



Contact lens practice in adolescents

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INTRODUCTION

Children who require vision correction may benefit from contact lens wear, and all options for correction should be considered and be part of the discussion process with the child and their parent(s)¹

Contact lenses provide advantages of increased magnification for myopes, unobstructed field of view and the absence of prismatic peripheral field distortion

Contact lens wear was shown to improve how children and teens felt about their appearance and participation in activities

Adolescent years are all about appearance and acceptance issues.

In this study we aimed to discuss our soft lens fitting results in adolescents

Walline J, Gaume A, Jones L, Rahm M, Manny R, Berntsen D, Chitkara M, Kim A, Quinn N. Benefits of contact lens wear for children and teens. *Eye Contact Lens* 2007;33:317–21.

Paquette L, Jones DA, Sears M, Nandakumar K, Woods CA. Contact lens fitting and training in a child and youth population *Contact Lens & Anterior Eye* 38 (2015) 419–423

MATERIALS AND METHODS

Single-center, retrospective cross sectional study

Adolecents who underwent soft spheric and toric lens fitting between September 2024 and January 2026

All were given informed consent after a complete ophthalmological exam
Two different brands were fit for the right and left eyes

CLvisual acuity (CLVA) and overrefraction was checked after 30 min

Lens fit and push-up test were evaluated

If the fit and visual acuity were optimal brand choice was up to the patient

In myopic astigmatism rotation and stability affected the decision



Insertion and removal was instructed by ZO and written information was given to all.

All of the youngsters practiced insertion and removal both on the trial day and the control visit within 2 weeks.

CLVA was superior or equivalent to spectacle-corrected VA for all.

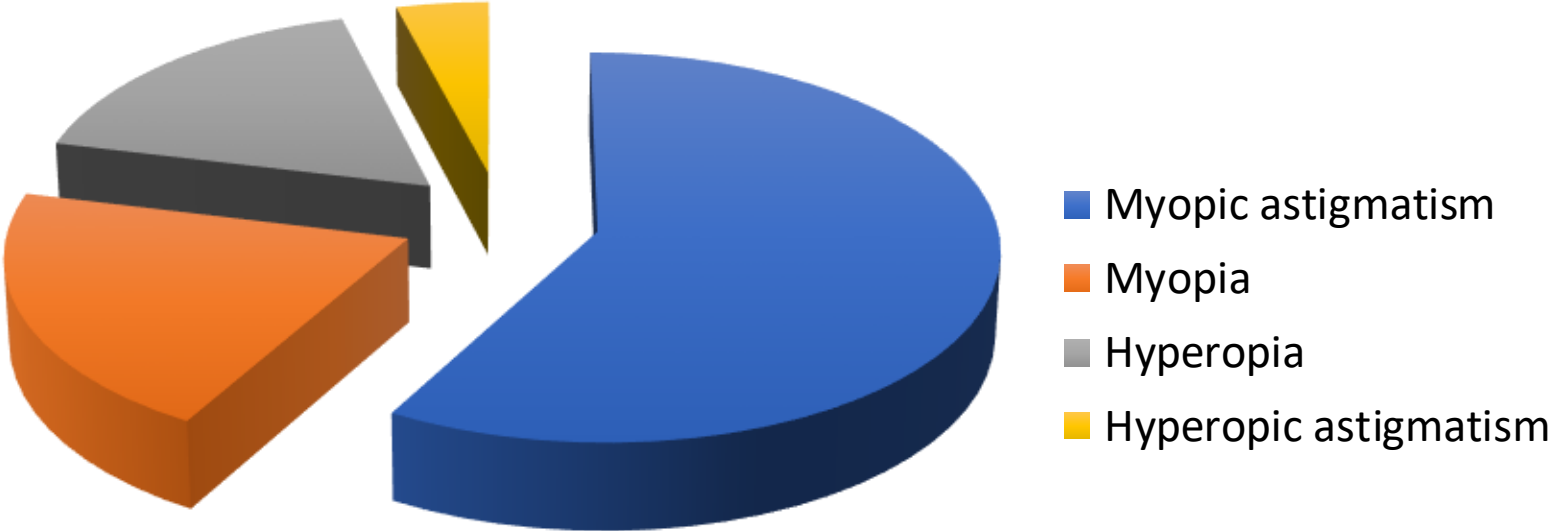
Lens fit, adherence to lens hygiene and patient reported comfort were noted



