




Evidenzbasiertes Myopie Management

- Risikoanalyse von Dr. Michael Bärtschi
- Ergebnisse 7 Jahres-Langzeitstudie
- Neu MyDay MiSight (Silikonhydrogel)
- Praxisnahe Fallbeispiele





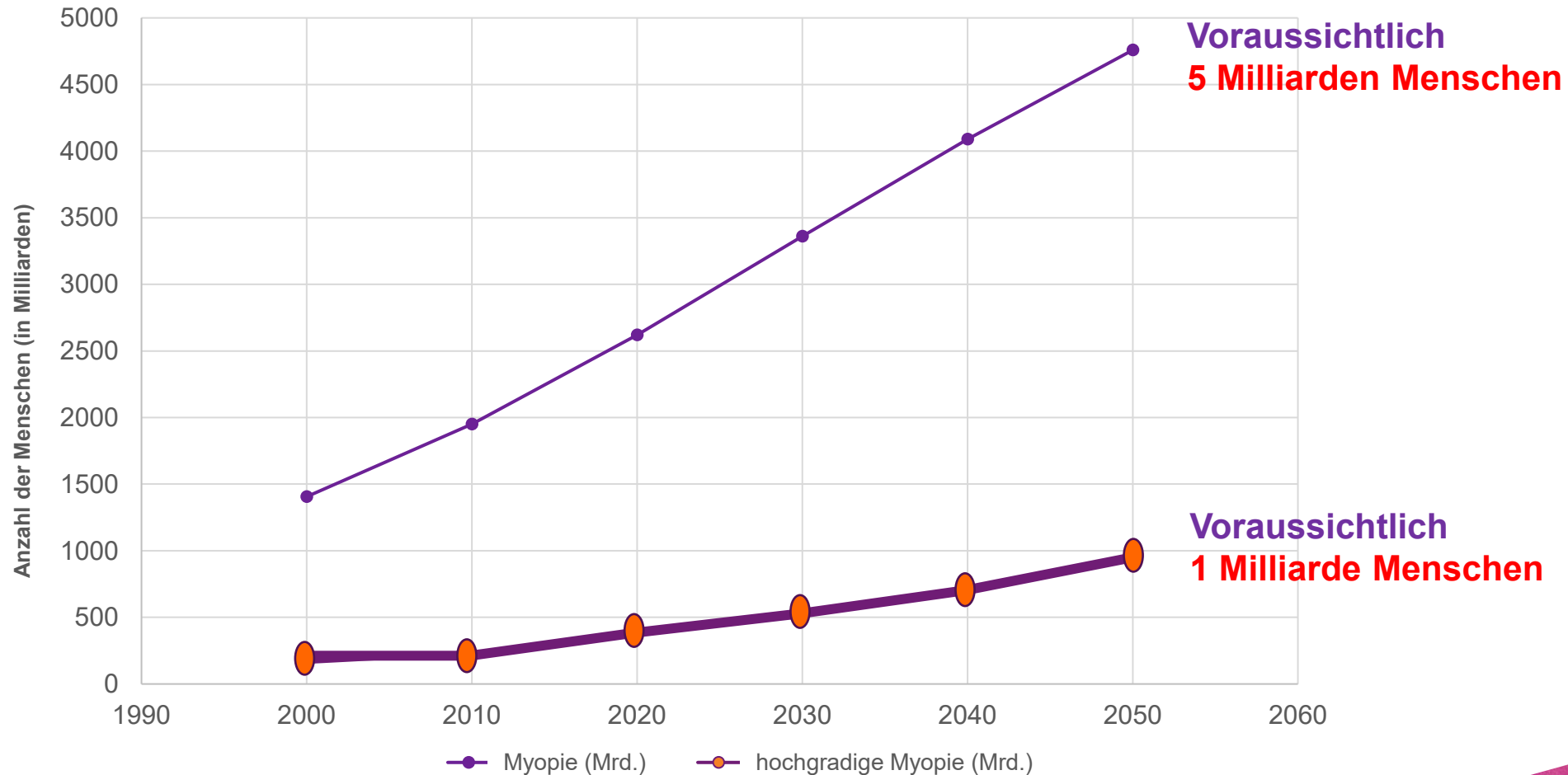
1 VON 2

HEUTE GEBORENEN KINDER

**KÖNNTE
KURZSICHTIG
SEIN**

BIS ES 20 JAHRE ALT IST

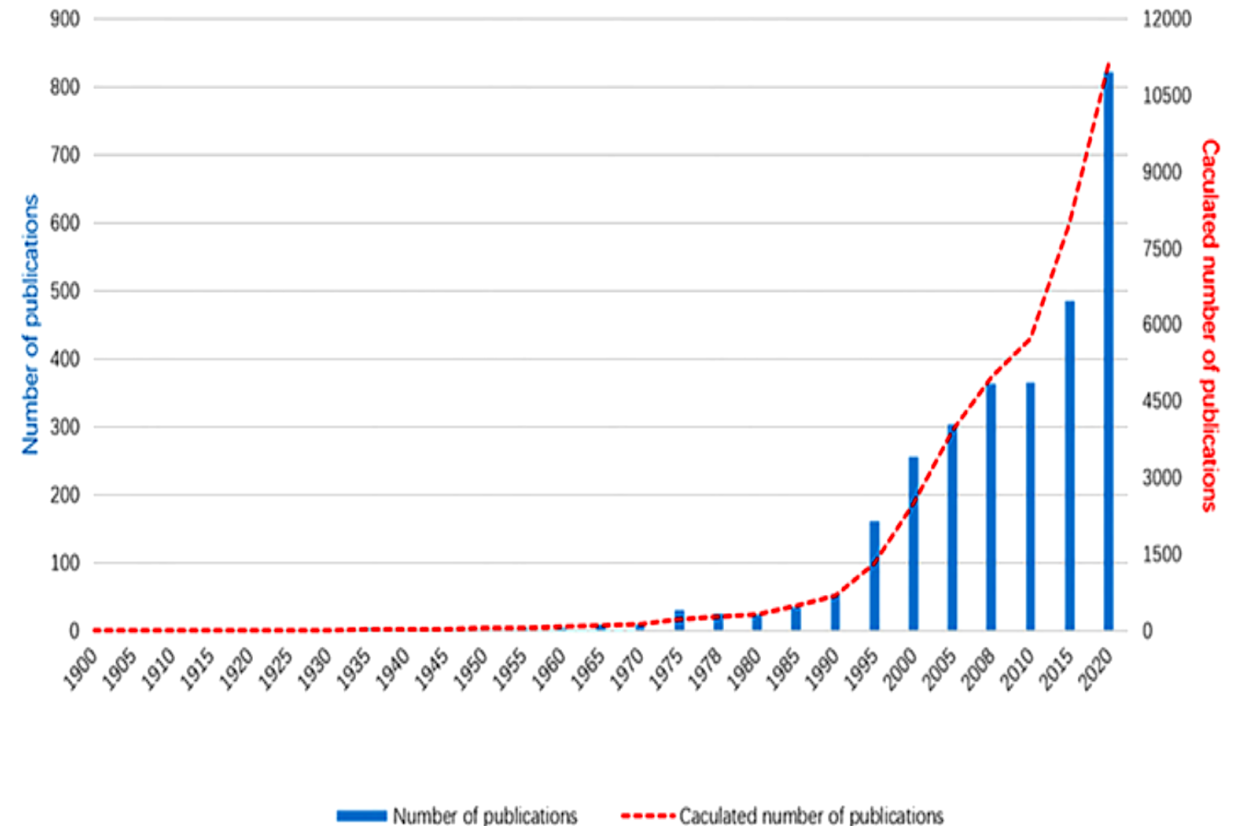
Das Risiko für hochgradige Myopie steigt*



1. Holden BA, Fricke TR, Wilson DA, Jong M, Naidoo KS, Sankaridurg P, Wong TY, Naduvilath TJ, Resnikoff S, Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050, Ophthalmology, May 2016 Volume 123, Issue 5, Pages 1036–1042.

Komplexität der Myopie Forschung

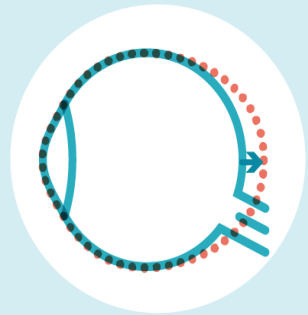
- **Multifaktorielle Ursachen:** Myopie wird durch ein komplexes Zusammenspiel aus Genetik und Umwelt beeinflusst
- **Wachstumsschübe:** Das Auge wächst in altersabhängigen Schüben
- **Methodenauswahl:** Fachleute müssen zwischen **optischen Strategien** (Speziallinsen, DIMS-Brillengläsern oder Orthokeratologie) und **pharmakologischen Ansätzen** (Atropin) wählen, was die Überwachung verkompliziert
- **Zeitverzögerte Reaktion:** Da das Augenwachstum langsam verläuft, zeigen sich Erfolge oder Misserfolge einer Massnahme oft erst nach 6 bis 12 Monaten



Hierarchie der Evidenzpyramide*



Längenwachstum des Auges



Je 0,1 mm \approx -0,25 dpt.

7 - 10 Jahre

11 - 16 Jahre

Jährliche Veränderung der Achsenlänge

0.1-0.2mm

0.3mm

>26mm

0.1mm
Emmetrope

0.2mm
Unbehandelte Myope

Erhöhtes lebenslanges
Risiko für
Sehbehinderungen

Kurzsichtige, die eine ähnliche Achsenlängenänderung aufweisen wie bei Emmetropen, werden wahrscheinlich eine gute Myopiekontrolle aufweisen.

