

**FREEFORM LENS DESIGN AND METHOD FOR PREVENTING
AND/OR SLOWING MYOPIA PROGRESSION**

BACKGROUND OF THE INVENTION

[0001] Field of the Invention

[0002] The present invention relates to ophthalmic lenses, and more particularly, contact lenses designed to slow, retard, or prevent myopia progression. The ophthalmic lenses of the present invention comprise freeform power profiles that provide foveal vision correction, an increased depth of focus and an optimized retinal image at a range of accommodative distances that makes the degradation of retinal image quality less sensitive to blur during near work activities, thereby preventing and/or slowing myopia progression.

[0003] Discussion of the Related Art

[0004] Common conditions which lead to reduced visual acuity are myopia and hyperopia, for which corrective lenses in the form of spectacles, or rigid or soft contact lenses, are prescribed. The conditions are generally described as the imbalance between the length of the eye and the focus of the optical elements of the eye. Myopic eyes focus in front of the retinal plane and hyperopic eyes focus behind the retinal plane. Myopia typically develops because the axial length of the eye grows to be longer than the focal length of the optical components of the eye, that is, the eye grows too long. Hyperopia typically develops because the axial length of the eye is too short compared with the focal length of the optical components of the eye, that is, the eye does not grow enough.

[0005] Myopia has a high prevalence rate in many regions of the world. Of greatest concern with this condition is its possible progression to high myopia, for example greater than five (5) or six (6) diopters, which dramatically affects one's ability

to function without optical aids. High myopia is also associated with an increased risk of retinal disease, cataracts, and glaucoma.

[0006] Corrective lenses are used to alter the gross focus of the eye to render a clearer image at the retinal plane, by shifting the focus from in front of the plane to correct myopia, or from behind the plane to correct hyperopia, respectively. However, the corrective approach to the conditions does not address the cause of the condition, but is merely prosthetic or intended to address symptoms. More importantly, correcting the myopic defocus error of the eye does not slow or retard myopia progression.

[0007] Most eyes do not have simple myopia or hyperopia, but have myopic astigmatism or hyperopic astigmatism. Astigmatic errors of focus cause the image of a point source of light to form as two mutually perpendicular lines at different focal distances. In the foregoing discussion, the terms myopia and hyperopia are used to include simple myopia or myopic astigmatism and hyperopia and hyperopic astigmatism respectively.

[0008] Emmetropia describes the state of clear vision where an object at infinity is in relatively sharp focus with the crystalline lens relaxed. In normal or emmetropic adult eyes, light from both distant and close objects and passing through the central or paraxial region of the aperture or pupil is focused by the crystalline lens inside the eye close to the retinal plane where the inverted image is sensed. It is observed, however, that most normal eyes exhibit a positive longitudinal spherical aberration, generally in the region of about +0.50 Diopters (D) for a 5.0 mm aperture, meaning that rays passing through the aperture or pupil at its periphery are focused +0.50 D in front of the retinal plane when the eye is focused to infinity. As used herein the measure D is the dioptric power, defined as the reciprocal of the focal distance of a lens or optical system, in meters.

[0009] The spherical aberration of the normal eye is not constant. For example, accommodation, that is, the change in optical power of the eye derived primarily through changes to the crystalline lens causes the spherical aberration to change from positive to negative.

[0010] Myopia typically occurs due to excessive axial growth or elongation of the eye. It is now generally accepted, primarily from animal research, that axial eye growth can be influenced by the quality and focus of the retinal image. Experiments performed on a range of different animal species, utilizing a number of different experimental paradigms, have illustrated that altering retinal image quality can lead to consistent and predictable changes in eye growth.

[0011] Furthermore, defocusing the retinal image in both chick and primate animal models, through positive lenses (myopic defocus) or negative lenses (hyperopic defocus), is known to lead to predictable (in terms of both direction and magnitude) changes in eye growth, consistent with the eyes growing to compensate for the imposed defocus. The changes in eye length associated with optical blur have been shown to be modulated by changes in scleral growth. Blur with positive lenses, which leads to myopic blur and a decrease in scleral growth rate, results in the development of hyperopic refractive errors. Blur with negative lenses, which leads to hyperopic blur and an increase in scleral growth rate, results in development of myopic refractive errors. These eye growth changes in response to retinal image defocus have been demonstrated to be largely mediated through local retinal mechanisms, as eye length changes still occur when the optic nerve is damaged, and imposing defocus on local retinal regions has been shown to result in altered eye growth localized to that specific retinal region.

