

Understanding myopia

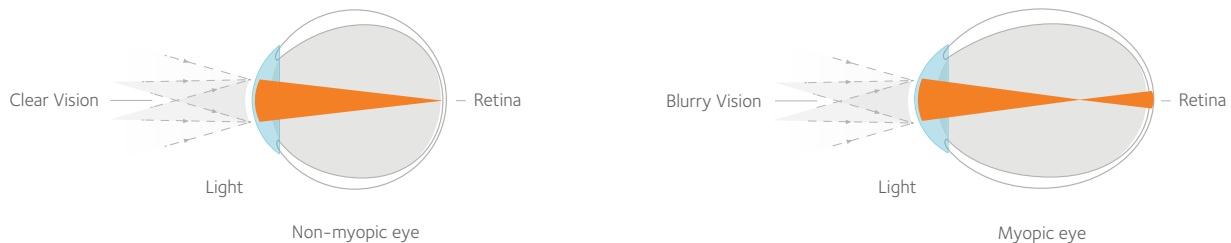
A clear look at your child's nearsightedness



95% of parents say their **child's eye health/vision is absolutely essential** to their child's overall well-being.¹

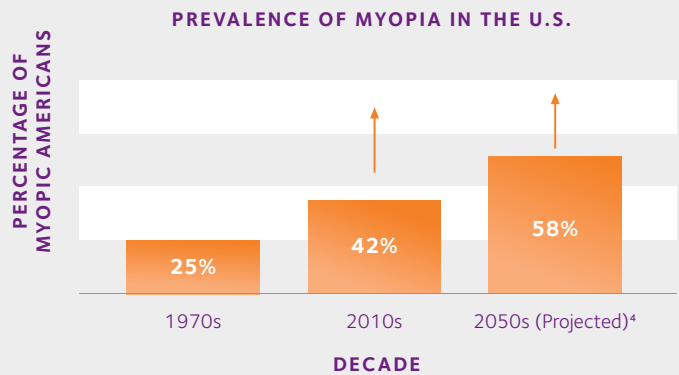
WHAT IS MYOPIA?

Myopia is more commonly referred to as **nearsightedness**, or the inability to see objects clearly at a distance. The reason objects are blurry in the distance with nearsightedness is because the eye becomes longer as the child grows.



A GROWING CRISIS

In the early 1970s, only 25% of Americans were nearsighted.² Today, more than 40% of Americans are nearsighted, and that number is increasing at an alarming rate, especially among school-age children.^{2,3}



Myopia is commonly diagnosed in childhood. **Myopia can progress and worsen over time**, potentially leading to more severe sight conditions later in life, such as^{2,5-7}:

- Retinal detachment
- Myopic maculopathy
- Glaucoma
- Cataracts

TOGETHER, WE CAN MANAGE MYOPIA

More than just vision correction, myopia management with MiSight® 1 day contact lenses can help keep your child's future brilliant.

MiSight® 1 day contact lenses:

- Correct distance vision immediately⁸
- Can slow myopia progression during the growing years⁹
- Provide a comfortable experience¹⁰
- Allow you to avoid the worry of losing or breaking glasses
- Accommodate a more active lifestyle¹⁰
- Affords children a significantly better quality of life compared to kids who wear glasses, especially regarding athletics and appearance⁸



WHAT CAUSES MYOPIA?

Myopia is on the rise – **in its frequency and its severity.**² The reason for its escalation has been linked to two factors²:



Genetics

Kids with one or two myopic parents are more likely to be myopic.²



Lifestyle

Spending more time on activities like reading or using handheld devices instead of spending time outdoors increases the likelihood of becoming myopic.²





To learn more about managing myopia, please visit
<https://coopervision.com/contact-lenses/misight-1-day>

Indications for use: MiSight® 1 day (omafilcon A) soft (hydrophilic) contact lenses for daily wear are indicated for the correction of myopic ametropia and for slowing the progression of myopia in children with non-diseased eyes, who at the initiation of treatment are 8-12 years of age and have a refraction of -0.75 to -4.00 diopters (spherical equivalent) with ≤ 0.75 diopters of astigmatism. The lens is to be discarded after each removal.

References: **1.** CooperVision data on file 2019. Myopia Awareness, The Harris Poll online survey 6/27/19 to 7/18/19 of n=1,005 parents (with child age 8-15) in U.S. 95% strongly/somewhat agree. **2.** Larkin GL, Tahir A, Epley KD, et al. Atropine 0.001% eye drops for myopia control in American children: A multiethnic sample across three US sites. *Ophthalmol Ther.* 2019;8:589-98. **3.** Cooper, Y. (2019, May 1). With Childhood Myopia Rates on the Rise, the American Optometric Association Highlights the Importance of Early Intervention through Annual Eye Exams. Retrieved from <https://www.aoa.org/newsroom/myopia-rates-on-the-rise-sym>. **4.** Holden BA, et al. Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050. *Ophthalmology.* 2016;123(5):1036-42. **5.** Xu L, Wang S, Wang Y, Jonas JB. High Myopia and Glaucoma Susceptibility: The Beijing Eye Study. *Ophthalmology.* 2007;114(2):216-220. **6.** Flitcroft DI. The complex interactions of retinal, optical and environmental factors in myopia aetiology. *Prog Retin Eye Res.* 2012;31(6):622-660. **7.** Chen SJ, et al. Prevalence and associated risk factors of myopic maculopathy in elderly Chinese: the Shihpai eye study. *Invest Ophthalmol Vis Sci.* 2012;53(8):4868-73. **8.** Rah MJ, et al. Vision specific quality of life of pediatric contact lens wearers. *Optom Vis Sci.* 2010;87(8):560-6. **9.** Chamberlain P, et al. A 3-year randomized clinical trial of MiSight® lenses for myopia control. *Optom Vis Sci.* 2019; 96(8):556-67. **10.** Walline JJ, et al. Benefits of contact lens wear for children and teens. *Eye Contact Lens.* 2007;33(6 Pt 1):317-21.