Soft and rigid gas permeable contact lenses



proASSIST

Professional support with progressive myopia

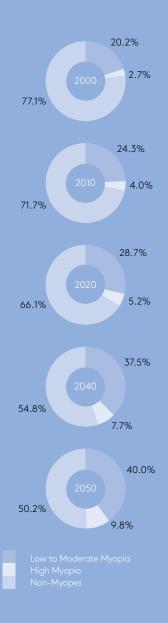
Smart contact lenses instead of thick spectacle lenses.

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Progressive Myopia: When the refractive error keeps increasina

The number of myopic people is increasing worldwide. In Asia, especially in Hong Kong and Taiwan – the prevalence is already about 80%. However, not only in Asia, but also in the USA and Europe, the proportion of the myopic population is increasing steadily.

→ Estimated global prevalence of myopia 2000 to 2050 (Holden BA, 2016)



→ Europe: 47.2% myopic at age 25–30

While the share of the myopic population in Europe was still about 20% to 30% in 2008, today 47.2% of the population aged 25 to 30 years are already myopic (Williams et al., 2015). This increase in myopia is a result of increased axial length growth of the eye in youth. In global terms, about 33% of the world population is already myopic today. According to the latest studies (Holden BA, 2016) this share could increase dramatically by the year 2050.

→ Risk of progressive myopia

On one hand, the progression of myopia is based on a continuously changing refractive value. On the other hand, the risk of various eye diseases increases, due to the continuous axial growth of the eye. In general, myopic patients have a higher risk of cataract, glaucoma, and retinal detachment compared to emmetropic or hyperopic patients (see Table 1). Furthermore, the risk of such an eye disease increases with the level of myopia. According to Flitcroft D. I. (2012) the risk of myopic maculopathy increases 10 times for myopia higher than 3 D and 41 times for myopia higher than 6 D (see Table 1).

→ Myopia-Management: Slowing down the process and reducing the risk of secondary diseases

Myopia management is a sciencebased approach to preventing or slowing down the progression of myopia or the longitudinal growth of the eye and reducing the risk of secondary eye diseases. For years, there has been an increasing number of scientific evidence on how to prevent the progression of myopia. Table 2 gives you an overview of more than 30 scientific publications on the topic of myopia management that have been published by the end of 2017 (Myopia Profile Pty Ltd., 2017).

Table 1: Increasing risk of eye disease due to myopia or high myopia (Flitcroft, 2012).

		maculopathy
-1.0 dpt to -3.0 dpt 2x 4x		
-3.0 dpt to -6.0 dpt 3x 4x		10x
>-6.0 dpt 5x 14x	22x	41x

Table 2: Slowing of myopia progression in relation to the type of correction (Myopia Profile Pty Ltd., 2017).

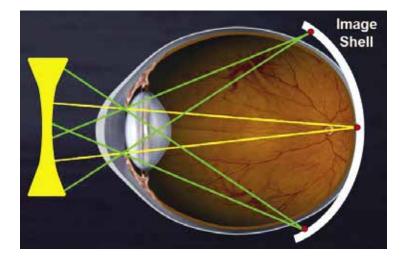
Type of vision correction	Effect of slowing my	pic progression
Standard spectactle lenses and star		0–5%
Progressive/bifocal spectacle lenses		
Myovision (special design spectacle	lenses)	0–30%
Multifocal soft contact lenses		29–45%
Orthokeratology		32–100%
Atropine		30–77%

Considering the optical intervention strategies only, Ortho-K contact lenses show the highest success rate in slowing down myopia progression.



proASSIST F. A.Q.

→ What causes the axial length growth of the eye and progression of myopia? Refraction of the incident rays of light through a minus lens results in an optimal central focus in the fovea of the retina. However, at 30° peripherally on the retina, a hyperopic defocus occurs. Animal experiments



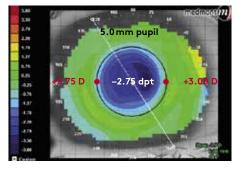
have shown that this hyperopic defocus triggers the impulse that induces the eye to grow into peripheral de-focus (Smith, Chea-su, Ramkumar, Ying, & Li-Fang, 2005). As a result of the axial length growth of the eye, this hyperopic de-focus is minimised, so that an ideal focus at 30° on the retina now prevails again. However, this leads to a deterioration of the visual acuity of the patients, as there is now an under-correction at the centre. If the power of the lens is now increased, a peripheral hyperopic de-focus is produced again, which causes a «vicious circle»: myopia increases continuously.