[0012] In humans there is both indirect and direct evidence that supports the notion that retinal image quality can influence eye growth. A variety of different ocular conditions, all of which lead to a disruption in form vision, such as ptosis, congenital cataract, corneal opacity, vitreous hemorrhage and other ocular diseases,

have been found to be associated with abnormal eye growth in young humans, which suggests that relatively large alterations in retinal image quality do influence eye growth in human subjects. The influence of more subtle retinal image changes on eye growth in humans have also been hypothesized based on optical errors in the human focusing system during near work that may provide a stimulus for eye growth and myopia development in humans.

[0013] One of the risk factors for myopia development is near work. Due to accommodative lag or negative spherical aberration associated with accommodation during such near work, the eye may experience hyperopic blur, which stimulates myopia progression as discussed above.

[0014] Moreover, the accommodation system is an active adaptive optical system; it constantly reacts to near-object, as well as optical designs. Even with previously known optical designs placed in front of the eye, when the eye accommodates interactively with the lens+eye system to near-objects, continuous hyperopic defocus may still be present leading to myopia progression. Therefore, one way to slow the rate of myopia progression is to design optics that reduces the impact of hyperopic blur on retinal image quality. With such designs, for each diopter of hyperopic defocus the retinal image quality is less degraded. In another sense, the retina is therefore relatively desensitized to hyperopic defocus. In particular, depth of focus (DOF) and image quality (IQ) sensitivity may be used to quantify the susceptibility of the eye to myopia progression as a result of hyperopic defocus at the retina. An ophthalmic lens design with larger depth of focus and low image quality sensitivity will make the degradation of retinal image quality less sensitive to hyperopic defocus, hence slowing down the rate of myopia progression.

[0015] In object space, the distance between the nearest and farthest objects in a scene that appears acceptably sharp is called depth of field. In image space, it is called depth of focus (DOF). With a conventional single vision optical design, a lens has a single focal point, with image sharpness decreasing drastically on

each side of the focal point. With an optical design with extended DOF, although it may have a single nominal point, the decrease in image sharpness is gradual on each side of the focal point, so that within the DOF, the reduced sharpness is imperceptible under normal viewing conditions.

[0016] Image Quality (IQ) sensitivity can be defined as the slope of the retinal IQ defocus curve at an accommodative demand of 1 to 5 diopters. It indicates how image quality changes with defocus. The larger the value of IQ sensitivity, the more sensitive the image quality is to defocus error during accommodation.

SUMMARY OF THE INVENTION

[0017] The freeform lens design of the present invention overcomes the limitations of the prior art by ensuring comparable or better distance vision correction with an increased depth of focus and reduced IQ sensitivity, thereby providing myopic treatment.

[0018] In accordance with one aspect, the present invention is directed to an ophthalmic lens for at least one of slowing, retarding or preventing myopia progression. The ophthalmic lens includes a first zone at a center of the ophthalmic lens. A first peripheral region continuously extends from the center, the first peripheral region having a different dioptric power than at the center. A second peripheral region continuously extends from the first peripheral region and has a different dioptric power than that of the first peripheral region, thereby providing a continuous freeform power profile having substantially equivalent visual performance to a single vision lens, and having a depth of focus and reduced IQ sensitivity that slows, retards, or prevents myopia progression.

[0019] In accordance with another aspect, the present invention is directed to a method for at least one of slowing, retarding or preventing myopia progression by providing an ophthalmic lens having a continuous freeform power profile having

substantially equivalent visual performance to a single vision lens, and having a depth of focus and reduced IQ sensitivity that slows, retards, or prevents myopia progression. The continuous freeform power profile includes a first zone at a center of the ophthalmic lens; a first peripheral region continuously extending from the center and having a different dioptric power than at the center; and a second peripheral region continuously extending from the first peripheral region and having a different dioptric power than the first peripheral region. Accordingly, the growth of the eye is altered.