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Risikofaktoren für Myopie



Alter bei Beginn der Myopie

< 9 Jahre 12 Jahre Älter

Bei jüngerem Alter
wahrscheinlich
schnelleres Fortschreiten



Kurzsichtige Eltern(teile)

Keine Ein Elternteil Zwei Elternteile

Myopie ist erblich bedingt



Zeit im Freien

Weniger 2 Stunden Mehr

Mindestens 2 Stunden
pro Tag anstreben



Arbeit in der Nähe

Weniger 2 Stunden Mehr

Weniger als 2 Stunden pro
Tag Bildschirmzeit in der
Freizeit anstreben

————— Kann nicht beeinflusst werden —————

————— Am leichtesten zu ändern —————



Das Risikoprofil

Entwickelt von Dr. Michael Bärtschi

Evidenzbasierte Risikoanalyse für das Myopie Management

Bestehende Myopie	<input type="checkbox"/>	< -1,50 dpt	<input type="checkbox"/>	-1,75 dpt bis -2,75 dpt	<input type="checkbox"/>	> -3,00 dpt	
Progression / Jahr	<input type="checkbox"/>	-0,25 dpt	<input type="checkbox"/>	-0,50 dpt	<input type="checkbox"/>	> -0,50 dpt	
Elterliche Myopie	<input type="checkbox"/>	keine	<input type="checkbox"/>	1 Elternteil	<input type="checkbox"/>	2 Elternteile	
Alter	<input type="checkbox"/>	> 14 Jahre	<input type="checkbox"/>	9 - 14 Jahre	<input type="checkbox"/>	< 9 Jahre	
Nah Arbeit / Tag In Std.	<input type="checkbox"/>	< 2 Std.	<input type="checkbox"/>	3 Std.	<input type="checkbox"/>	> 4 Std.	
Nahdistanz	<input type="checkbox"/>	> 30 cm	<input type="checkbox"/>	> 25 - 29 cm	<input type="checkbox"/>	< 20 - 25 cm	
Zeit Im Freien / Tag In Std.	<input type="checkbox"/>	2 Std.	<input type="checkbox"/>	< 2 Std.	<input type="checkbox"/>	< 1 Std.	
Genetische Herkunft	<input type="checkbox"/>	afrikanisch indigen	<input type="checkbox"/>	kaukasisch	<input type="checkbox"/>	asiatisch	
Axiale Augenzlänge (mit Biometer gemessen oder mittels OptiExpert abgeschätzt)	männlich	<input type="checkbox"/>	< 23,0 – 23,5 mm	<input type="checkbox"/>	23,5 – 24,5 mm	<input type="checkbox"/>	> 24,5 mm
	weiblich	<input type="checkbox"/>	< 22,5 – 23,0 mm	<input type="checkbox"/>	23,0 – 24,0 mm	<input type="checkbox"/>	> 24,0 mm
Anzahl angekreuzter Felder	<input type="checkbox"/>	x 1 Punkt	<input type="checkbox"/>	x 3 Punkte	<input type="checkbox"/>	x 5 Punkte	

*Auf Empfehlung von Dr. Michael Bärtschi

Gesamte Punkte:
(Auswertung auf der Rückseite)

Auswertung der Risikoanalyse für das Myopie Management



9 – 15 Punkte	Geringes Risiko	Das Risiko für eine hochgradige Myopie mit späteren Folgeschäden ist gering. Myopie Management ist daher nicht zwingend angezeigt. Eine jährliche Überprüfung der Myopie Progression wird empfohlen.
16 – 27 Punkte	Mittleres Risiko	Das Risiko für die Entwicklung einer hohen Myopie mit späteren Folgeschäden ist gegeben. Entsprechend sollte mit einem adequaten Myopie Management begonnen werden.
28 – 45 Punkte	Hohes Risiko	Das Risiko für die Entwicklung einer hochgradigen Myopie mit möglichen Folgeschäden ist hoch. Ein adequates Myopie Management sollte zeitnah gestartet werden.

Referenzliste zu «Risikoanalyse für das Myopie Management»

Der Bewertung und Einteilung liegen die Vorgaben der Mittel und Geräte Liste MiGeL Position 25.02.04.00.1 des Bundesamtes für Gesundheit vom 1. Juli 2024 zu Grunde.
 Auszug aus der MiGeL Position 25.02.04.00.1: «Progrediente Myopie (nachgewiesen mit entsprechender überdurchschnittlicher axialer Augenlänge, gemäss aktuellen Wachstumstabellen und einer Progression von mindestens 0.50 Dioptrien / Jahr), welche zu hoher Myopie (< -5.00 Dioptrien) führen kann oder bereits hohe Myopie (< -5.00 Dioptrien) mit weiterer Progression von mindestens 0.50 Dioptrien / Jahr»
 Als gute, summierende Referenz zu allen individuellen Punkten der Risiko Analyse dienen die «IMI-White Papers 2019ff» des International Myopia Instituts und die Richtlinien der European Society of Ophthalmology 2021 (1, 2).

Spezifische Referenzen sind dem jeweiligen individuellen Risikofaktor zugeordnet.

Bestehende Myopie (dpt) (3–5) / Progression pro Jahr (dpt) (5, 6) / Elterliche Myopie (7, 8) / Alter (Jahre) (5, 9) / Nah Arbeit / Tag in Std (7, 10–12) / Nahdistanz (7, 10–12) / Zeit im Freien / Tag in Std (7, 10, 12–14) / Genetische Herkunft (2, 15, 16) / Axiale Augenlänge (17, 18)

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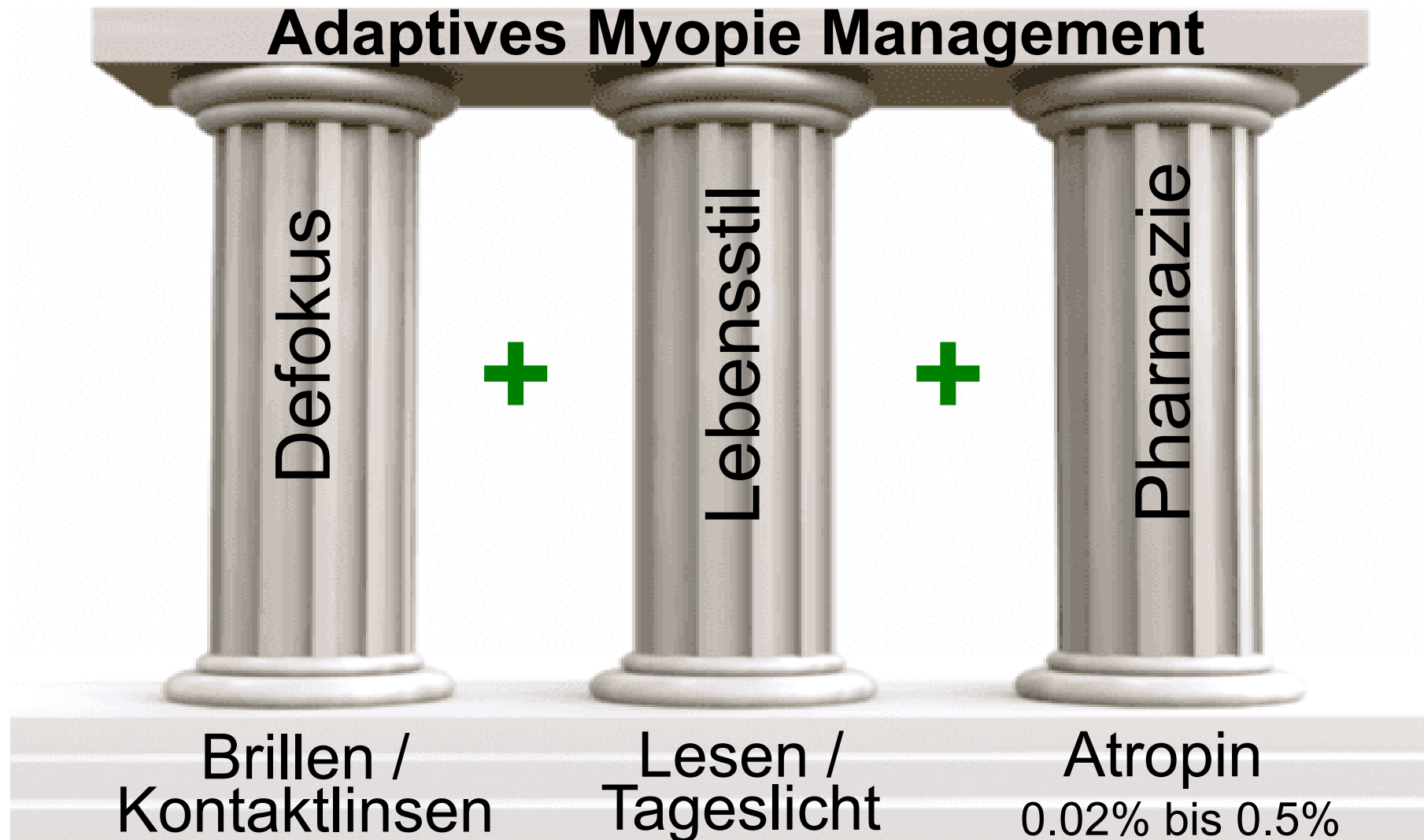
*Die Auflistung erhebt keinerlei Anspruch auf Vollständigkeit und sollte dem jeweiligen aktualisierten wissenschaftlichen Kenntnisstand angepasst und erneuert werden.
 Aktualisiert am 09. Mai 2025 von Dr. Michael Bärtschi



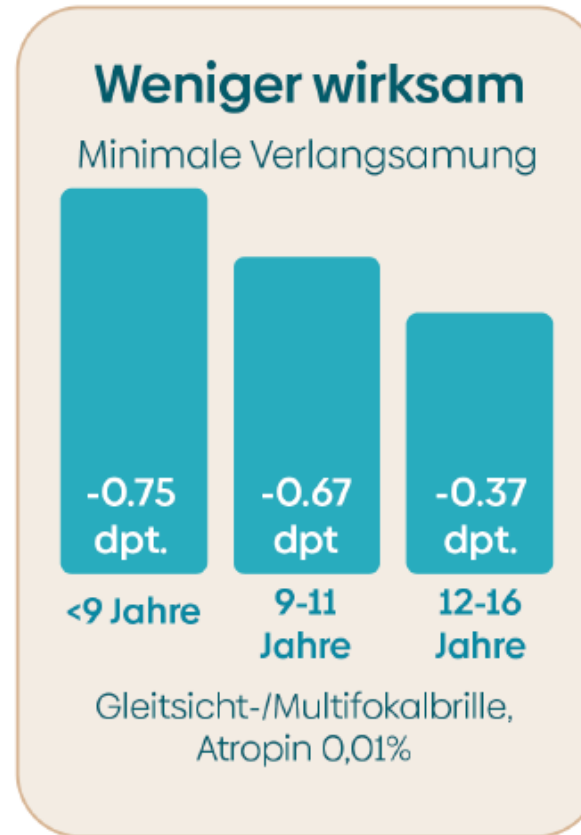
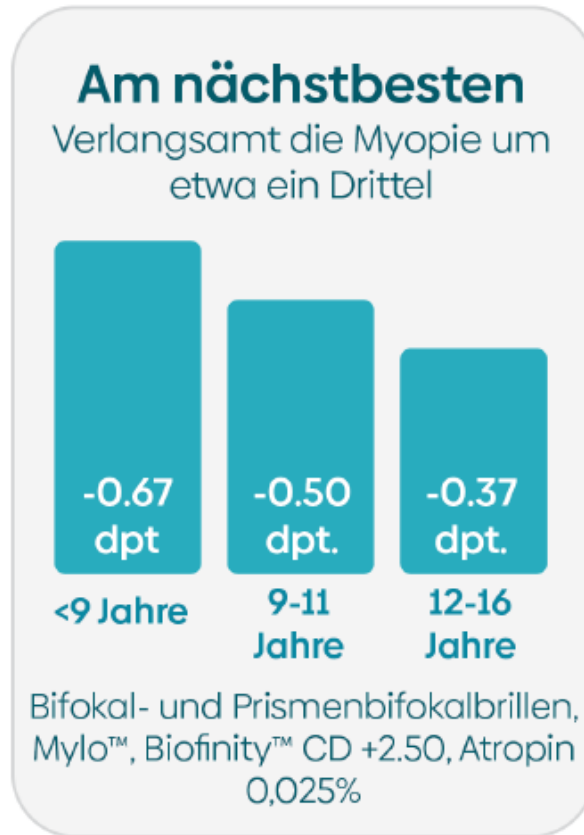
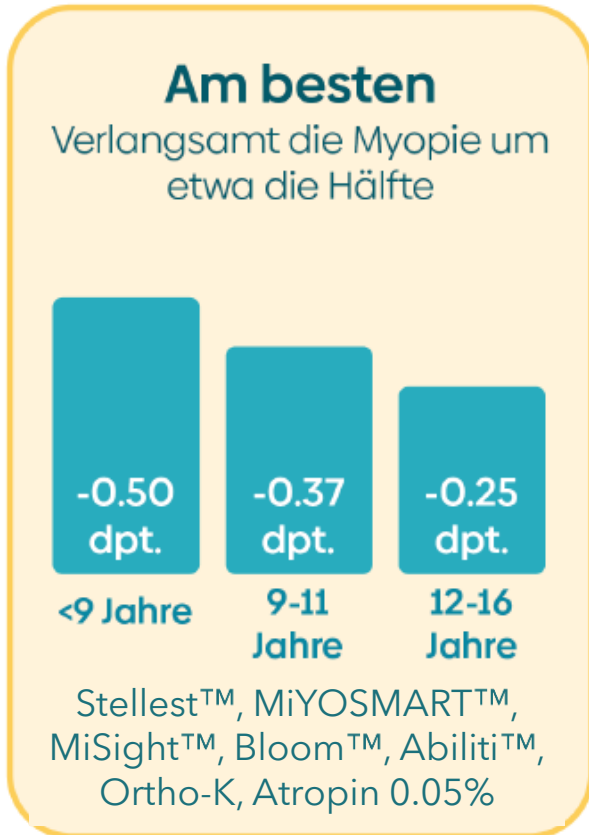
Kleine Augen, grosse Verantwortung

