

Comparison of the Effectiveness of Defocus Spectacle Lenses in Slowing Myopia Progression:

A Retrospective Cohort Study

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Background

The defocus spectacle lenses most commonly used for myopia control:

Defocus Incorporated Multiple Segments (DIMS)

Highly Aspherical Lenslets (HAL)

Peripheral Defocus (PD)

Asymmetric Peripheral Defocus (APD)

Introduction -

Uncertainty regarding their relative effectiveness in slowing myopia progression in clinical settings.

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Objective

Research gap

To compare their effectiveness in patients with myopia.

Methods

- We included myopia patients with treatment records for DIMS, HAL, PD, APD, or single-vision (SV) spectacle lenses from Tianjin Eye Hospital, China.
- Changes in spherical equivalent refraction (SER) and axial length (AL) from baseline to 12-month follow-up were adopted to assess the myopia progression.
- Overlap weighting using propensity scores was applied to adjust for potential confounders.
- Confounding variables with insufficient balance were included in the outcome model for additional adjustment.
- Paired comparisons of the five types of spectacle lenses were performed.

Results

Baseline demographics and characteristics of patients with myopia before and after overlap weighting

633 patients

MMNPopulation

213 with DIMS, 78 with HAL, 102 with PD, 169 with APD, 71 with SV

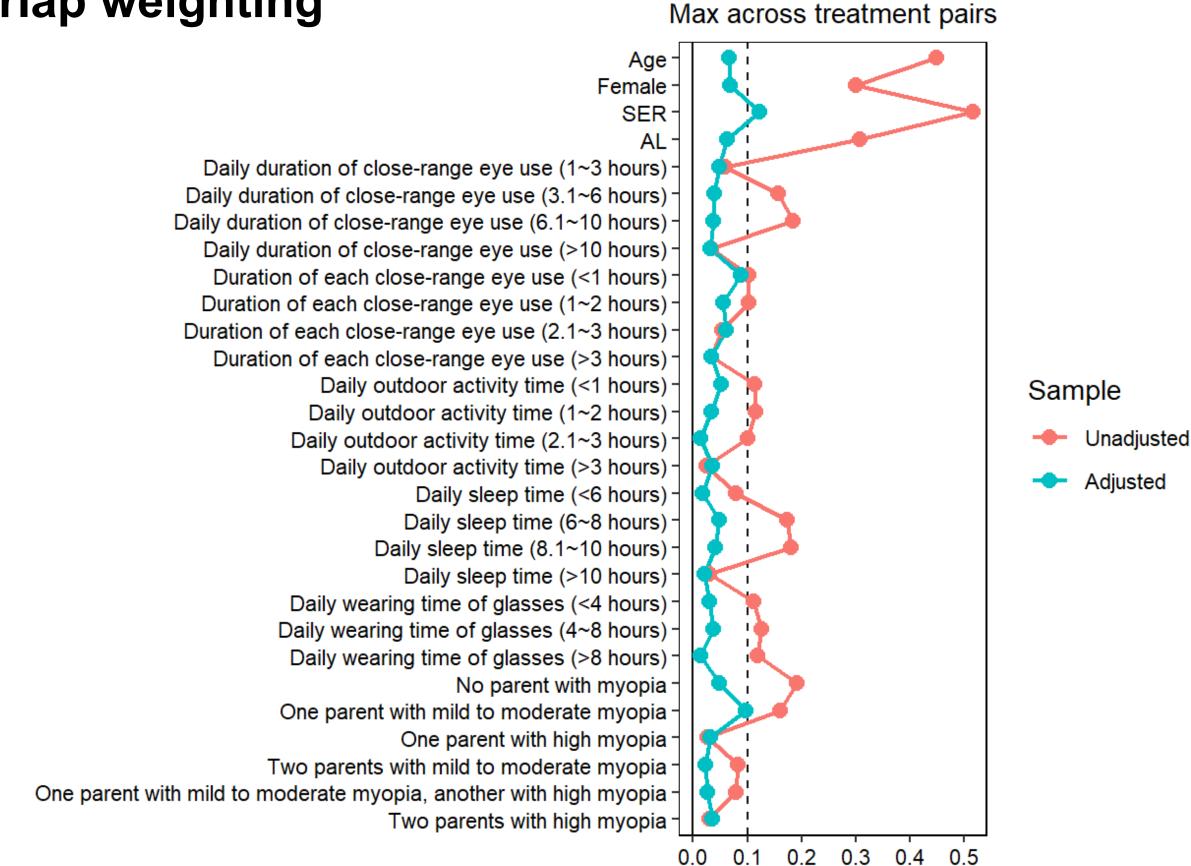
Female 48.03%



Mean age 11.32 years



After overlap weighting, baseline characteristics were well-balanced with maximum pairwise standardized mean difference < 0.1 except for SER.



