

One-year Efficacy and Tolerance of Myofix Defocus Spectacles for Control of Myopia Progression

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Supplementary Figures

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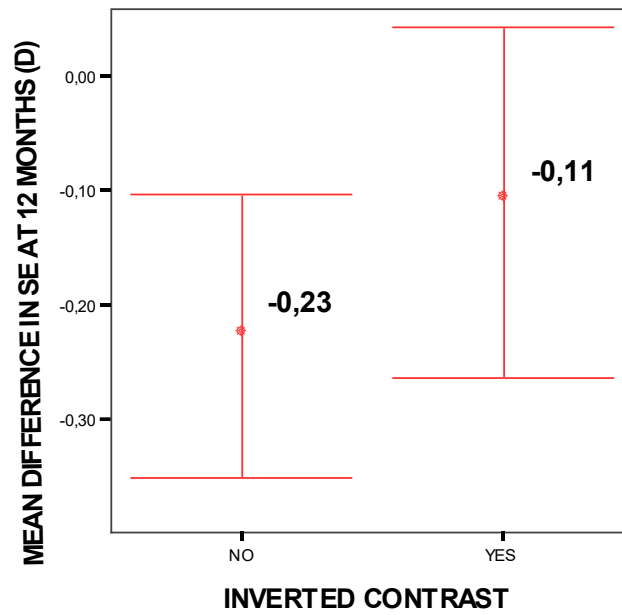


Figure S1. Non-significant less mean progression in children with Myofix who used inverted contrast in their devices ($p=0.214$).

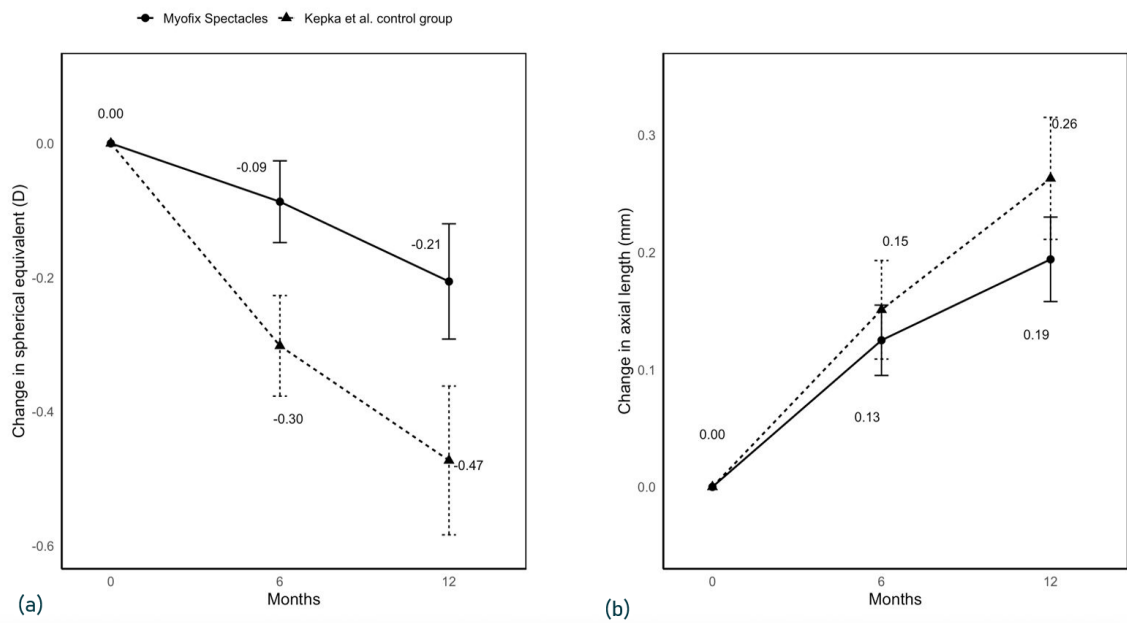


Figure S2. Changes from baseline over 6 and 12 months in children wearing Myofix spectacles. (a): Change in spherical equivalent (SE) refraction. (b): Change in axial length. Data are presented as means with 95% confidence intervals. Six subjects with missing data in Repka study (at 6 months visit) were interpolated linearly with baseline and 12-month data. Solid lines represent the Myofix spectacle group; dashed lines represent the Repka et al. control group.