**Myopie Management mit Evidenz –
das 3 Säulenprinzip**

Das 3 Säulenprinzip



Myopie Management Optionen



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Jetzt neu: MyDay[®] MiSight[®] 1 day

MiSight® 1 day Einmalkontaktlinsen

Gestützt durch streng wissenschaftliche Belege¹⁻³

Die MiSight® 1 day klinische **7-Jahres-Studie** ist die am längsten durchgeführte Weichlinsen-Studie bei Kindern



1. Chamberlain P et al. A 3-year Randomized Clinical Trial of MiSight Lenses for Myopia Control. *Optom Vis Sci.* 2019; 96(8): 556-567.

2. Chamberlain P et al. Myopia Progression in Children wearing Dual-Focus Contact Lenses: 6-year findings. *Optom Vis Sci.* 2020; 97(E-abstract): 200038.

3. Chamberlain P et al. Myopia progression on cessation of Dual-Focus contact lens wear: MiSight 1 day 7-year findings. *Optom Vis Sci.* 2021; 98(E-abstract): 210049.

Studien, Papers, Veröffentlichungen, Peer-Reviews

CLINICAL TRIAL

A 3-year Randomized Controlled Trial of Myopia Control

Paul Chamberlain, BSc (HO), Deborah Jones, BSc, FAAO

SIGNIFICANCE: Results of this trial show that MiSight soft contact lenses are slowing myopia progression in children.

PURPOSE: The purpose of this study was to evaluate the effectiveness of MiSight soft contact lenses in slowing myopia progression in children.

METHODS: Myopic children (ages 8-12 years) were randomized to either a MiSight soft contact lens or a single-vision control lens at four investigational sites in four countries.

RESULTS: Of the subjects enrolled, 170 children were randomized to either a MiSight soft contact lens or a single-vision control lens. The MiSight group showed significantly less axial elongation and myopia progression compared to the control group.

CONCLUSIONS: Results of this trial show that MiSight soft contact lenses are slowing myopia progression in children.

Optom Vis Sci 2019;96:556-567. Copyright © 2019 The Author(s). This is an open access article distributed under the terms of the Creative Commons Attribution License 4.0 (CC BY-NC-ND), where no reuse is permitted without permission from the copyright holder.

Myopia represents a growing public health problem in many countries. In response to the high prevalence of myopia in the United States and Asia, increasing myopia is a global concern. Higher levels of myopia are associated with an increased risk of retinal detachment, glaucoma, and other ocular pathologies. In the past decade, there has been a surge in research aimed at slowing the progression of myopia. This study evaluated the effectiveness of MiSight soft contact lenses in slowing myopia progression in children. The study found that MiSight soft contact lenses significantly reduced axial elongation and myopia progression compared to a single-vision control lens. These findings suggest that MiSight soft contact lenses may be an effective option for myopia control in children.

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ORIGINAL INVESTIGATION

Myopia Control with MiSight Soft Contact Lenses

Viswanathan Ramasubramanian, PhD, Matt Jaskulski, PhD, and Pete S. Kollbaum, OD

SIGNIFICANCE: Consistent with other studies, this study found that MiSight soft contact lenses are effective in slowing myopia progression in children.

PURPOSE: This study evaluated the effectiveness of MiSight soft contact lenses in slowing myopia progression in children.

METHODS: Seventeen myopic children (ages 8-12 years) were randomized to either a MiSight soft contact lens or a single-vision control lens. The MiSight group showed significantly less axial elongation and myopia progression compared to the control group.

RESULTS: During near viewing, the MiSight group showed a significantly greater increase in accommodation compared to the control group. This suggests that the MiSight soft contact lenses may be providing a myopic defocus effect.

CONCLUSIONS: The DF contact lenses slowed myopia progression in children.

Optom Vis Sci 2023;100:376-384. Copyright © 2023 The Author(s). This is an open access article distributed under the terms of the Creative Commons Attribution License 4.0 (CC BY-NC-ND), where no reuse is permitted without permission from the copyright holder.

In response to the high prevalence of myopia in the United States and Asia, increasing myopia is a global concern. Higher levels of myopia are associated with an increased risk of retinal detachment, glaucoma, and other ocular pathologies. In the past decade, there has been a surge in research aimed at slowing the progression of myopia. This study evaluated the effectiveness of MiSight soft contact lenses in slowing myopia progression in children. The study found that MiSight soft contact lenses significantly reduced axial elongation and myopia progression compared to a single-vision control lens. These findings suggest that MiSight soft contact lenses may be an effective option for myopia control in children.

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ORIGINAL ARTICLE

Modelling the relationship between axial length and myopia progression in children

Raman Prasad Sah

School of Optometry, Indiana University, Bloomington, Indiana, USA

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Funding information: None.

Optom Vis Sci 2022;99:204-212. doi:10.1097/OPT.0000000000001097

Primary international study data shows that, on average, for children with myopia, axial length increases by approximately 0.3 mm per year. This study investigated the relationship between axial length and myopia progression in children. The study found that axial length is a strong predictor of myopia progression. Children with longer axial lengths at baseline had a higher rate of myopia progression over time. These findings suggest that axial length may be a useful biomarker for myopia progression in children.

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Ophthalmic Physiol Opt. 2022;42:571-585.

CooperVision Announces Results of MiSight 1 Day Study

reviewofm.com/cooper-vision-announces

November 2, 2021

SAN RAMON, Calif. — At the 2021 American Optometric Association (AOA) Annual Meeting, CooperVision announced the results from its MiSight 1 Day study. Ultimately, 12 months after treatment, children wearing MiSight 1 Day soft contact lenses showed significantly less axial elongation and myopia progression compared to children wearing single-vision control lenses.

“Our unparalleled research clearly illustrates that MiSight 1 Day soft contact lenses are effective in slowing myopia progression in children. This is a significant milestone for myopia control in children,” said Paul Chamberlain, CooperVision Director of Research and Development.

Latest data analysis illustrates that MiSight 1 Day soft contact lenses are slowing myopia progression in children. Children wearing MiSight 1 Day soft contact lenses showed significantly less axial elongation and myopia progression compared to children wearing single-vision control lenses.

Children wearing MiSight 1 Day soft contact lenses showed significantly less axial elongation and myopia progression compared to children wearing single-vision control lenses.

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Children wearing MiSight 1 Day soft contact lenses showed significantly less axial elongation and myopia progression compared to children wearing single-vision control lenses.

CLINICAL TRIAL

Long-term Effect of Myopia Control with MiSight 1 Day Soft Contact Lenses

Paul Chamberlain, BSc, Arthur Brad, Nicola S. Logan, PhD, Deborah Jones and Graeme Young, PhD, FAAO

SIGNIFICANCE: Treatment of myopic children with MiSight 1 Day soft contact lenses significantly reduced axial elongation and myopia progression compared to a single-vision control lens.

PURPOSE: This study aimed to evaluate the long-term effectiveness of MiSight 1 Day soft contact lenses in slowing myopia progression in children.

METHODS: Part 1 was a 3-year clinical trial of MiSight 1 Day soft contact lenses in slowing myopia progression in children. Part 2 was a 3-year clinical trial of MiSight 1 Day soft contact lenses in slowing myopia progression in children.

RESULTS: Average axial elongation was significantly lower in the MiSight 1 Day group compared to the control group. This suggests that MiSight 1 Day soft contact lenses are effective in slowing myopia progression in children.

CONCLUSIONS: Dual-focus soft contact lenses are effective in slowing myopia progression in children.

Optom Vis Sci 2022;99:204-212. doi:10.1097/OPT.0000000000001097

Myopia is predicted to affect more than 50% of the world population by 2050, and the prevalence of myopia is increasing in children. This study investigated the long-term effectiveness of MiSight 1 Day soft contact lenses in slowing myopia progression in children. The study found that MiSight 1 Day soft contact lenses significantly reduced axial elongation and myopia progression compared to a single-vision control lens. These findings suggest that MiSight 1 Day soft contact lenses may be an effective option for myopia control in children.

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Ophthalmic Physiol Opt. 2022;42:571-585

Randomized Controlled Trial

doi: 10.1016/j.jcoo.2023.101849

Accommodative Defocus in Children with Myopia: A Randomized Controlled Trial of MiSight 1 Day Soft Contact Lenses

Dawn Meyer, Javier Gantes, Arthur Bradley, Pete Kollbaum, Elizabeth Lumb, Anna Sulley

Affiliations + expand
PMID: 39569764 | PMCID: PMC101849

Abstract

Purpose: To evaluate the effectiveness of MiSight 1 Day soft contact lenses in slowing myopia progression in children.

Methods: Individuals with high myopia were randomized to either a MiSight 1 Day soft contact lens or a single-vision control lens.

Results: Thirteen teenagers aged 12-18 years with high myopia (mean axial length 22.8 [4.9] mm) were randomized to either a MiSight 1 Day soft contact lens or a single-vision control lens.

Conclusions: Relative to eyes wearing single-vision control lenses, while the treatment group showed significantly less axial elongation and myopia progression compared to the control group.

Six years of wear of MiSight 1 Day soft contact lenses in children with myopia: a randomized controlled trial

Elizabeth Lumb, Anna Sulley

Affiliations + expand
PMID: 37156658 | DOI: 10.1016/j.jcoo.2023.101849

Abstract

Purpose: To evaluate the effectiveness of MiSight 1 Day soft contact lenses in slowing myopia progression in children.

Methods: A 3-year, double-masked, randomized controlled trial of MiSight 1 Day soft contact lenses in slowing myopia progression in children.

Results: Throughout the study, children wearing MiSight 1 Day soft contact lenses showed significantly less axial elongation and myopia progression compared to children wearing single-vision control lenses.

Conclusions: Children adapted well to MiSight 1 Day soft contact lenses, and the lenses were effective in slowing myopia progression in children.