Covariate Balance

Absolute Mean Differences

Multigroup comparisons of PD, DIMS, HALT, APD, SV on outcomes

	Unweighted							Weighted					
Variables	PD	DIMS	APD	HALT	SV	P value	PD	DIMS	APD	HALT	SV	P value	
Changes of SER mean (SD)	-0.67 (0.42)	-0.43 (0.37)	-0.59 (0.40)	-0.32 (0.43)	-0.76 (0.48)	< 0.001	-0.64 (0.41)	-0.40 (0.35)	-0.60 (0.41)	-0.28 (0.40)	-0.68 (0.45)	< 0.001	
Changes of AL mean (SD)	0.31 (0.19)	0.22 (0.25)	0.31 (0.23)	0.16 (0.20)	0.35 (0.20)	< 0.001	0.33 (0.19)	0.20 (0.27)	0.31 (0.21)	0.12 (0.18)	0.34 (0.18)	< 0.001	

Paired comparisons of PD, DIMS, HALT, APD, SV on outcomes

		Unweighted			Weighted		Doubly robust with the unbalanced covariate			
	Estimate mean difference	Standard Error	Adjusted P value	Estimate mean difference	Standard Error	Adjusted P value	Estimate mean differen	ce Standard Error	Adjusted P value	
PD vs SV	0.09	0.06	1	0.04	0.07	1	0.04	0.07	1	
DIMS vs SV	0.33	0.06	< 0.001	0.28	0.07	< 0.001	0.28	0.06	< 0.001	
APD vs SV	0.17	0.06	0.19	0.08	0.07	1	0.08	0.07	1	
HALT vs SV	0.44	0.07	< 0.001	0.41	0.08	< 0.001	0.40	0.08	< 0.001	
DIMS vs PD	0.23	0.05	< 0.001	0.24	0.05	< 0.001	0.24	0.05	< 0.001	
APD vs PD	0.08	0.05	1	0.04	0.06	1	0.04	0.06	1	
HALT vs PD	0.35	0.06	< 0.001	0.37	0.07	< 0.001	0.37	0.07	< 0.001	
APD vs DIMS	-0.16	0.04	< 0.001	-0.20	0.04	< 0.001	-0.20	0.04	< 0.001	
HALT vs DIMS	0.12	0.05	0.04	0.13	0.06	0.07	0.13	0.06	0.19	
HALT vs APD	0.27	0.06	< 0.001	0.33	0.06	< 0.001	0.33	0.06	< 0.001	

		Unweighted			Weighted		Doubly robust with the unbalanced covariate			
	Estimate mean difference	Standard Error	Adjusted P value	Estimate mean difference	Standard Error	Adjusted P value	Estimate mean difference	Standard Error	Adjusted P value	
PD vs SV	-0.04	0.03	1	-0.01	0.03	1	-0.01	0.03	1	
DIMS vs SV	-0.13	0.03	< 0.001	-0.14	0.03	< 0.001	-0.14	0.03	< 0.001	
APD vs SV	-0.04	0.03	1	-0.03	0.03	1	-0.03	0.03	1	
HALT vs SV	-0.19	0.04	< 0.001	-0.22	0.03	< 0.001	-0.22	0.03	< 0.001	
DIMS vs PD	-0.09	0.03	0.002	-0.12	0.03	< 0.001	-0.12	0.03	< 0.001	
APD vs PD	0.00	0.03	1	-0.02	0.03	1	-0.02	0.03	1	
HALT vs PD	-0.16	0.03	< 0.001	-0.20	0.03	< 0.001	-0.20	0.03	< 0.001	
APD vs DIMS	0.08	0.02	< 0.001	0.10	0.03	< 0.001	0.10	0.03	0.001	
HALT vs DIMS	-0.07	0.03	0.11	-0.08	0.03	0.05	-0.08	0.03	0.08	
HALT vs APD	-0.15	0.03	< 0.001	-0.18	0.03	< 0.001	-0.18	0.03	< 0.001	

Conclusions

In this study, DIMS and HAL spectacle lenses were more effective in slowing myopia progression compared with SV, PD, and APD spectacle lenses. The findings may inform decisions for defocus spectacle lenses selection for myopia control.