



THE BENEFITS OF CONTACT LENSES FOR CHILDREN

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Parents and young patients often ask: “At what age can I start wearing contact lenses?” A common perception is that contact lens wear cannot begin until a certain age. However, most children—at any age—are great candidates. Nevertheless, many practitioners resist offering children contact lenses for several reasons, including the potential risk of adverse events, increased chair time, concerns about motivation, and hygiene (Sindt, 2006; Walline et al, 2014). However, it has been found that children as young as 8 years old are capable of wearing and caring for contact lenses (Walline et al, 2009). The Adolescent and Child Health Initiative to Encourage Vision Empowerment (ACHIEVE) study was a randomized, single-masked trial with

8- to 11-year-old myopes who were randomly assigned to wear either spectacles or contact lenses for a three-year period. In this study, the contact lens wearing children were able to wear lenses an average of 10 hours per day (Walline et al, 2009). With respect to chair time, the Contact Lenses in Pediatrics (CLIP) study, showed that children from 8 to 12 years old took only 15 minutes more to fit in comparison to teens (13 to 17 years of age) (Walline et al, 2007).

Another common misperception is that children are at increased risk of infection or complications from contact lenses, but there doesn't appear to be any scientific evidence indicating that. In fact, soft contact lens wear in children was associated with lower risk of infiltrative event compared with teens and young adults (Chalmers et al, 2011).

There are many reasons for fitting young people into contact lenses. For example, children may require contact lenses wear to correct for aphakia (Lindsay and Chi, 2001), ocular trauma (Shaughnessy et al, 2001), or high refractive error.

Children wearing spectacles are



Figure 1.

often motivated to wear contact lenses, because spectacles often reduce peripheral vision, induce aberrations and prism when looking away from the optical center, and may cause problems with excessive minification or magnification (Sindt, 2006; Walline et al, 2014). All of these problems are greatly minimized by contact lens wear.

Spectacle wear also has been associated with negative attributes including less attractiveness, introversion, and shyness (Sindt, 2006; Walline et al, 2014). In addition, children are very active and spectacles can compromise their ability to participate in athletic activities. The ACHIEVE study results indicated that contact lenses significantly

improved how children felt about their physical appearance, their ability to play sports, and their acceptance amongst peers (Walline et al, 2009).

A Case for Contact Lenses

A 7-year-old gymnast had a history of degenerative myopia in her right eye. Her spectacle prescription was $-9.00 -4.00 \times 020$ in the right eye and $+1.50 -1.25 \times 180$ in the left eye and axial length was 26.10mm and 21.65mm in the right and left eyes, respectively. Due to her large anisometropia and active lifestyle, her mother was interested in having her fitted into contact lenses. She was also concerned about the progressive myopia in the right eye.

In order to correct her vision in both eyes and retard her myopia in the right eye, the patient was fitted into a center-distance multifocal hybrid lens in the right eye and a single-vision hybrid lens in the left. She was able to apply her lenses herself, while her mother helped with lens removal and care (Figure 1).

Additionally, her mother reported that the patient appeared less shy and was better able to perform her gymnastics in her new lenses. **CLS**

For references, please visit www.clspectrum.com/references and click on document #SE2019.

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