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DOI: 10.1111/jcoo.13400

ORIGINAL ARTICLE

Six-year cumulative treatment effect and treatment efficacy of a dual focus myopia control contact lens

Paul Chamberlain, David Scott Hammond, Baskar Arumugam, Arthur Bradley

Cooper Vision Inc., San Ramon, California, USA

Correspondence: Paul Chamberlain, Cooper Vision Inc., San Ramon, CA, USA. Email: pchamberlain@coopervision.com

Funding information: CooperVision

Abstract

Purpose: Axial length measurements from 170 eyes in a 6-year clinical trial of a dual focus myopia control contact lens were used to explore different approaches to assess treatment efficacy.

Methods: Axial length measurements from 170 eyes in a 6-year clinical trial of a dual focus myopia control contact lens were used to explore different approaches to assess treatment efficacy.

Results: When compared to the predicted accumulated growth of untreated eyes, 6 years of treatment reduced growth by 0.52 mm, while 3 years of treatment initiated 3 years later reduced growth by 0.19 mm. Accumulated differences between the growth of treated and untreated myopic eyes ranged between 67% and 52% of the untreated myopic growth, and between 112% and 86% of the predicted difference in growth between untreated myopic and age-matched emmetropic eyes.

Conclusion: Estimated growth of age-matched emmetropic and untreated myopic eyes provided evidence of an accumulated slowing in axial elongation of 0.52 mm over 6 years, and the treated growth remained close to that expected of emmetropic eyes. Six years of dual focus myopia control delayed the time to reach the final growth level by almost 4 years.

KEYWORDS: axial length, contact lenses, emmetropic eye growth, myopia, myopia control, myopia progression

INTRODUCTION

Axial growth of the vitreous chamber, unaccompanied by compensatory reductions in optical power in the cornea or lens, is generally responsible for myopia development. Recent increases in myopia prevalence are present globally and most striking in young adults in east Asia where the vast majority of eyes are myopic. Longer eyes, responsible for higher levels of myopia, are associated with an increased risk of maculopathy and other sight-threatening pathologies later in life, and with reduced best-corrected visual acuity earlier in life. Numerous optical interventions have

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Ophthalmic Physiol Opt. 2024;44:199-205.

www.onlinelibrary.com/journal/jcoo | 199

Weitere Studien und Informationen unter:
<https://www.myopiaprofile.com/articles/category/clinical>

Fragen zum Myopie Management: Die Menge und Exaktheit der Daten der MiSight® 1 day Studie helfen bei der Beantwortung

Wie **effektiv** ist
MiSight® 1 day?

MiSight® 1 day
**hemmt das
Fortschreiten der
Myopie um die
Hälfte^{2†}**

Was **passiert**, nach
Beendigung des
Myopie
Management mit
MiSight® 1 day?

**Der Erfolg mit der
MiSight® 1 day
bleibt auch nach
Beendigung
bestehen^{3,4|}**

Kann
MiSight® 1 day
für **alle** myopen
Kinder genutzt
werden?

MiSight® 1 day
**wirkt bei fast
allen myopen
Kindern^{1*}**

Wann sollte mit
dem Myopie
Management mit
MiSight® 1 day
gestartet werden?

Je früher
begonnen wird,
desto besser. Aber
**es ist nie zu spät
zu starten^{2‡}**

Wann sollte das
Myopie
Management mit
MiSight® 1 day
beendet werden?

MiSight® 1 day
helfen so lange,
wie diese vom
Kind getragen
werden^{2§}

*90% of myopic eyes respond to MiSight® 1 day treatment; ages 11-15 at start of wear, n=90.

†Using measured and modelled data, pooled across ages (8-17), MiSight® 1 day slowed myopia progression by an average of approximately 50%.

‡Children ages 8-15 when starting MiSight 1 day treatment experienced a slowing of myopia progression.

§Children with myopia fit with MiSight® 1 day contact lenses ages 8-15 continued to experience slowed myopia progression as long as they remained wearing the lenses as prescribed.

|12 months post-treatment, evidence indicates that no accumulated myopia control benefits were lost following 3 or 6-years of MiSight® 1 day wear (on average, for children aged 8-15 at start of wear). Instead, eye growth reverted to expected, age-normal rates.

1. Chamberlain P et al. Long-Term Effect of Dual-Focus Contact Lenses on Myopia Progression in Children: A 6-year Multicenter Clinical Trial. *Optom Vis Sci.* 2022; 99(3): 204-212.

2. Arumugam B et al. Modelling Age Effects of Myopia Progression for the MiSight 1 day Clinical Trial. Invest. *Ophthalmol Vis Sci.* 2021; 62(8): 2333.

3. Chamberlain P et al. Myopia progression on cessation of Dual-Focus contact lens wear: MiSight 1 day 7-year findings. *Optom Vis Sci.* 2021; 98(E-abstract): 210049.

4. Hammond D et al. Myopia Control Treatment Gains are Retained after Termination of Dual-focus Contact Lens Wear with no Evidence of a Rebound Effect. *Optom Vis Sci.* 2021; 98(E-abstract): 215130.



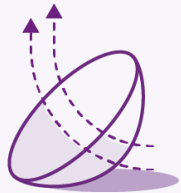
References: 1. Chamberlain P, et al. A 3-year randomised clinical trial of MiSight® lenses for myopia control. OVS 2019; 96(8):556-567
2. CVI data on file, 2024

Die MyDay[®] MiSight[®] 1 day und die bisherige MiSight[®] 1 day haben dasselbe Design (ActivControl[®] Technology)¹



MyDay[®] MiSight[®] 1 day bietet denselben Effekt an myopischen Defokus, wie die bisherige MiSight[®] 1 day.¹

MyDay® MiSight® 1 day bietet eine verbesserte Atmungsaktivität* und einen UV-Filter†



Bis zu **4-mal** höhere **Sauerstoff-**
durchlässigkeit als bei einer Hydrogel-
Einmalkontaktlinse.*



Integrierter **UV-Filter** hilft, die Hornhaut und
Linse des Auges vor schädlicher UV-Strahlung
zu schützen.†



* Based on manufacturers published data. MyDay® MiSight® 1 day has Dk/t of 100. Compared to the original MiSight 1 day (Dk/t 28), NaturalVue Multifocal 1 Day (Dk/t 25). †Warning: UV-absorbing contact lenses are not substitutes for protective UV-absorbing eyewear, such as UV-absorbing goggles or sunglasses, because they do not completely cover the eye and surrounding area. Patients should continue to use UV-absorbing eyewear as directed.

Gemeinsamkeiten, Unterschiede?



Produktinformationen	MiSight® 1 day	MyDay® MiSight® 1 day
Material	omafilcon A	stenfilcon A
Technologie	ActivControl® Technology	ActivControl® Technology
Wassergehalt	60 %	54 %
UV Filter*	Nein	Ja
Austauschrhythmus	Täglicher Austausch	Täglicher Austausch
Sauerstoffdurchlässigkeit Dk/t (-3.00 dpt)	28	100
Basiskurve (mm)	8,7	8,4
Durchmesser (mm)	14,2	14,2
Sphäre (in Abstufungen) (dpt)	-10,00 bis -6,50 (0,50) -6,00 bis -0,25 (0,25)	-10,00 bis -6,50 (0,50) -6,00 bis -0,25 (0,25)

* Warnung: Kontaktlinsen mit UV Filter sind kein Ersatz für schützende UV-absorbierende Sehhilfen wie UV-absorbierende Schutzbrillen oder Sonnenbrillen, da sie das Auge und den umgebenden Bereich nicht komplett abdecken. Kontaktlinsenträgerinnen und-träger sollten weiterhin UV-Licht absorbierende Brillen verwenden, wann immer dies empfehlenswert ist.

Klinische Studie¹

Vergleich: MiSight[®] 1 day mit der MyDay[®] MiSight[®] 1 day

Hauptziele

Vergleich der **Sehschärfe** und subjektive Sehbewertungen der Sehqualität zwischen MiSight[®] 1 day (Hydrogel) und MyDay[®] MiSight[®] 1 day (Silikonhydrogel).

Sekundäre Ziele

Tragezeit, Tragekomfort, Handhabung, Kontaktlinsensitz, subjektive Präferenz

Alter: 8 bis 18 Jahre

Randomisiert, doppelt verblindet,
bilaterales **Crossover** nach einer Woche

Testgruppe:

MyDay[®] MiSight[®] 1 day

Kontrollgruppe:

MiSight[®] 1 day

Stichprobenumfang:

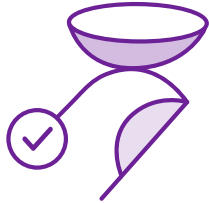
n = 32

Testzentren:

CORE, University of Waterloo

CORL, Indiana University

Speziell entwickelt, damit junge Menschen sie lieben. **EINFACH ZU HANDHABEN & TRAGEN**^{*1-4}



Die meisten Kinder bewerteten die MyDay[®] MiSight[®] 1 day als **einfacher aufzusetzen** als die bisherigen MiSight[®] 1 day.^{†1}



100 % der Kinder waren mit dem **Gesamtkomfort** der MyDay MiSight[®] 1 day zufrieden.^{†1}



Die Kinder, die die MyDay[®] MiSight[®] 1 day trugen, erreichten einen **Visus von 1,0** oder besser.^{§1}

* Based on adherence to replacement schedule, lens handling, comfort, satisfaction, vision quality, and visual acuity findings. † Clinical study participants at the 1-week visit. 38% rated very happy, 53% rated happy, 9% rated slightly happy with overall comfort satisfaction. ‡ 94% vs. 81% after 1 week of daily wear, p=NS. § In a clinical study, VA (LogMAR) ≥ 6/6 (20/20) for both study visits (dispense and 1 week).

Referenzen: 1. CooperVision Datenbestand, 2025. Prospective, 1-week, double masked, bilateral study with MyDay[®] MiSight[®] 1 day. N=32 subjects aged 8-18 years. 2. Chamberlain P et al A 3-year Randomized Clinical Trial of MiSight Lenses for Myopia Control. OVS 2019;96:556-567. 3. Chamberlain P, et al. Long-term Effect of Dual-focus Contact Lenses on Myopia Progression in Children: A 6-year Multicenter Clinical Trial. OVS 2022 Mar 1;99(3):204-212. 4. Chamberlain P, Arumugam B, et al. Myopia progression on cessation of Dual-Focus contact lens wear: MiSight[®] 1 day 7 year findings. OVS 2021;98:E-abstract 210049.