[0020] The optical device of the present invention is designed with a freeform power profile. As set forth herein, it has been shown that a lens design with larger depth of focus and low image quality sensitivity will make the degradation of retina image quality less sensitive to hyperopic blur, hence slowing down the rate of myopia progression. Accordingly, the present invention utilizes lenses having a freeform power profile to provide foveal vision correction, and a depth of focus and low image quality sensitivity that treats or slows myopia progression.

[0021] The freeform lens design of the present invention may also be customized to achieve both good foveal vision correction and higher treatment efficacy based on the subject eyes' average pupil size.

[0022] The freeform design of the present invention provides a simple, cost-effective and efficacious means and method for preventing and/or slowing myopia progression.

BRIEF DESCRIPTION OF THE DRAWINGS

[0023] The foregoing and other features and advantages of the invention will be apparent from the following, more particular description of preferred embodiments of the invention, as illustrated in the accompanying drawings.

[0024] FIGS. 1A, 1B and 1C, illustrate the change of Defocus Z_2^0 , Spherical aberration Z_4^0 terms, and entrance pupil diameter as a function of vergance for myopic and emmetropic population.

[0025] FIGS. 2A, 2B, and 2C are illustrations of power profiles for a conventional spherical lens, an aspheric lens with a +1.50D positive longitudinal spherical aberration (LSA) at 5.0 mm pupil aperture, and an ACUVUE® bifocal lens (a multiconcentric alternating distance and near zone lens), with +1.50D add power, respectively.

[0026] FIG. 3A is an illustration of a power profile for a first freeform lens design in accordance with the present invention.

[0027] FIG. 3B highlights specific points A, B on the power profile of FIG. 3A.

[0028] FIG. 3C is a graph showing the neural sharpness and depth of focus for the freeform lens design of FIG. 3A.

[0029] FIG. 3D is a graph showing the neural sharpness at various accommodative states for the freeform lens design of FIG. 3A.

[0030] FIG. 4A is an illustration of a power profile for a second freeform lens design in accordance with the present invention.

[0031] FIG. 4B highlights specific points A, B and C on the power profile of FIG. 4A.

[0032] FIG. 4C is a graph showing the neural sharpness and depth of focus for the freeform lens design of FIG. 4A.

[0033] FIG. 4D is a graph showing the neural sharpness at various accommodative states for the freeform lens design of FIG. 4A.

[0034] FIG. 5A is an illustration of a power profile for a third freeform lens design in accordance with the present invention.

[0035] FIG. 5B highlights specific points A, B and C on the power profile of FIG. 5A.

[0036] FIG. 5C is a graph showing the neural sharpness and depth of focus for the freeform lens design of FIG. 5A.

[0037] FIG. 5D is a graph showing the neural sharpness at various accommodative states for the freeform lens design of FIG. 5A.

[0038] FIG. 6 is a diagrammatic representation of an exemplary contact lens in accordance with the present invention.

DETAILED DESCRIPTION OF THE INVENTION

[0039] FIGS. 2A, 2B, and 2C are illustrations of power profiles for a spherical lens, an aspheric lens with +1.50D LSA at 5.0 mm pupil aperture, and an ACUVUE® bifocal lens (a multiconcentric alternating distance and near zone lens) with +1.50D lens add power, respectively. There have been observations that the aspheric and ACUVUE® bifocal +1.50D lenses both may have an effect on slowing myopia progression. Thus, a mechanism beyond changing spherical aberration, as disclosed in U.S. Patent No. 6,045,578, is needed for describing lenses for preventing and/or treating myopia.

[0040] According to the present invention, freeform power profiles are developed for ophthalmic lenses that provide foveal vision correction, and have an

increased depth of focus and also reduced IQ sensitivity that treats or slows myopia progression.

[0041] In accordance with one exemplary embodiment, the freeform power profiles may be described by:

$$\dot{P}(r) = P_{CHIP}(r) + 24\sqrt{5} \times SA \times \frac{r^2}{3.25^4} - 12\sqrt{5} \times \frac{SA}{3.25^2}, \quad (1)$$

[0042] wherein P represents the dioptric power (D);
r represents a radial distance from a geometric lens center;
SA represents an amount of spherical aberration; and
 $P_{CHIP}(r)$ represents a Piecewise Cubic Hermite Interpolating Polynomial curve control by number of points. See Fritsch et al., *Monotone Piecewise Cubic Interpolation*, SIAM J. Numerical Analysis, Vol. 17, 1980, pp. 238-46.