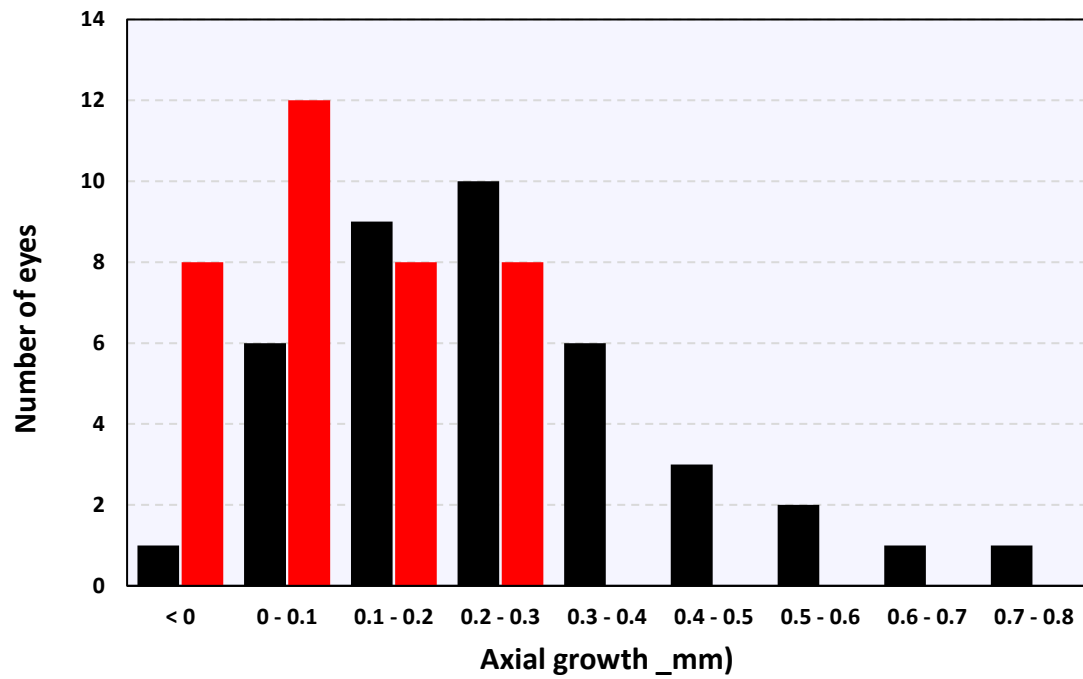


Figure S3. Distribution of axial length changes for the Myofix group in red and the Repka group in black. It can be clearly seen that the distribution of axial length change at 12 months is shifted to the left in Myofix treated children (Student *t* test $p < 0.01$)

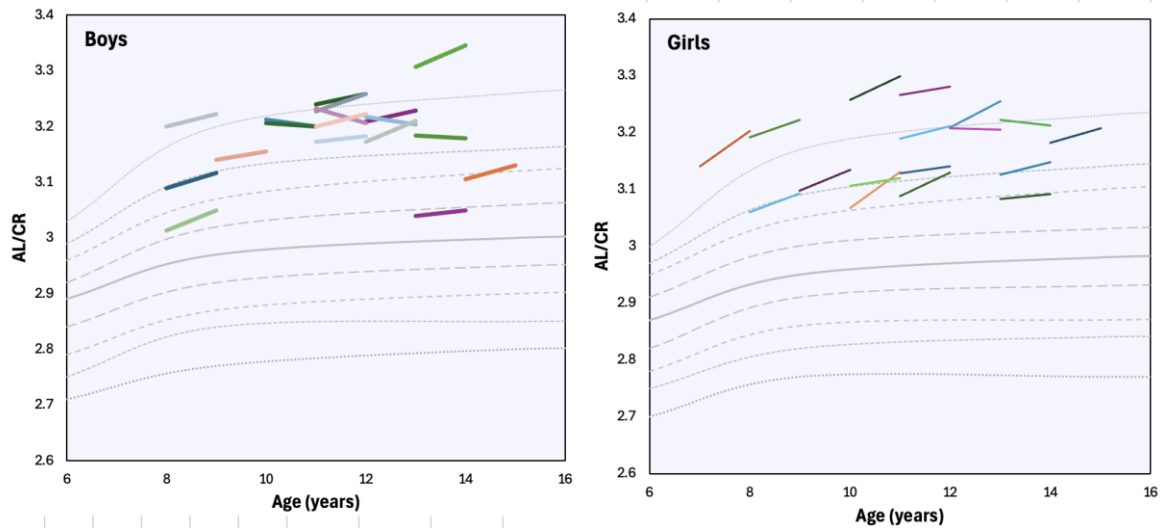


Figure S4. Axial length – corneal curvature ratio for individual boys and girls with 12 months follow up, plotted against Tideman et al. growth percentiles of axial length – corneal radius.¹ It can be seen that most children follow normal growth patterns.

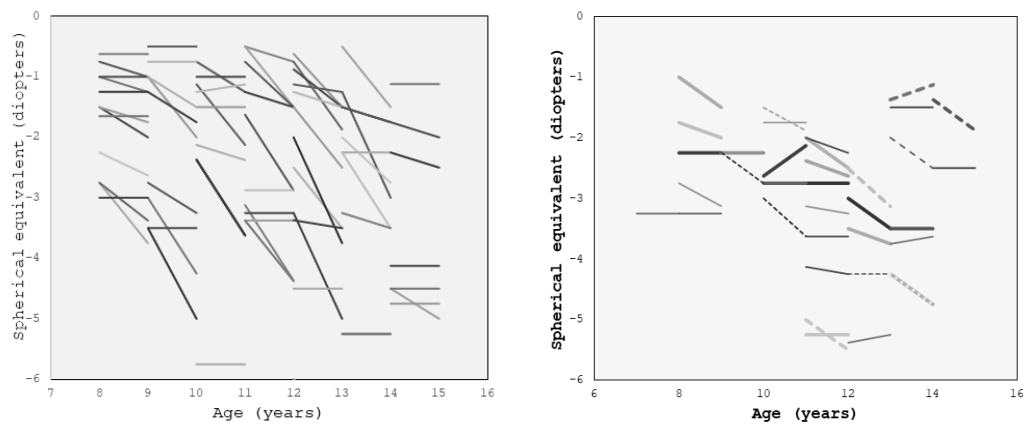


Figure S5. Individual trajectories of spherical equivalent refractive error (diopters) plotted against age (years) for two study groups. Left panel: Control group from Pandemic Study group,² with each solid line representing one participant's refractive change from baseline to 12 months. Right panel: Myofix-treated group over 12 months. Solid lines represent children with good compliance, while dotted lines indicate children with poor compliance.

References

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