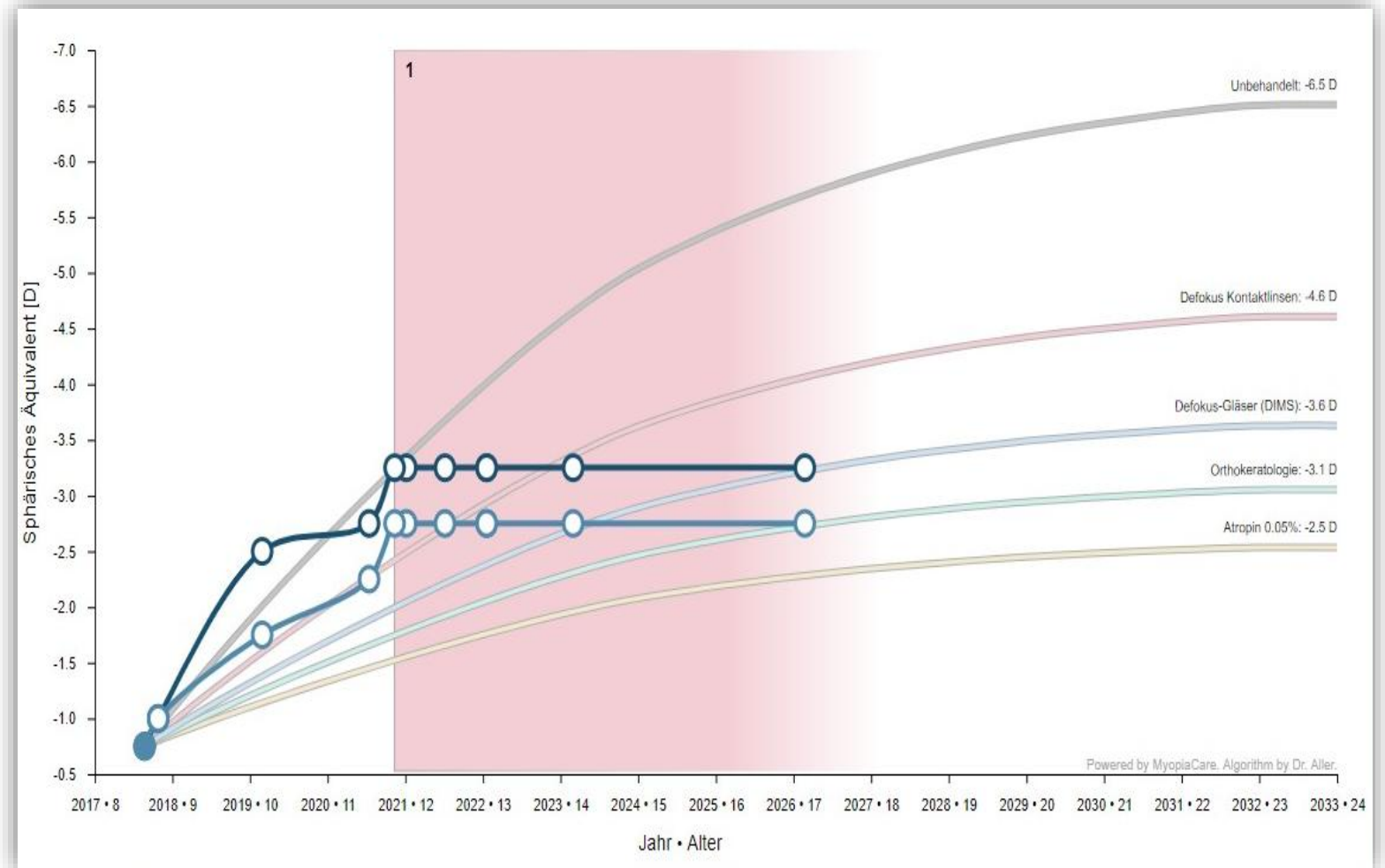


Beispiele aus unserer Praxis



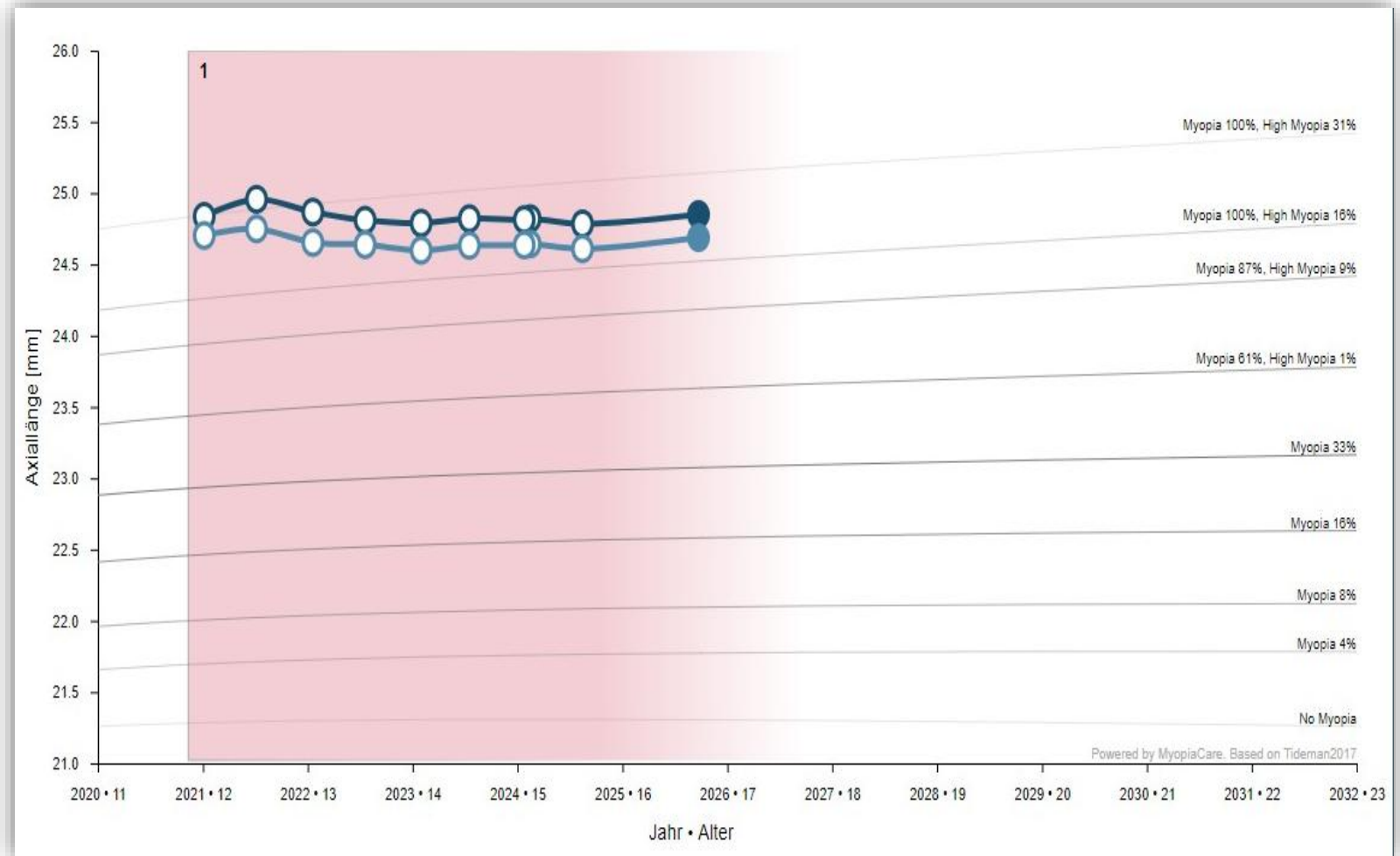
Praxisbeispiel **ideales** Myopie Management

- Livia 17 Jahre alt, kaukasierin
- Onset Myopie mit 8 Jahren
- Progression 1D pro Jahr
 - in 3 Jahren -0.5D auf -3.25D
- Unbehandelt -6.5D mit 24 Jahren / Prognose mit MiSight® 1 day -4.6D
- Start MiSight® 1 day Nov 2020, seit bald 6 Jahren keine Progression der Myopie



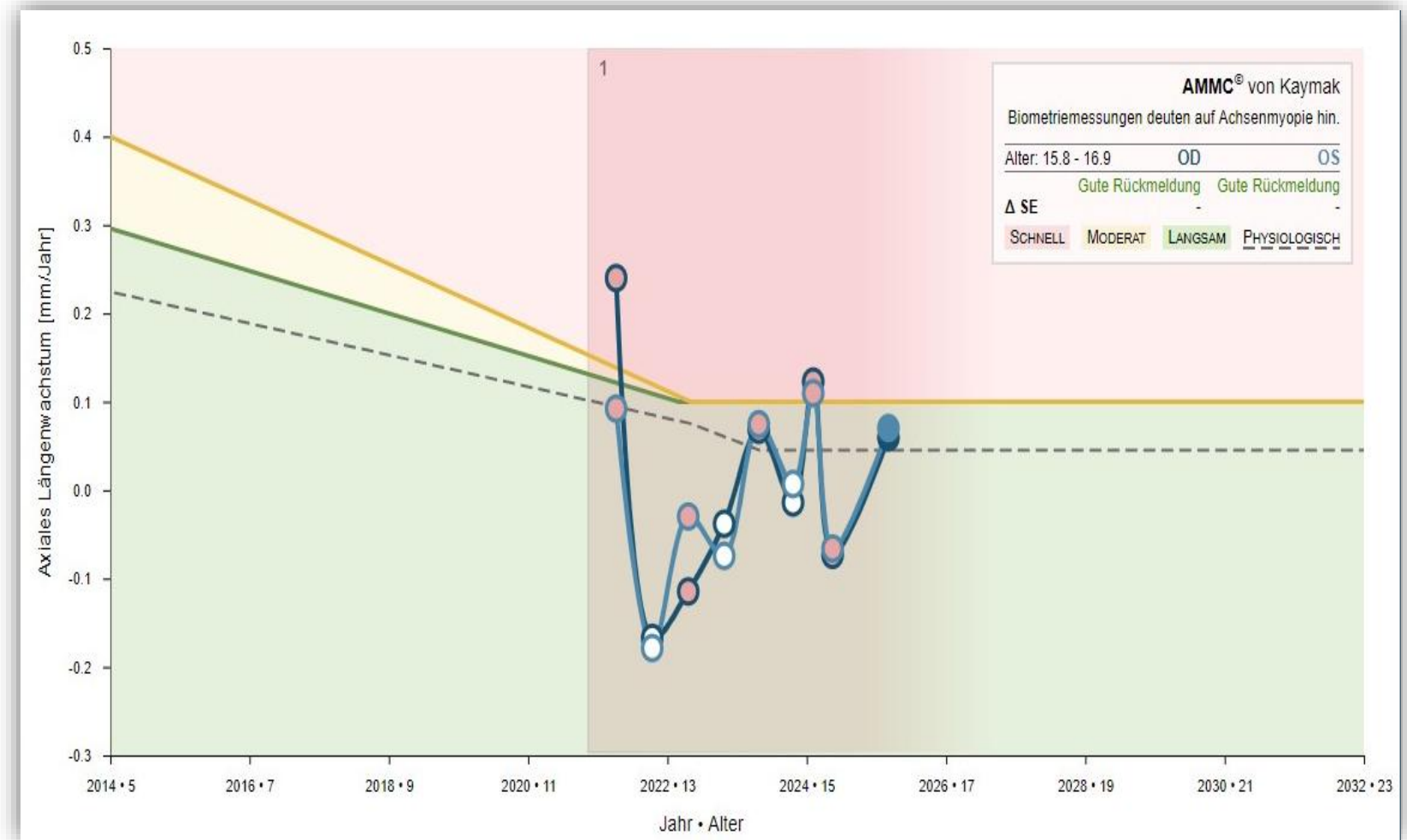
Praxisbeispiel **ideales** Myopie Management

- Alle 6 Monate Check-Up
- Augenlänge 24.80mm bzw 24.60mm zu Beginn des Managements
- Kein wirkliches Längenwachstum messbar seit über 5 Jahren
 - Leider keine Längendaten zu Beginn der Myopie verfügbar