[0043] To measure vision correction, neural sharpness at 4.5 mm EP (entrance pupil) and 6.5 mm EP is utilized as a determinant of retinal image quality. It is important to note that any other suitable means and/or method (for example, area under the MTF curve, strehl ratio) that measures the goodness of retinal image quality may be utilized.

[0044] Neural sharpness is given by the following equation:

$$NS = \frac{\int_{-\infty}^{\infty} \int_{-\infty}^{\infty} psf(x,y)gn(x,y)dx dy}{\int_{-\infty}^{\infty} \int_{-\infty}^{\infty} psf(x,y)gn(x,y)dx dy}, \quad (2)$$

[0045] wherein psf or point-spread function is the image of a point object and is calculated as the squared magnitude of the inverse Fourier transform of the pupil function P(X,Y) where P(X,Y) is given by

[0046]
$$P(X,Y) = A(X,Y) \exp(ik W(X,Y)), \quad (3)$$

[0047] wherein k is the wave number ($2\pi/\text{wavelength}$) and $A(X, Y)$ is an optical apodization function of pupil coordinates X, Y , psf_{DL} is the diffraction-limited psf for the same pupil diameter, and $g_N(X, Y)$ is a bivariate-Gaussian, neural weighting function. For a more complete definition and calculation of neural sharpness see Thibos et al., *Accuracy and precision of objective refraction from wave front aberrations*, Journal of Vision (2004) 4, 329-351, which discusses the problem of determining the best correction of an eye utilizing wave front aberrations. The wave front $W(X, Y)$ of the contact lens and the eye is the sum of each as given by

[0048]
$$W_{CL+eye}(X, Y) = W_{CL}(X, Y) + W_{eye}(X, Y) . \quad (4)$$

[0049] To determine image quality sensitivity or slope of a lens+eye system for an object at a specific target vergence, three major steps are required: identification of coupling effect of ocular accommodation system, estimation of the corresponding accommodating state for the object, and calculation of the image quality sensitivity.

[0051] Step 1: Identification of coupling effect of ocular accommodation system: As the human eye accommodates from distance to near, two ocular structures change simultaneously: the iris aperture becomes smaller; the crystal lens becomes bulkier. These anatomical changes leads to three optical related parameters change in a coupled manner in the lens+eye system: entrance pupil diameter, defocus (e.g. Zernike defocus Z_2^0), and spherical aberration (e.g. Zernike spherical aberration Z_4^0). Note in particular, since the pupil size decreases as the target moves closer and conventional Zernike defocus and spherical aberration highly depends on the pupil sizes, it is challenging to specify the these Zernike aberration terms in a conventional manner. As an alternative, to gauge the Zernike defocus and aberration across different pupil sizes, these terms were sometimes presented in a 'diopter' manner. To convert to the classic Zernike coefficients via equations as follows:

$$Z_{20}^{\text{microns}} = Z_{20}^{\text{Diopter}} * (\text{EPD}/2)^2 / (4 * \sqrt{3})$$

$$Z_{40}^{\text{microns}} = Z_{40}^{\text{Diopter}} * (EPD/2)^4 / (24 * \sqrt{5})$$

wherein EPD is the diameter the entrance pupil, Z_{20}^{Diopter} (unit: D) and Z_{40}^{Diopter} (unit: D/mm²), note sometimes in the figures, as well as in some literatures, the unit of this term is also specified as 'D' in short) are the Zernike defocus and spherical aberration terms specified in 'diopter' manner, and Z_{20}^{microns} and Z_{40}^{microns} are corresponding conventional Zernike terms.

Ghosh et al 2012 (Axial Length Changes with Shifts of Gaze Direction in Myopes and Emmetropes, IOVS, Sept 2012, VOL. 53, No.10) measured the change of these three parameters in relation to target vergence for emmetropes and myopes. FIG. 1A is a graphical representation of defocus vs. target vergence, FIG. 1B, is graphical representation of Spherical Aberration vs. Target Vergence and FIG. 1C, is a graphical representation of entrance pupil diameter vs. target vergence. As the target vergence changes, these three parameters change simultaneously. Since these data were measured on the human subject eyes without contact lens, the relation between these optical parameters and target vergence with lens+eye system differs. Nevertheless the coupling relation among the optical parameters (entrance pupil size, defocus, and spherical aberration) remains the same because their changes originate from the same anatomical source. Different interpolation techniques could then be used to model such coupling relations among the three parameters from the experimental data.