→ How high is the hyperopic de-focus at 30° on the retina?

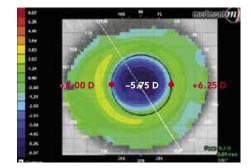
A study by Bakaraju et al. (2009) showed that the hyperopic de-focus at 30° on the retina is between +1.0 D and +1.5 D independently of the amount of myopia.

Figure 2 Ray path and image on the retina through a spectacle lens to correct myopia (Source: Smith E., University Houston).

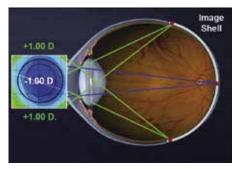
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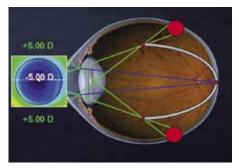
Tangential map of topography after Ortho-K with a refraction of -2.75 D.



Tangential map of topography after Ortho-K with a refraction of -5.75 D.



Peripheral retinal imaging after Ortho-K with a refraction of -1.00 D.



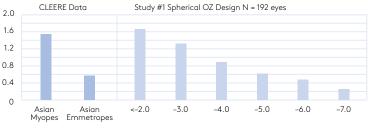
Peripheral retinal imaging after Ortho-K with a refraction of -5.00 D.

→ Why do orthokeratology contact lenses show the highest success rate in slowing down the progression of myopia?

The topometric orthokeratology effect doesn't just correct myopia by flattening the central cornea. The tensile forces in the reverse zone of Ortho-K lenses also cause a thickening of the epithelial cell layer underneath and therefore a steepening of the radii in this area. This steepening of the mid-peripheral corneal radii produces a positive increase in power. The amount of the plus effect peripheral to the pupil is equal to the amount of the corrected minus effect at the centre. The hyperopic de-focus at 30° on the retina is reduced by the amount of the peripherally generated plus effect by orthokeratology or converted into a myopic de-focus.

→ Do all myopic patients benefit equally from wearing orthokeratology contact lenses?

Unfortunately not! The figure below shows that only Ortho-K wearers already being higher myopic (>-4.0D) benefit from the slowing down of the axial length growth. This is related to the fact, that it is apparently not sufficient to convert a hyperopic defocus into an emmetropic de-focus. In fact, the higher the myopic defocus, the more the effect of slowing down the progression of myopia.



5 Year Axial Length Change from BL



proASSIST Your main advantages at a glance

- → The proASSIST design is available for individual soft and rigid gas permeable contact lenses for daily wear.
- → The proASSIST design is not a multifocal CDdesign.
- → A multifocal CD-design is designed to correct presbyopia. The positive effect on slowing down myopia progression is a side effect of multifocal CD-designs.

- → No reduction in contrast for distance vision as with multifocal CDdesigns with higher reading add.
- → Tests with the proASSIST in presbyopic patients have shown that no benefit in form of a reading add is induced. Therefore, accommodation is not affected in young patients.
- → Ihe myopia management of proASSIST is based on the transfer of the topometric effect of an Ortho-K contact lens to the anterior surface of a Personnelle or i-MAP AS.

- → The proASSIST design achieves the same visual effect as an i-NIGHT Ortho-K contact lens.
- → In relation to the optical intervention options in progressive myopia, studies show the best results by wearing Ortho-K lenses in the higher myopia range.



proASSIST The Design

The design is located on the front surface of the contact lens. Based on the same topometric effect as an Ortho-K contact lens in the higher myopic range, the same visual effect as that of an Ortho-K lens is created peripherally on the retina. Ortho-K contact lenses are not multifocal contact lenses, neither is the proASSIST design a centre distance multifocal contact lens.

→ Available Designs

The design of proASSIST is available on individual soft and rigid gas permeable contact lenses.