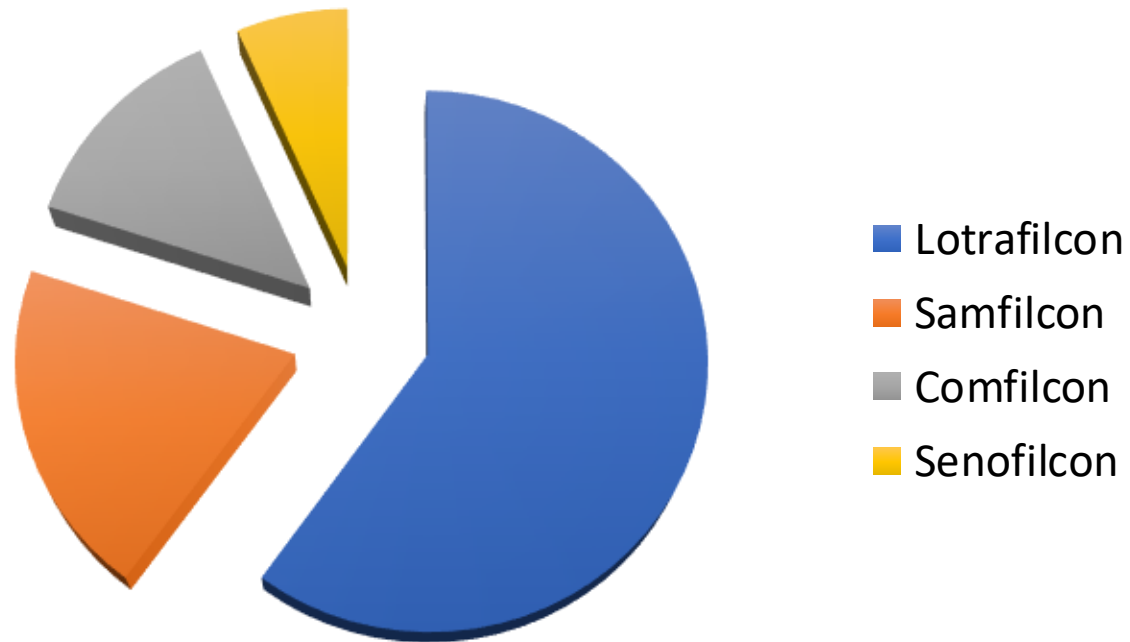
RESULTS: 30 patients, 58 eyes

Gender	Male 14 (%46,7) Female 16 (%53,3)
Age (years)	15.03 ± 2,8 (range= 12-17)
Indication	Myopic astigmatism 17 patients (%56,6) Myopia 6 (%20) Hyperopia 5 %16.6) Hyperopic astigmatism 2 (%6.6)
Failure	3 patients (%10)

Indications



Prescribed material



Mean follow-up: 10.4 ± 3.6 months (range:6-16)

All reported stable and comfortable vision throughout the day and adhered to hygiene.

No serious complications were noted



► DISCUSSION

Contact lenses are a good alternative in vision correction when attention paid to lens hygiene. Recently there has been an increasing interest in the use of contact lenses in the control of myopia, which will likely lead to an increasing interest in fitting children with contact lenses.

Initial motivation of the child was reported to be a major factor in determining success with contact lens training as well as future wear. Our study also confirmed this motivation factor

One interesting result was myopic astigmatic fits were more than total spheric fits

Lam CSY, Tang WC, Tse DYY, Tang YY, To CH. Defocus incorporated soft contact (DISC) lens slows myopia progression in Hong Kong Chinese school children: a 2-year randomized clinical trial. *Br J Ophthalmol* 2014;98:40–5

Cheng X, Xu J, Brennan NA. Randomized trial of soft contact lenses with novel ring focus for controlling myopia progression *Ophthalmol Sci* 2022;18

Paquette L, Jones DA, Sears M, Nandakumar K, Woods CA. Contact lens fitting and training in a child and youth population *Contact Lens & Anterior Eye* 38 (2015) 419–423



To conclude..

Adolescents may demand contact lens wear for physical appearance and sports activities.

After taking a detailed medical and social history, the child and the family should be informed about every step emphasizing hygiene

Lens trial chance should be given since fitting is similar to adults and chair time is not that long when motive is high

Due the increasing prevalence of astigmatism, we believe this issue should be considered for myopia control soft contact lenses

Kam KW et al. Prevalence and severity of astigmatism in children after Covid 19. *Jama Ophthalmol* 2025;143:383