

1. Chamberlain P, et al. Clinical evaluation of a dual-focus myopia control 1 day soft contact lens – 3-year results BCLA 2017.
2. Long-term Effect of Dual-focus Contact Lenses on Myopia Progression in Children: A 6-year Multicenter Clinical Trial Chamberlain, Paul BSc1*; Bradley, Arthur PhD1; Arumugam, Baskar PhD, FAAO1; Hammond, David PhD1; McNally, John OD, FAAO1; Logan, Nicola S. PhD2; Jones, Deborah BSc, FAAO3; Ngo, Cheryl MBBS, Mmed4; Peixoto-de-Matos, Sofia C. MSc5; Hunt, Chris MSc6; Young, Graeme PhD, FAAO6
<https://pubmed.ncbi.nlm.nih.gov/35086120/>
3. Efficacy Comparison of 16 Interventions for Myopia Control in Children: A Network Meta-analysis Jinhai Huang 1, Daizong Wen 2, Qinmei Wang 1, Colm McAlinden 3, Ian Flitcroft 4, Haisi Chen 1, Seang Mei Saw 5, Hao Chen 6, Fangjun Bao 1, Yune Zhao 1, Liang Hu 1, Xuexi Li 7, Rongrong Gao 1, Weicong Lu 1, Yaoqiang Du 6, Zhengxuan Jinag 8, Ayong Yu 1, Hengli Lian 9, Qiuruo Jiang 1, Ye Yu 1, Jia Qu 10
<https://pubmed.ncbi.nlm.nih.gov/26826749/>
4. En comparación con las lentes monofocales, cuando se usan al menos 12 horas al día. Resultados de un ensayo clínico prospectivo, comparativo, aleatorizado y con doble enmascaramiento, de dos años de duración, en el que participaron 104 niños con miopía divididos en dos grupos: lentes monofocales (50) y lentes Stellest™ (54). Los resultados de eficacia se basaron en 32 niños que afirmaron usar las lentes Stellest™ al menos 12 horas al día. Hospital Oftalmológico de la Universidad Médica de Wenzhou – J. Bao, A. Yang, Y. Huang, X. Li, Y Pan, C. Ding, E. W. Lim, J Zheng, D. P. Spiegel, Y. L. Wong, B. Drobe, F. Lu, H. Chen. <https://pubmed.ncbi.nlm.nih.gov/33811039/>
5. Brien A. Holden, et al, (2016). “Prevalencia mundial de la miopía y la alta miopía y tendencias temporales de 2000 a 2050”. *Ophthalmology*, 123(5); p 1036-1042.
<https://pubmed.ncbi.nlm.nih.gov/26875007/>
6. Orthokeratology for myopia control. A meta-analysis. Si et al. *Optom Vis Sci*. 2015;92(3):252-7 <https://www.ncbi.nlm.nih.gov/pubmed/25599338>
7. Orthokeratology to control myopia progression: a meta-analysis. Sun et al. *PLoS One*. 2015;10(4) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4391793/>
8. Efficacy, safety and acceptability of orthokeratology on slowing axial elongation in myopic children by meta-analysis. Li et al. *Curr Eye Res*. 2015;41(5):600-8
<https://www.ncbi.nlm.nih.gov/pubmed/26237276>
9. The safety of orthokeratology. A systematic review. Liu YM, Xie P. *Eye Contact Lens*. 2016 ;42(1):35-42 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4697954/>
10. Efficacy Comparison of 16 Interventions for Myopia Control in Children. A network meta-analysis. Huang et Al. *Ophthalmology*. 2016;123(4):697-708
[http://www.aaojournal.org/article/S0161-6420\(15\)01356-1/abstract](http://www.aaojournal.org/article/S0161-6420(15)01356-1/abstract)
11. Atropine for the treatment of childhood myopia: safety and efficacy of 0.5%, 0.1%, and 0.01% doses (Atropine for the Treatment of Myopia 2). Chia A. et al. *Ophthalmology*. 2012;119(2):347-54 <https://www.ncbi.nlm.nih.gov/pubmed/21963266>

12. Atropine for the Treatment of Childhood Myopia: Effect on Myopia Progression after Cessation of Atropine. Tong et al. *Ophthalmology*. 2009;116(3):572-9
<http://www.sciencedirect.com/science/article/pii/S0161642008010798>
13. Practical applications to modify and control the development of ametropia. Sankaridurg, Holden. *Eye*. 2014;28(2):134-41
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3930267/>
14. The risk of microbial keratitis with overnight corneal reshaping lenses. Bullimore et al. *Optom Vis Sci*. 2013;90(9):937-44 <https://www.ncbi.nlm.nih.gov/pubmed/23892491>
15. Retardation of myopia in Orthokeratology (ROMIO) study: a 2-year randomized clinical trial. Cho, Cheung. *Invest Ophthalmol Vis Sci*. 2012;53(11):7077-85
<https://www.ncbi.nlm.nih.gov/pubmed/22969068>
16. Peripheral refraction in myopic children wearing orthokeratology and gas-permeable lenses. Kang, Swarbrick. *Optom Vis Sci*. 2011;88:476-82
<https://www.ncbi.nlm.nih.gov/pubmed/21317669>
17. Time course of the effects of orthokeratology on peripheral refraction and corneal topography. Kang P, Swarbrick H. *Ophthalmic Physiol Opt*. 2013;33:277-82
<https://www.ncbi.nlm.nih.gov/pubmed/23347397>