Individual soft contact lenses

- Personnelle proASSIST
- Personnelle proASSIST TD
- Personnelle proASSIST TP

Rigid gas permeable contact lenses

- i-MAP AS proASSIST
- i-MAP AS proASSIST VPT
- i-MAP AS proASSIST RT / BT
- i-MAP AS proASSIST PT / PT VT
- i-MAP AS proASSIST QSD / QSD RT
- / QSD BT

→ Fitting of the back surface

i-MAP AS proASSIST

The structure of the back surface is identical to our i-MAP AS and its proven design. The i-MAP AS proASSIST will therefore be fitted exactly the same. In order for the i-MAP AS proASSIST to perform at its best, it is important to fit this contact lens according to large diameter fitting technique, like an i-NIGHT Ortho-K lens. That's why we recommend to select the diameter following the calculation below:

DIA i-MAP AS proASSIST = HVID -1.0 mm to -1.2 mm

Personnelle proASSIST

The structure of the back surface is identical to our Personnelle and its proven design. The Personnelle proASSIST will therefore be fitted exactly the same.

\rightarrow Modification of the front surface

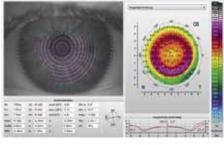
proASSIST (Personnelle / i-MAP AS)

The modification of the front surface design depends on the myopia progression risk factor. Three different risk factors are available:

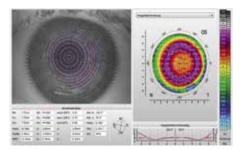
- moderate
- high
- very high

The risk factor should be individually determined for all patients.

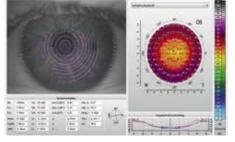
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Topography after wearing an i-NIGHT Ortho-Kin a higher myopia range (tangential map).



Topography over an i-MAP AS proASSIST (tangential map).



Topography after wearing an i-NIGHT Ortho-Kin a higher myopia range (refractive map).

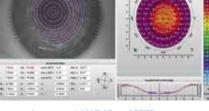
→ Determination of risk factor

There are two ways to determine the risk factor:

- Register as contact lens specialist on the website www.myopiacare. org and use the online questionnaire. It only takes a few minutes to go through the questionnaire together with the patient to find out their personal risk factor for myopia. You simply indicate the risk factor when ordering proASSIST
- 2. Determine the risk factor together with the patient by filling out the enclosed questionnaire.

→ Significance of the risk factor for the design of proASSIST

With increasing risk factor the front surface design of proASSIST varies. The higher the risk factor, the higher the peripheral myopic de-focus at 30° on the retina. In addition, the peripheral plus effect shifts increasingly towards the pupil.



Topography over an i-MAP AS proASSIST (refractive map).

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10 Reasons Why to choose Appenzeller Kontaktlinsen

\rightarrow Fitting success

We do everything we can to understand your wishes and ideas. So that your fitting is a complete success – for you and your patients.

→ Technological advantage

We put a great deal of effort into Research & Development to ensure that our contact lenses always meet the latest technological possibilities.

ightarrow Swiss made

We demand the highest standards of the manufacturing quality of our contact lenses, so that they match your equally high expectations of Swiss made.

→ Reproducibility

We help you keeping your patients satisfied by ensuring that you receive the same lens as before with your repeat order.

\rightarrow Open ears

Our Professional Services team advises you competently, personally and patiently. They will answer every question and make sure you get the right contact lens in any case.

→ Custom made

Each contact lens is individually made to order for you, so that it matches your specifications a 100%.

→ Right to exchange

We send out our contact lenses with or without the right to exchange, so you can make the best choice for your needs. The option "with right to exchange" gives you financial security: you can order a different lens later. If you do so within the exchange period, you pay only a small excess. The date on the delivery note is decisive for the deadline.

- Soft contact lenses
- *i*-SUFT 3-monthly lenses: I month • 6-monthly lenses: 2 months
- •12-monthly lenses: 3 months
- Rigid gas-permeable lenses: 3 months

→ Price advantage

Ve offer you favourable terms of payment. You can get extra benefits f you pay in advance. We will happily et you know about the current conlitions on request.

Guarantee scheme

We take responsibility for our work so you can rely on us and our contact lenses with guarantee. Guarantee period:

- -*i*-SOFT 3-monthly lenses: 1 month
- 12 monthly longest 7 months

Broken lens: Return us the lens within the guarantee period and we will replace it. We will credit it on your next invoice accordingly. The date on the delivery note is decisive for the auarantee period.

Long-term visior

We strive for a lasting business reationship with you, so that you can also count on us in the long term.

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