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Moving Beyond Correction: WCO's Standard of Care for Myopia Management

Ryan Quigley:

You're listening to *Eye on Ocular Health* on ReachMD, and this is an *AudioAbstract*. I'm Ryan Quigley, and today, I'll be reviewing the latest standard-of-care guidelines for myopia management from the World Council of Optometry, or WCO for short.

For years, managing myopia was pretty straightforward: identify the refractive error, prescribe glasses or contact lenses, and that was it. But based on the WCO's recent statement, it's clear that simply correcting refractive error is no longer enough. It considers myopia management an obligation for optometrists, *not* an option.

That's because current estimates show that by 2050, nearly five billion people worldwide will be myopic—that's more than double the number from 2010.

And this statistic is just as staggering as the associated consequences.

Regardless of its magnitude, myopia correlates with an increased lifetime risk of serious ocular conditions, such as retinal detachment, myopic maculopathy, glaucoma, and cataracts. In fact, a landmark 2015 WHO report described this surge in myopia as a global crisis, heightening the risk of irreversible vision impairment on a massive scale.

So to help address this, the WCO laid out a clear, evidence-based standard of care. It's built around three pillars: Mitigation, Measurement, and Management. Let's break down what each means in day-to-day practice.

The first pillar, Mitigation, focuses on proactively educating parents and children on myopia, especially during early and regular eye exams. That means:

- Explaining what myopia is, why it matters in the long-term, and that it's more than "just needing glasses," in addition to
- Discussing lifestyle and environmental factors to prevent or delay the onset of myopia. As an example, optometrists should encourage outdoor time along with reducing time doing near-work by taking frequent breaks.

And it's important to keep in mind that these aren't just one-off chats; the WCO recommends these conversations be ongoing so that routine visits can become powerful prevention tools.

In its second pillar, Measurement, the WCO encourages optometrists to move beyond basic refractive checks towards regular ocular health exams that include:

- Accurate assessment of refractive error, and
- Measurement of axial length whenever possible to get a more complete picture of myopic progression.

This emphasis on objective data doesn't just support early intervention; it also gives families a clearer picture of what's happening and why it matters.

The third and final pillar is Management. After diagnosing myopia, the WCO recommends addressing both vision correction and progression control. Spectacles or contact lenses help improve sight, while evidence-based interventions, such as myopia control lenses, low-dose atropine, or behavioral strategies, can slow progression. These approaches are often combined and tailored to an individual patient's needs.

So those are the three pillars outlined by the WCO, but what does all of this mean for clinical practice? Well, it means bringing these conversations forward—to be initiated early and performed regularly. This includes explaining to families that myopia isn't just a matter of blurred vision, but a chronic condition with long-term risks. It also means outlining available options to manage progression, framing them not as luxury add-ons but as evidence-backed necessities.

And perhaps most importantly, it's a change in mindset. It's not just about correcting vision when we have the opportunity—and the responsibility—to protect and manage ocular health over a lifetime.

This has been an *AudioAbstract* for *Eye on Ocular Health*, and I'm Ryan Quigley. To access this and other episodes in our series, visit ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

Reference:

World Council of Optometry. The Standard of Care For Myopia Management by Optometrists. Accessed July 21, 2025. <https://myopia.worldcouncilofoptometry.info/standard-of-care/>