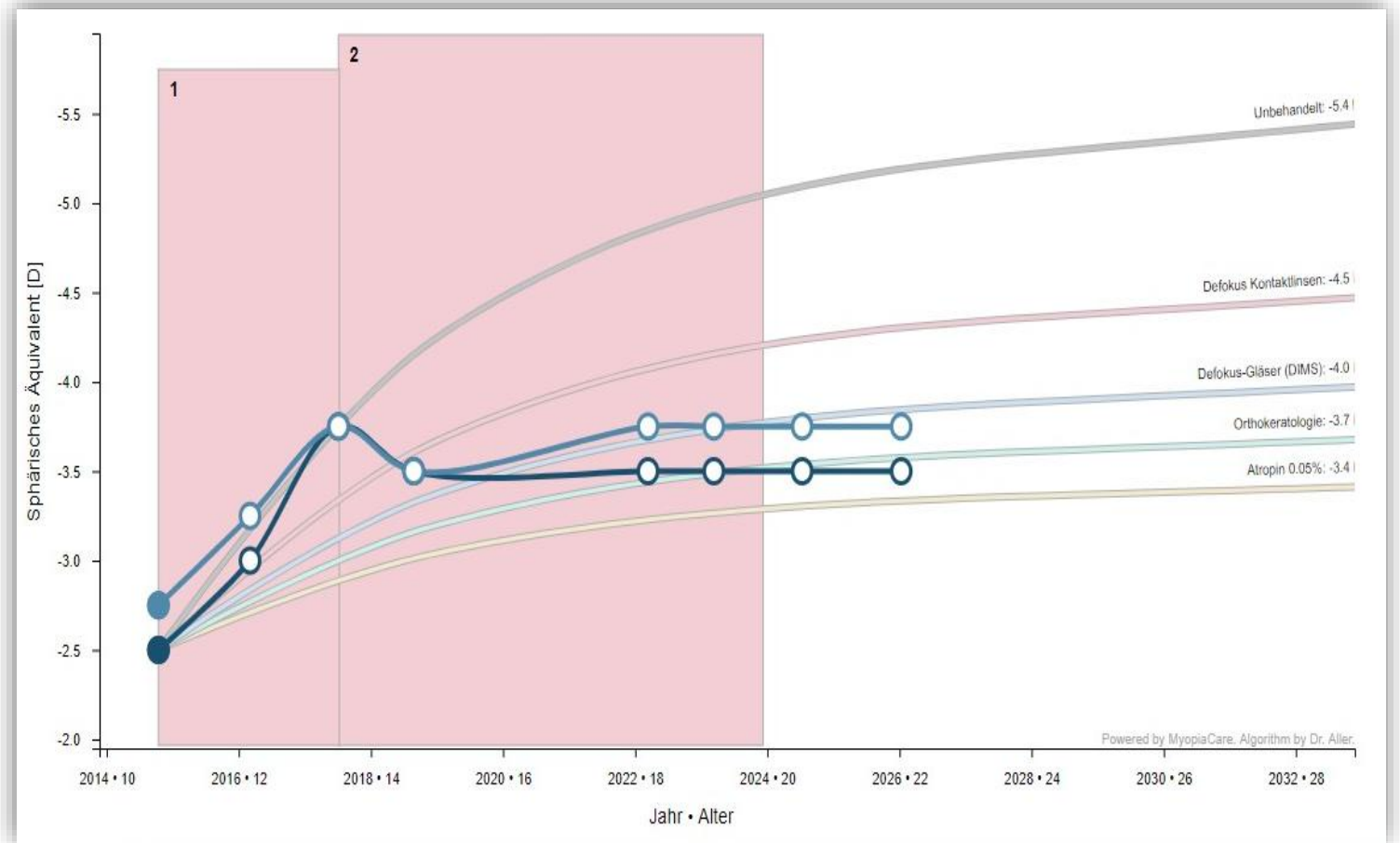
Praxisbeispiel **ideales** Myopie Management

- Kein Längenwachstum, aber Unterschiede im Vergleich zur emmetropen Vergleichsgruppe
 - AMMC nach Kaymak



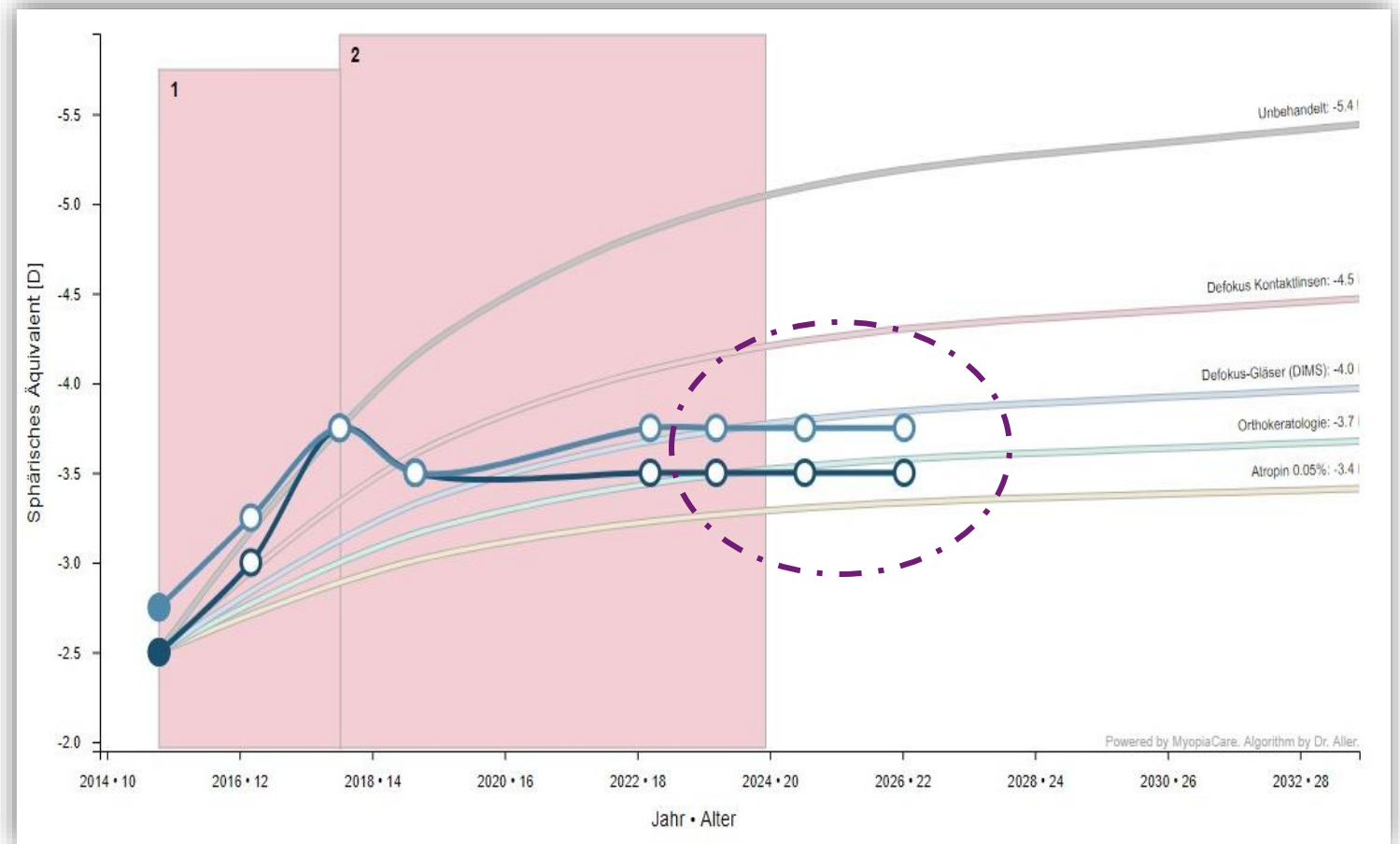
Praxisbeispiel **adaptives** Myopie Management

- Oliver 22 Jahre alt, kaukasier
- Onset Myopie mit 11 Jahren
- Progression 0.75D pro Jahr
- Unbehandelt -5.4D mit 28 Jahren / Prognose mit MiSight® 1 day -4.5D
- Start Myopie Management mittels bifokaler Monatslinse (1) Zentrum Ferne (Off Label)
- Progression unverändert!!



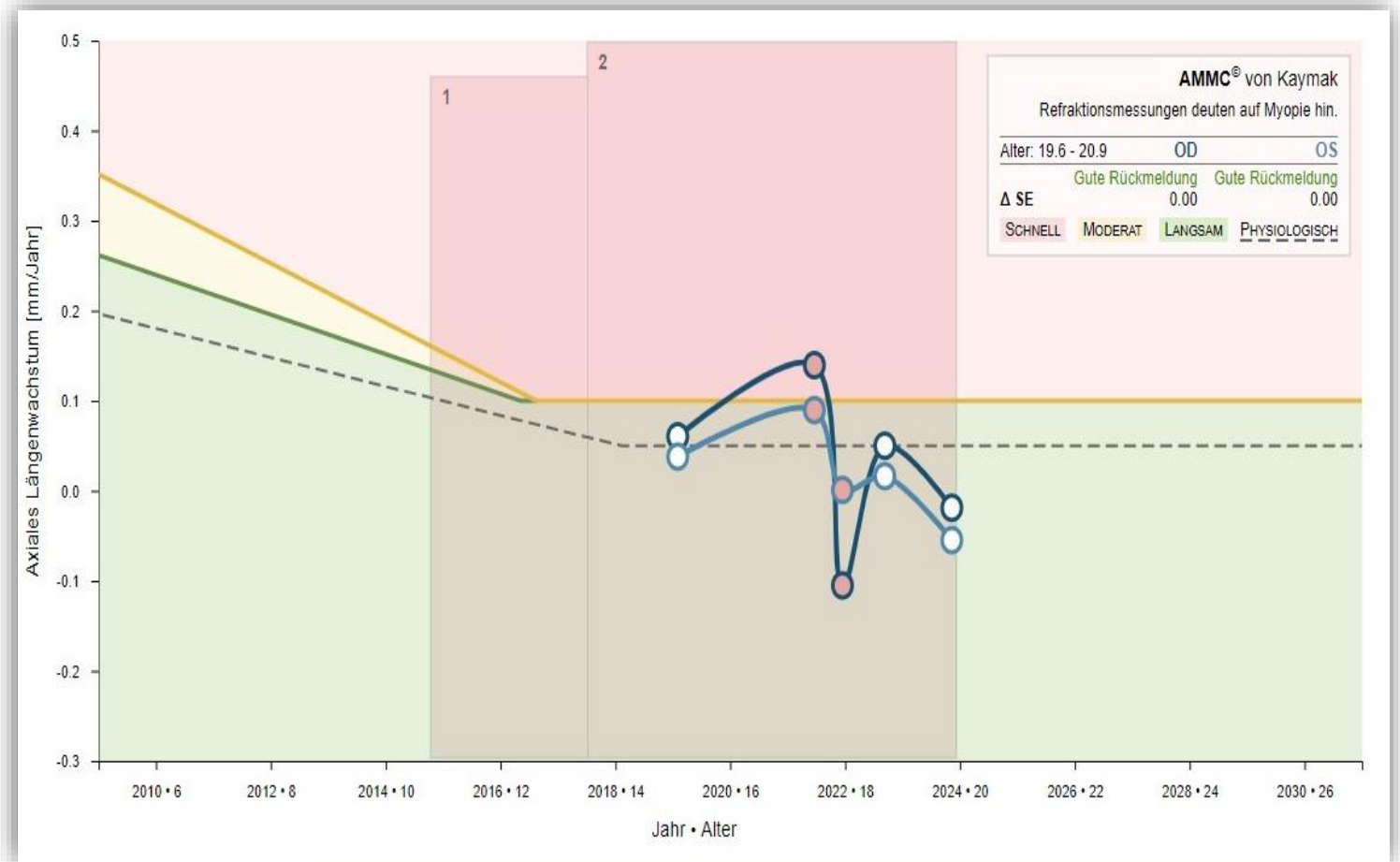
Praxisbeispiel **adaptives** Myopie Management