[0052] Step 2: Estimation of the corresponding accommodating state for the object at near: Once the coupling relation among the entrance pupil, defocus and spherical aberration during the accommodation is modeled at step 1, it could then be used to estimate the resting accommodating state of lens+eye system for a target at any given distance. The scientific essence of this step is to find how the eye accommodates to the near target in the presence of contact lens. For example, a target at specific distance at near (e.g. 2D) results blurs for a distance corrected lens+eye system (e.g. the system that combines the lens in Fig.3A and an eye model 0.06D/mm² SA). To determine the resting accommodating state of this system, the entrance pupil, defocus, and spherical aberration of the eye were systematically adjusted per the

coupling model in step1 so that the corresponding image quality improves to a threshold. For example in Fig. 3D, the entrance pupil, defocus, and spherical aberration are found to be 5.4mm, 1.4D, 0.04D/mm² to boost the image quality (NS) to be -1.6 (roughly 20/25 VA).

[0053] Calculation of the image quality sensitivity for the specific target vergence: Once the accommodating state, and the corresponding entrance pupil, defocus, and spherical aberration are determined, the retina image quality sensitivity or slope could be readily calculated as follows:

[0054]
$$IQ \text{ sensitivity} = d.NS/d.Rx \quad , \quad (5)$$

[0055] wherein $d.NS/d.Rx$ is the derivative of Neural Sharpness to defocus value. For example, for design 3A with a standard eye model and target 2D away, the corresponding IQ sensitivity is calculated to be 0.3.

[0056] Based upon the number of points, spherical aberration, height (D input into P_{CHIP}), and radius values entered into Equation (1), and target vergence, different continuous freeform power profiles are obtained, as illustrated in FIGS. 3A, 4A, and 5A. As shown in the figures, continuous may be defined as having smooth transitions between different powers in different regions of a lens, that is, there are no abrupt or discontinuous changes between different regions of the lens.

[0057] Exemplary values of these variables are listed in Table 1 for a first freeform lens design having a power profile as illustrated in FIG. 3A.

TABLE 1

Design #1: FIG. 3A

SA: -0.74 D/mm²

Point #	1	2	3	4	5
Radial Location (mm)	0.00	0.81	1.63	2.44	3.25
P _{PCHIP} (D)	-0.23	-0.64	-0.94	0.21	1.04

[0058] FIG. 3A shows the freeform power profile for a first design or embodiment. The Rx or prescription of the ophthalmic lens is -3.00D. As illustrated in FIG. 3B, power at the center (0 radius) of the lens is 1.50 or 2.00 diopter more positive than a central paraxial power (e.g., -3.00D). The power then decreases gradually to a power that is similar to the paraxial power (-3.00D) from the center to the periphery at point A. The location of point A is 1.5 to 2.2 mm away from the center. Then the power profile becomes flat or increases slightly to point B. The power at point B corresponds to the paraxial power. Point B is 2.0 mm to 2.5 mm away from the center. From point B, the power starts to drop to the margin of the pupil, the magnitude of such drop is between 0.50D to 1.00D.

[0059] With reference now to FIG. 3C, image quality (as measured by neural sharpness) would be sharpest at 0.00 diopter defocus, indicating that the optic system carries the sharpest image when it is well focused. As refractive error is (both positive and negative) introduced into the optical system, the image quality starts to drop. A threshold neural sharpness value of -2.2 is chosen to quantify DOF. When the value is larger than -2.2, patients still has reasonably good near vision for reading. In FIG. 3C, a horizontal threshold line at -2.2 is drawn. The line intersects the through-focus curve. The width between the two intersections corresponds to DOF. In this embodiment, the DOF is 1.20D.

[0060] With reference now to FIG. 3D, a graph is illustrated of neural sharpness at 2D, 3D, 4D, and 5D accommodative states (target vergence) and a calculated defocus error of -0.40D to -0.60D, which is typically associated with accommodation lag, for the lens design of FIG. 3A. Each curve is characterized by a shoulder at a neural sharpness threshold value of -1.6, having a specific defocus (Z20), spherical aberration (Z40) and Entrance Pupil size (EP). The slope of the shoulder is indicative of reduced retinal IQ sensitivity. In this embodiment, the IQ sensitivity is 0.27, -0.18, -0.42 and -0.43, respectively.

