

Talkin' 'bout my(opia) generation: The impact of *Optometry and Vision Science*

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VIRTUAL ISSUE EDITORIAL: This editorial fronts the first virtual issue for *Optometry & Vision Science*. Virtual issues are a collection of papers from previously published issues of the journal that are brought together in a single, online publication. They highlight the important contribution the journal has made in supporting myopia research. All the papers referenced and previously published in *Optometry & Vision Science* will be made free access for 1-month. The collection can be accessed here: <https://journals.lww.com/optvissci/pages/collectiondetails.aspx?TopicalCollectionId=16>

Myopia fascinates me. My own ophthalmic history may have set the stage, but it took 20 years before I wrote the script, cast the actors, and produced the play. I got my first eyeglasses when I was 7 years old. My paternal grandfather was an optometrist in Stow, Ohio. He graduated from the correspondence course at the Needles Institute in Kansas City, Missouri, and his calligraphed diploma in my office is much more impressive than any diploma I have from the University of California, Berkeley.

I think my first prescription was on the order of -0.12 diopters (D) in both eyes. Eventually, some base-in prism and an admonition to look up at the end of every page when I was reading a book were added—rudimentary attempts at myopia control I think. By the time I was 17 years old, I was -8.00 D in both eyes with a little astigmatism in each eye. I know; so much for myopia control! Of course, perhaps I was destined to be a much higher myope, or perhaps I did not comply very well with the ocular hygiene protocol. My parents were emmetropic from what I can tell, and I have two older sisters with myopic refractive errors that do not hold a candle to mine.

At age 13 years, I tried to wear PMMA lenses. They hurt, and I blinked often and oddly for the year I wore them. I got my first soft contact lenses at age 17 years, and my decades-long contact lens history reads like the history of contact lenses: Bausch + Lomb U lenses, then later O series lenses; an attempt at extended wear when my first child was born; rampant giant papillary conjunctivitis that had me driving to work with only one lens in at a time and a course of cromolyn; epithelial issues with silicone hydrogels; monovision dailies; and now daily multifocals.

I dipped my toes into the myopia research waters with a required senior optometry project at Berkeley Optometry with Don Mutti. We documented the incredible shortening of law students' axial length during their education!¹

When I headed to graduate school at the University of California, Berkeley, I found myself at an intellectual crossroads. Should I pursue studies in corneal physiology and contact lenses or join the then-nascent field of myopia research? There were some strong opinions—then and after—that I should choose the basic science route; instead, Tony Adams, author of his own myopic trajectory, also without any treatment in sight,² and his ideas about the potential in patient-oriented research to identify risk factors for juvenile-onset myopia captivated me—then and now.

The American Academy of Optometry's journal, first the *American Journal of Optometry and Physiological Optics* and now *Optometry and Vision Science (OVS)*, has been an important part of my own journey (I typed for then editor Mert Flom³ when I was in optometry school). It has also been vital to the advances in myopia research.

From 2018 on, *OVS* has published an easily identifiable 57 articles on the broad topic of myopia. Similar tallying of totals of article and poster presentations at the American Academy of Optometry annual meetings for the last 6 years would easily run into the hundreds. Highlights include risk factors for myopia onset and progression and various treatment trials. Risk factors include generic explorations⁴⁻⁷ and investigations into specific risk factors, like time spent outdoors⁸ and nutrition.^{9,10}

The seminal article describing the 3-year results of the MiSight lens for myopia control,¹¹ the only FDA-approved treatment for myopia progression in the United States, debuted in *OVS*.

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ISSN: 1040-5488/24/10102-0079
DOI: 10.1097/OPX.0000000000002112

More recently, an article that clinicians can reference regarding the predictability of future myopia progression from previous myopia progression appeared.¹² Myopia treatment studies and reviews of same have filled *OVS*'s pages for clinicians and researchers alike.^{13–19} So have pieces derived from modeled or existing data.^{20–22} Many methodological articles related to animal model results and ocular measurements in humans have been published in the Academy's journal. In recent years, articles related to health disparities find their way to the pages of *OVS* and therefore the minds and practices of optometrists worldwide.^{23,24}

The rapid pace of information that may affect treatment of juvenile-onset myopia continues to come at us like a tsunami. Would that Tony Adams or I had the opportunity for treatment as children! The trick for researchers and clinicians alike is to sort through the evidence—the results that solidify their point of view and the ones that undermine it—and draw their own conclusions. Researchers analyze the data to design their next study to address important unanswered questions. Clinicians interpret the information to figure out how best to apply the results to an individual patient. In the end, *OVS* can help our community read, analyze, interpret, and, ultimately, act. In its 101st year, *OVS* is more important than ever.

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