



## Complete Summary

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### GUIDELINE TITLE

Care of the patient with myopia.

### BIBLIOGRAPHIC SOURCE(S)

American Optometric Association. Care of the patient with myopia. St. Louis (MO): American Optometric Association; 1997. 75 p. (Optometric clinical practice guideline; no. 15). [231 references]

### GUIDELINE STATUS

This is the current release of the guideline.

According to the guideline developer, this guideline has been reviewed on a biannual basis and is considered to be current. This review process involves updated literature searches of electronic databases and expert panel review of new evidence that has emerged since the original publication date.

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## SCOPE

### DISEASE/CONDITION(S)

Myopia:

- Simple myopia
- Nocturnal myopia
- Pseudomyopia
- Degenerative myopia
- Induced myopia

## **GUIDELINE CATEGORY**

Diagnosis  
Evaluation  
Management

## **CLINICAL SPECIALTY**

Optometry

## **INTENDED USERS**

Health Plans  
Optometrists

## **GUIDELINE OBJECTIVE(S)**

- To accurately diagnose the different types of myopia
- To improve the quality of care rendered to patients with myopia
- To inform and educate parents, patients, and other health care practitioners about the options of correction, control, or reduction of myopia
- To decrease visual morbidity related to high degrees of myopia

## **TARGET POPULATION**

Patients of all ages with myopia

## **INTERVENTIONS AND PRACTICES CONSIDERED**

### *Diagnosis of Myopia*

1. Patient History
  - Simple Myopia
  - Nocturnal Myopia
  - Pseudomyopia
  - Degenerative Myopia
  - Induced Myopia
2. Ocular Examination
  - Visual Acuity
  - Refraction
  - Ocular Motility, Binocular Vision, and Accommodation
  - Ocular Health Assessment and Systemic Health Screening
3. Supplemental Testing

### *Treatment*

1. Optical Correction
2. Medical (Pharmaceutical)
3. Vision Therapy
4. Orthokeratology
5. Refractive Surgery

## **MAJOR OUTCOMES CONSIDERED**

Not stated

## **METHODOLOGY**

### **METHODS USED TO COLLECT/SELECT EVIDENCE**

Hand-searches of Published Literature (Primary Sources)  
Searches of Electronic Databases

### **DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE**

The guideline developer performed literature searches using the National Library of Medicine's Medline database and the VisionNet database.

### **NUMBER OF SOURCE DOCUMENTS**

Not stated

### **METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE**

Expert Consensus (Committee)

### **RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE**

Not applicable

### **METHODS USED TO ANALYZE THE EVIDENCE**

Review

### **DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE**

Not applicable

### **METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Not stated

### **RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS**

Not applicable

### **COST ANALYSIS**

A formal cost analysis was not performed and published cost analyses were not reviewed.

## METHOD OF GUIDELINE VALIDATION

Internal Peer Review

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The Reference Guide for Clinicians was reviewed by the American Optometric Association (AOA) Clinical Guidelines Coordinating Committee and approved by the AOA Board of Trustees.

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

The major symptom of myopia (blurred distance vision) and the major sign (reduced unaided distance visual acuity) can generally be improved with appropriate minus power lenses.

The examination of patients who have any of the forms of myopia should include a comprehensive patient history, measurement of refraction, investigation of accommodation and vergence function, and evaluation of ocular health. The patient should be advised about available treatment options and counseled regarding the need for follow-up care.

The frequency and composition of evaluation and management visits for myopia are summarized in the table, below.

### Frequency and Composition of Evaluation and Management Visits for Myopia

Type of Patient	Number of Evaluation Visits	Treatment Options	Frequency of Follow-Up Visits	Composition of Follow-Up Evaluations			
				VA	REF	A/V	OH
Simple myopia	1	Myopia correction: optical correction vision therapy	Children: annually Adults: every 2 yr or p.r.n.	Each visit	Each visit	Each visit	Each visit
		Possible myopia control: optical correction, vision therapy	Every 6 mos	Each visit	Each visit	Each visit	Contact lenses: anterior segment

								each visit posterior segment annually Bifocals: annually
		Myopia reduction: orthokeratology, refractive surgery	Variable, depending on method of myopia reduction	Each visit	Each visit	Annually	Anterior segment: each visit, Posterior segment: annually	
Nocturnal myopia	1 to 2	Optical correction	3 to 4 wk after dispensing of prescription, then annually	Each visit	Annually or p.r.n.	Annually	Annually	
Pseudo- myopia	1 to 2	Optical correction, pharmaceutical, vision therapy	Every 1 to 4 wk until accommodative excess is eliminated, then annually	Each visit	Each visit	Annually or p.r.n.	Annually	
Degenerative Myopia	1 to 2	Optical correction	Annually or more frequently, depending on retinal an ocular changes	Each visit	Annually or p.r.n.	Annually or p.r.n.	Each visit	
Induced myopia	1 to 2	Variable, depending on	Variable, depending on	Each visit	Each visit	Variable, depending	Variable, depending	

inducing agent  
or condition

inducing agent  
or condition

on  
inducing  
agent or  
condition

on  
inducing  
agent or  
condition

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VA = visual acuity testing  
REF = refraction  
A/V = accommodative vergence testing  
OH = ocular health assessment  
p.r.n. = as necessary

### **CLINICAL ALGORITHM(S)**

An algorithm is provided for Optometric Management of the Patient with Myopia.

## **EVIDENCE SUPPORTING THE RECOMMENDATIONS**

### **TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS**

The type of supporting evidence is not specifically stated for each recommendation.

## **BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS**

### **POTENTIAL BENEFITS**

Accurate optometric diagnosis and improved visual acuity for myopic patients

### **POTENTIAL HARMS**

Not stated

## **QUALIFYING STATEMENTS**

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Clinicians should not rely on this Clinical Guideline alone for patient care and management. Please refer to the references and other sources listed in the

original guideline for a more detailed analysis and discussion of research and patient care information.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

### IMPLEMENTATION TOOLS

Clinical Algorithm  
Patient Resources

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

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American Optometric Association. Care of the patient with myopia. St. Louis (MO): American Optometric Association; 1997. 75 p. (Optometric clinical practice guideline; no. 15). [231 references]

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

1997 (reviewed 2006)

### GUIDELINE DEVELOPER(S)

American Optometric Association - Professional Association

## **SOURCE(S) OF FUNDING**

Funding was provided by the Vision Service Plan (Rancho Cordova, California) and its subsidiary Altair Eyewear (Rancho Cordova, California)

## **GUIDELINE COMMITTEE**

American Optometric Association Consensus Panel on Care of the Patient with Myopia

## **COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE**

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## **FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST**

Not stated

## **GUIDELINE STATUS**

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## **GUIDELINE AVAILABILITY**

Electronic copies: Available in Portable Document Format (PDF) from the [American Optometric Association Web site](#).

Print copies: Available from the American Optometric Association, 243 N. Lindbergh Blvd., St. Louis, MO 63141-7881

## **AVAILABILITY OF COMPANION DOCUMENTS**

None available

## **PATIENT RESOURCES**

The following is available:

- Answers to your questions about nearsightedness. St. Louis, MO: American Optometric Association. (Patient information pamphlet).

Print copies: Available from the American Optometric Association, 243 N. Lindbergh Blvd., St. Louis, MO 63141-7881; Web site, [www.aoanet.org](http://www.aoanet.org).

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## **NGC STATUS**

This summary was completed by ECRI on December 1, 1999. The information was verified by the guideline developer on January 31, 2000.

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