[0061] In another embodiment, values of variables are listed in Table 2 for a second freeform lens design having a power profile as illustrated in FIG. 4A.

TABLE 2

Design #2: FIG. 4A

SA: -0.53 D/mm²

Point #	1	2	3	4	5	6
Radial Location (mm)	0	0.65	1.3	1.95	2.6	3.25
P _{PCIP} (D)	-1.38	0.18	-0.44	-0.50	0.29	0.33

[0062] FIG. 4A shows a freeform power profile for the second design or embodiment. The Rx or prescription of the ophthalmic lens is -3.00D. As illustrated in FIG. 4B, the power in the center corresponds to the paraxial power (-3.00D). The power increases progressively from the center to a periphery at point C. The magnitude of such increase is between 1.00 to 1.50D. Point C is 0.5 mm to 1.0 mm away from the center. The power then decreases gradually to a power, at point A, that is, about -0.50D more minus relative to the paraxial power at the center of the lens. The location of point A is 1.6 mm to 2.4 mm away from the center. Then the power profile becomes flat or increases slightly to point B. The power at point B corresponds to the paraxial power. Point B is 2.0 mm to 2.8 mm away from center. From point B, the power starts to drop to the margin of the pupil, the magnitude of such drop is between 0.50 to 1.50D.

[0063] With reference now to FIG. 4C, a threshold neural sharpness value of -2.2 is chosen to quantify DOF. The line intersects the through-focus curve. The width between the two intersections corresponds to DOF. In this embodiment, the DOF is 1.33D.

[0064] With reference now to FIG. 4D, a graph is illustrated of neural sharpness at 2D, 3D, 4D, and 5D accommodative states (target vergence) and a calculated defocus error of -0.50D to -0.70D, which is typically associated with accommodation lag, for the lens design of FIG. 4A. Each curve is characterized by a shoulder at a neural sharpness threshold value of -1.6, having a specific defocus (Z20), spherical aberration (Z40) and Entrance Pupil size (EP). The slope of the shoulder is indicative of reduced retinal IQ sensitivity. In this embodiment, the IQ sensitivity is 0.73, 0.10, 0.00, and -0.05, respectively.

[0065] In another embodiment, values of variables are listed in Table 3 for a third freeform lens design having a power profile as illustrated in FIG. 5A.

TABLE 3

Design #3: FIG. 5A

SA: -0.04 D/mm²

Point #	1	2	3	4	5	6	7
Radial Location (mm)	0.00	0.54	1.08	1.63	2.17	2.71	3.25
P _{PCHIP} (D)	-0.67	1.33	0.50	0.02	-0.05	1.36	0.89

[0066] FIG. 5A shows a freeform power profile for the third design or embodiment. The Rx or prescription of the ophthalmic lens is -3.00D (paraxial power). As illustrated in FIG. 5B, the power at a center of the lens is 1.00D more positive than paraxial power and increases to point C at 0.3 m to 0.6 mm from the center of the lens.

The power profile then drops from point C to point A, which is similar to the paraxial power and is 1.5 mm to 2.0 mm from the center of the lens. The power increases from point A to point B at 1.8 to 2.4 mm from the center of the lens and then beyond to a margin of the pupil. The increment between point A and the margin of the pupil is between 2.00D to 4.00D.

[0067] With reference now to FIG. 5C, a threshold neural sharpness value of -2.2 is chosen to quantify DOF. The line intersects the through-focus curve. The width between the two intersections corresponds to DOF. In this embodiment, the DOF is 1.17D.

[0068] With reference now to FIG. 5D, a graph is illustrated of neural sharpness at 2D, 3D, 4D, and 5D accommodative states (target vergence) and a calculated defocus error of -0.40D to -0.90D, which is typically associated with accommodation lag, for the lens design of FIG. 5A. Each curve is characterized by a shoulder at a neural sharpness threshold value of -1.6, having a specific defocus (Z20), spherical aberration (Z40) and Entrance Pupil size (EP). The slope of the shoulder is indicative of reduced retinal IQ sensitivity. In this embodiment, the IQ sensitivity is 0.83, 0.73, 0.28 and 1.15, respectively.