- **Nach 2 Jahren Wechsel auf MiSight® 1 day (2), keine Progression mehr**
 - Dieser Fall zeigt die Wichtigkeit klinischer Daten. Nicht Alles was ähnlich Aufgebaut ist, hat auch eine ähnliche Wirkung
- **Mit 20 Jahren Entscheidung das Management zu Stoppen**
- **Bisher keine Progression, kein Rebound-Effekt**



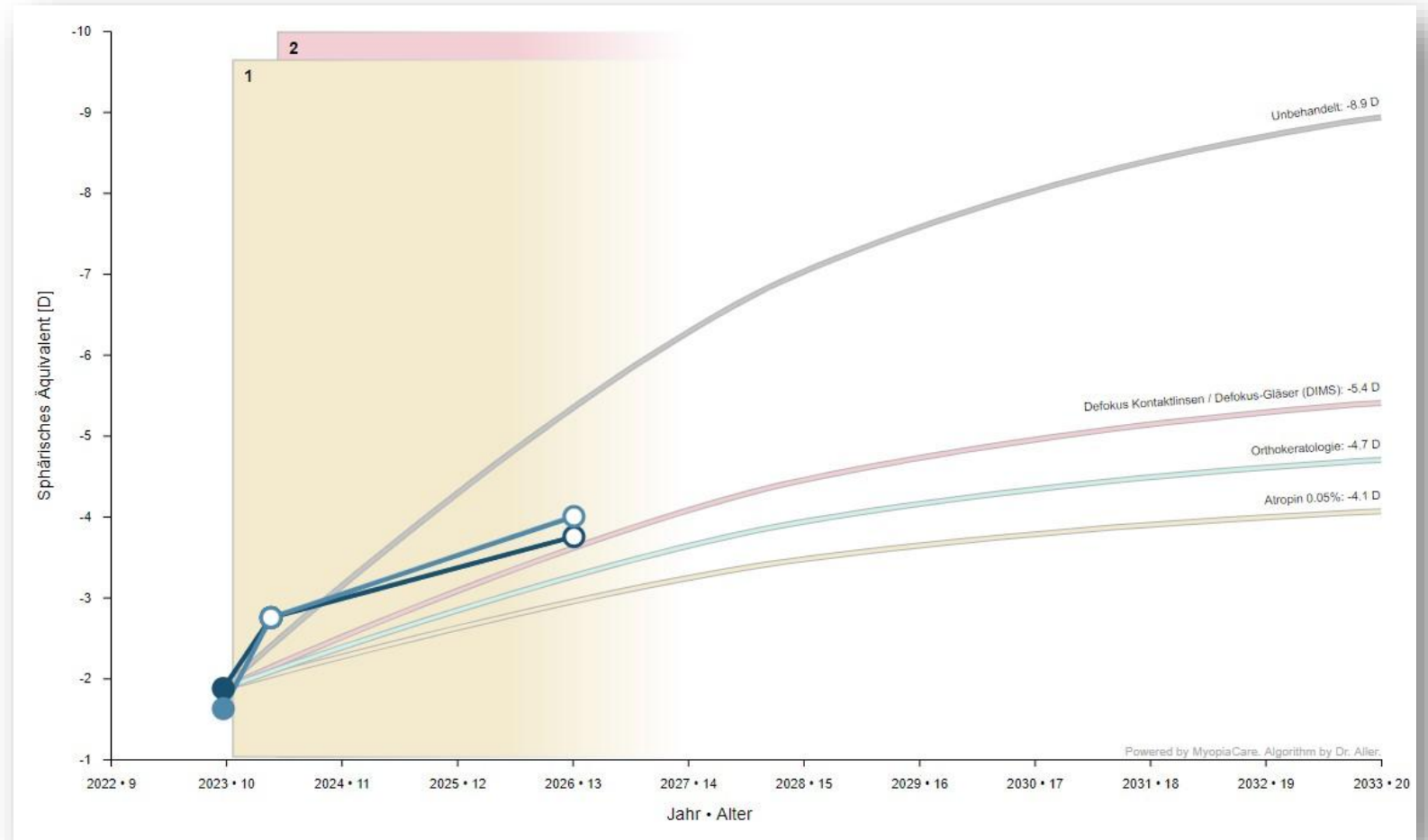
Praxisbeispiel **adaptives** Myopie Management

- Mit 20 Jahren Entscheidung das Management zu Stoppen
- AMMC hilft in der Entscheidungsfindung, Progression liegt weit unter der physiologischen Entwicklung



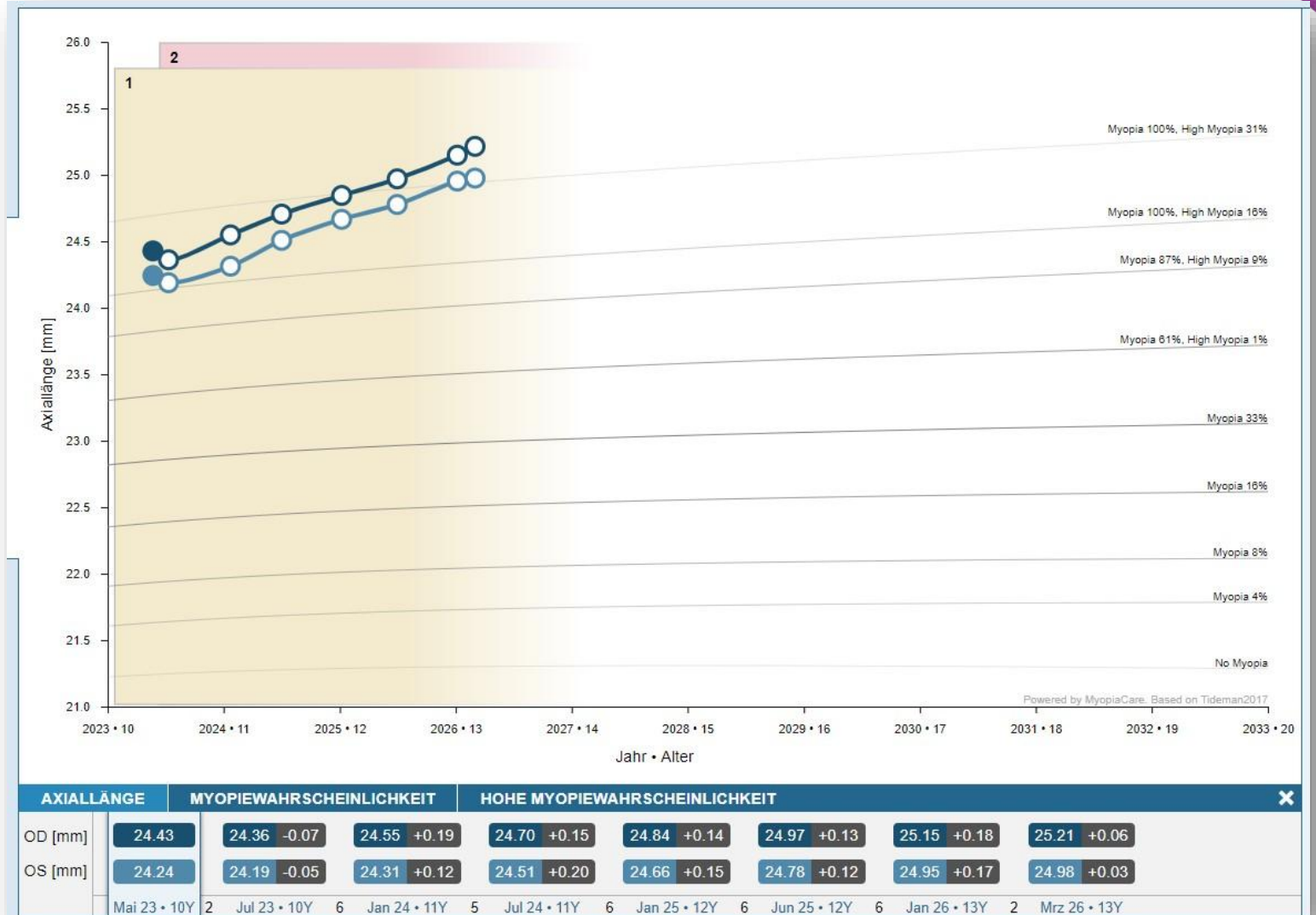
Praxisbeispiel adaptives Myopie Management

- Larina 14 Jahre alt, kaukasierin
- Onset Myopie mit 9 Jahren
- Progression 1.25D pro Jahr
- Unbehandelt -8.9D mit 20 Jahren
- Start Myopie Management Atropin 0.01%, Progression weiterhin extrem hoch
- Nach 6 Monaten kombiniert mit MiSight® 1 day, nach 3 Jahren Progression um knapp 50% reduziert



