Prescribing for the hyperopic child

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Abstract:

The prescribing of hyperopia for reasons other than strabismus and amblyopia has often been challenged. Surveys between optometrists and ophthalmologists have revealed differences in prescribing philosophies, especially in the frequency of prescribing at lower levels of hyperopia (<3.00D). This course will help practitioners in general practice with guidelines and examination strategies for making hyperopic prescribing decisions in children and adolescents.

Learning Objectives:

1. Recognize key indicators for hyperopic prescribing other than magnitude
2. Be able to explain the rationale for individual prescribing decisions

Outline:

1. Hyperopic prescribing considerations for the infant/toddler
   a. Emmetropization
   b. Strabismus and Amblyopia
2. Hyperopic prescribing considerations for the preschooler/kindergartner
   a. Emmetropization
   b. Strabismus
c. Amblyopia
   i. Risk factors for decreased visual acuity in preschool children: the multi-
      ethnic pediatric eye disease and Baltimore pediatric eye disease studies.
      Ophthalmology, 2011 Nov: 118(11)2262-73

d. Child development
   i. Child Development and Refractive Errors in Preschool Children.

3. Hyperopic prescribing considerations for the school-aged child
   a. Constant / intermittent blurred vision
      i. Prescribing for hyperopia in childhood and teenage by academic
      ii. Management of childhood hyperopia: a pediatric optometrist's perspective.
   b. Amblyopia
      i. Treatment of Bilateral Refractive Amblyopia in Children 3 to <10 Years
   c. Accommodative and vergence issues
      i. Care of the patient with accommodative and vergence dysfunction
         (http://www.aoa.org/documents/CPG-18.pdf)

4. Consensus resource guide for the prescribing of hyperopia:
   a. Optometric Clinical Practice Guideline: Care of the Patient with Hyperopia
      (http://www.aoa.org/documents/optometrists/CPG-16.pdf)
   b. Pediatric Eye Evaluations Preferred Practice Patterns: Guidelines for refractive
      correction in infants and young children
      (http://one.aao.org/asset.axd[ID=252bcefd-075c-4c71-bafd-03e72d47fa39])
   d. Ciner EB. Management of refractive error in infants, toddlers and preschool
   e. Leat, S.J. To prescribe or not prescribe: Guidelines for spectacle prescribing in
      infants and children. Clinical and Experimental Optometry. 2011 94(6): pp 514-