too powerfully or the eyeball itself is too long.



*Myopia means the same as the term
nearsightedness*

Most forms of myopia are “normal”; **20 to 40% of the population** has it and it is easily treated with glasses or contact lenses.



However, there is a variant called **pathological or degenerative myopia**, which occurs in about 2% of the population. In this condition, extreme nearsightedness causes a profound change in the shape of the eye and can result in vision loss.

Thirty percent of these cases occur at birth and 60% of cases are diagnosed between the ages of 6 and 13 years.

How does the age of my child relate to their degree of nearsightedness?

Did you know that near-sightedness is the most common eye problem during the teenage years?



Myopia is **common in premature infants**, but less so in full-term babies. By 6 months of age, it becomes uncommon. In adolescence however, roughly a quarter are affected, with the degree of **myopia peaking at 20 years**. It is the most common eye problem in this age group. After 20 years of age, most cases stabilize on their own.

How do I know if my child has Myopia?



Your child might **move closer to things**, so that he or she can see them more clearly, or they may complain of not being able to see objects in the distance.



What should I do if I think my child is affected?

Remember to have their eyes checked at **birth, 6 months and 3 years of age**, and then **again as they enter school**.

If your family has a **history of nearsightedness**, it is particularly important to have your child's vision assessed by an optometrist and an ophthalmologist, as myopia has a degree of inheritance.

What types of treatment will help?



Fortunately, most cases of myopia are easily treated with **glasses and or contact lenses**.

If the myopia is found to be progressing rapidly from one year to the next, low-dose **atropine drops** can be used to slow, and in some cases, stop the progression of myopia. There are **very few side effects** to this treatment, and it works well for most children.

Is there anything else that I can do to help slow the progression of my child's myopia?

- **Spend more time outdoors during the day. At least 1-2 hours per day**
- **Do all visual "work" in a bright environment**
- **Take regular breaks from prolonged 'close' work. Every 30 to 40 minutes lasting a few minutes.**

Most cases of paediatric myopia are easily diagnosed and treated, contributing greatly to your child's development and scholastic achievement. Ensure that you have your child tested at the appropriate milestones so that any anomalies can be picked up early and corrected.



References:

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