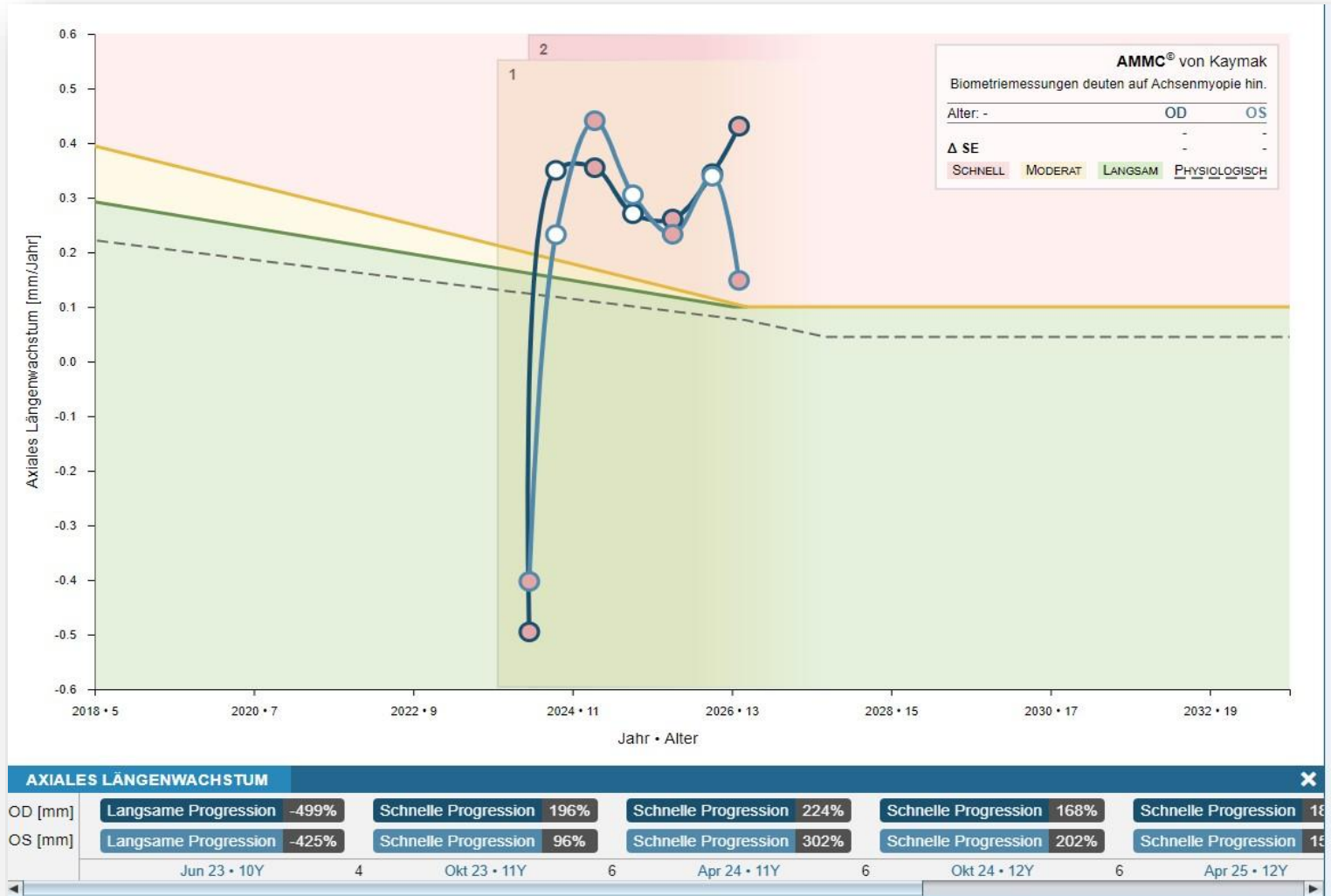
Praxisbeispiel **adaptives** Myopie Management

- Progression der axialen Längenzunahme immer noch sehr hoch
- Atropin 0.02% wurde nicht vertragen
- Wechsel auf Orthokeratologie in Kombination mit Atropin ist in Diskussion



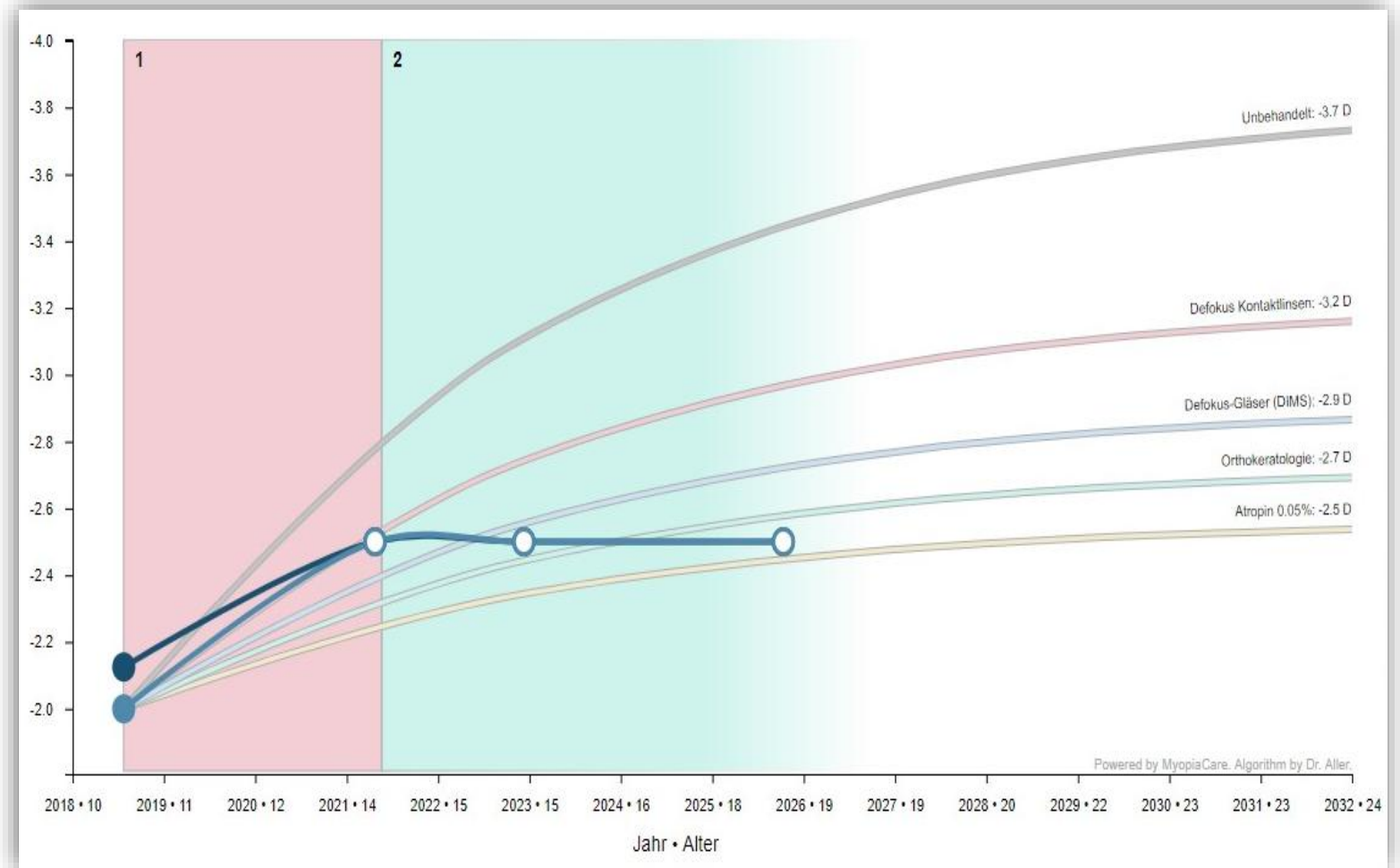
Praxisbeispiel adaptives Myopie Management

- Progression liegt weiterhin (insbesondere OD) über dem normalen Wachstum der Emmetropen
- Aber zur Zeit ist eine Myopie um -5.25D zu erwarten und nicht -9.00D ohne Management



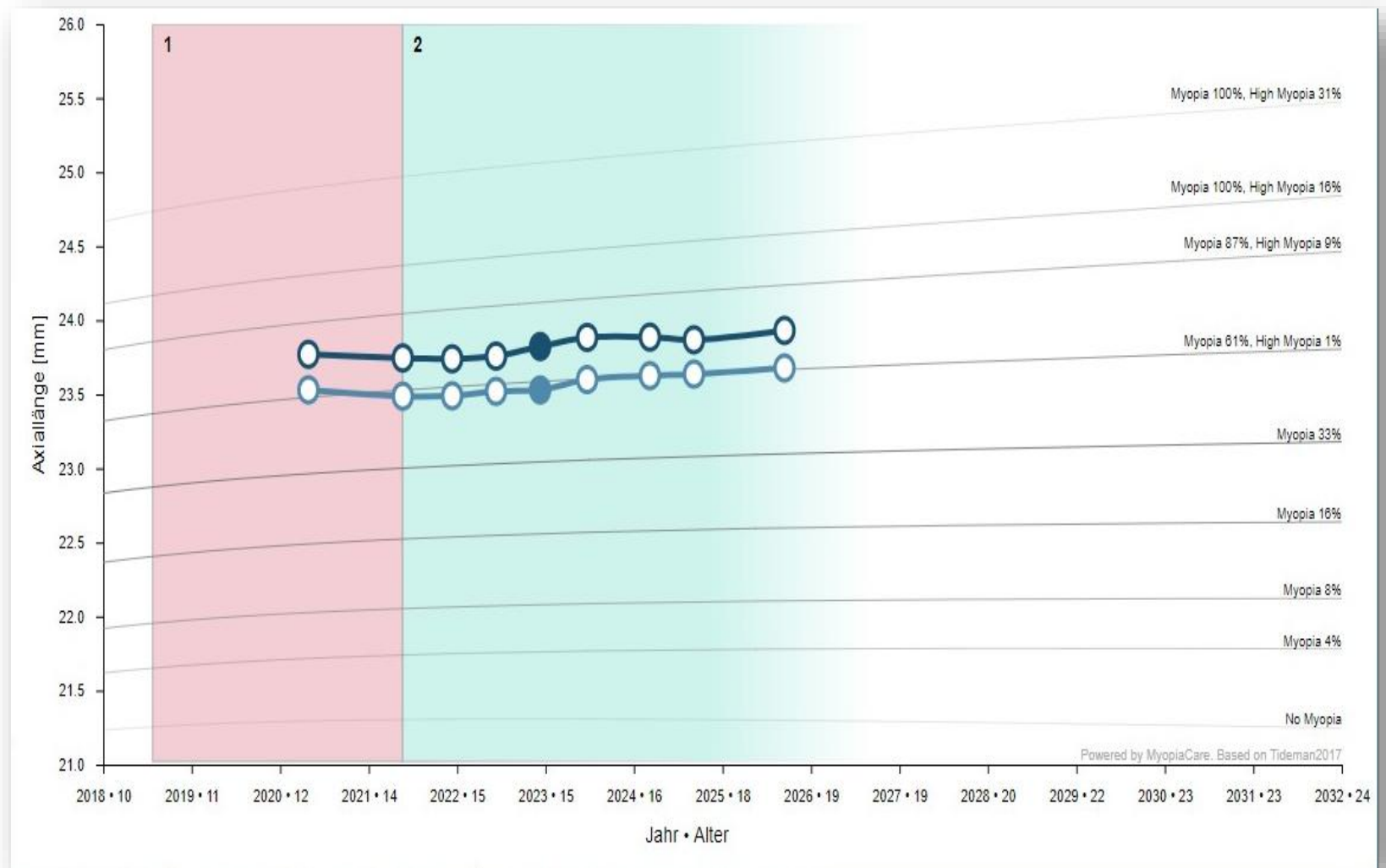
Praxisbeispiel **adaptives** Myopie Management

- Linn Sophie 15 Jahre alt, kaukasierin
- Onset Myopie mit 9 Jahren
- Progression 1.25D pro Jahr
- Unbehandelt -3.7D mit 24 Jahren
- Start Myopie Management MiSight® 1 day, Progression weiterhin hoch (OS)
- Nach 5 Jahren Wechsel auf Orthokeratologie, keine Progression mehr



Praxisbeispiel **adaptives** Myopie Management

- Nach 5 Jahren, auch keine Längen-Progression mehr





Zusammenfassung

- **Methoden zur Hemmung der Myopie sind verfügbar und auf Evidenz geprüft**
- **Agiere früh, mutig, effektiv und konsequent!**
- **Informiere neutral und Evidenz basiert**
- **Die erfolgreichste Therapie wächst mit dem Kind und passt sich ihm an**





Organisation für Schweizer Optometrie OSO
Organisation Suisse d'Optométrie OSO
Organizzazione Svizzera di Optometria OSO



Vielen Dank für Ihre Aufmerksamkeit



Michael Wyss, M.Sc. Optometrist FAAO



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