[0069] As shown below in Table 4, the neural sharpness at entrance pupil of 4.5 mm and 6.5 mm are calculated. The depth of focus (DOF) and IQ sensitivity are also calculated at threshold neural sharpness values of -2.2 and -1.6, respectively.

TABLE 4

	Neural Sharpness 4.5 mm EP	Neural Sharpness 6.5 mm EP	Depth of Focus	IQ Sensitivity at 2D vergence	IQ Sensitivity at 3D vergence	IQ Sensitivity at 4D vergence	IQ Sensitivity at 5D vergence
Sphere	-0.40	-0.54	0.76	8.15	5.98	4.43	3.75
Aspheric	-0.88	-1.62	1.16	1.10	1.31	3.91	5.62
ACUVUE® bifocal	-1.34	-2.01	0.89	2.79	2.41	0.76	0.25
Design #1	-0.74	-0.73	1.20	0.27	-0.18	-0.42	-0.43
Design #2	-0.75	-0.87	1.33	0.73	0.10	0.00	-0.05
Design #3	-0.58	-1.31	1.17	0.83	0.73	0.28	1.15

[0070] As shown in Table 4, the lens designs as illustrated in FIGS. 3A, 4A, and 5A, have better neural sharpness than the aspheric and ACUVUE® bifocal +1.50 lenses and comparable or better myopia treatment efficacy as measured by the depth of focus and low IQ sensitivity.

[0071] Referring to FIG. 6, there is illustrated a diagrammatic view of a contact lens 500 in accordance with an embodiment of the present invention. The contact lens 500 comprises an optic zone or region 502 and an outer zone or region 504. The optic zone 502 comprises a first, central zone 506 and at least one peripheral zone 508. In the following examples, the diameter of the optic zone 502 may be selected to be 8.0 mm, the diameter of the substantially circular first zone or region 506 may be selected to be 4.0 mm, and the boundary diameters of an annular outer peripheral zone or region 508 may be 5 mm and 6.5 mm as measured from the geometric center of the lens 500. It is important to note that FIG. 6 only illustrates an exemplary embodiment of the present invention. For example, in this exemplary embodiment, the outer boundary of the at least one peripheral zone 508 does not necessarily coincide with the outer margin of the optic zone 502, whereas in other exemplary embodiments, they may coincide. The outer zone 504 surrounds the optic zone 502 and provides standard contact lens

features, including lens positioning and centration. In accordance with one exemplary embodiment, the outer zone 504 may include one or more stabilization mechanisms to reduce lens rotation when on eye.

[0072] It is important to note that the various zones in FIG. 6 are illustrated as concentric circles, the regions or zones may comprise any suitable round or non-round shapes such as an elliptical shape.

[0073] It is important to note that as the entrance pupil size of the eye and preferred reading distance varies among subpopulations, in certain exemplary embodiments, the freeform lens design may be customized to achieve both good foveal vision correction and myopic treatment efficacy based on the patient's average pupil size and reading distance. Moreover, as pupil size correlates with refraction and age for pediatric patients, in certain exemplary embodiments, the lens may be further optimized towards subgroups of the pediatric subpopulation with specific age and/or refraction based upon their pupil sizes. Essentially, the freeform power profiles may be adjusted or tailored to pupil size to achieve an optimal balance between foveal vision correction, an increased depth of focus, and low IQ sensitivity.

[0074] Currently available contact lenses remain a cost effective means for vision correction. The thin plastic lenses fit over the cornea of the eye to correct vision defects, including myopia or nearsightedness, hyperopia or farsightedness, astigmatism, i.e. asphericity in the cornea, and presbyopia, i.e., the loss of the ability of the crystalline lens to accommodate. Contact lenses are available in a variety of forms and are made of a variety of materials to provide different functionality.

[0075] Daily wear soft contact lenses are typically made from soft polymer materials combined with water for oxygen permeability. Daily wear soft contact lenses may be daily disposable or extended wear disposable. Daily disposable contact lenses are usually worn for a single day and then thrown away, while extended wear disposable contact lenses are usually worn for a period of up to thirty days. Colored

soft contact lenses use different materials to provide different functionality. For example, a visibility tint contact lens uses a light tint to aid the wearer in locating a dropped contact lens, enhancement tint contact lenses have a translucent tint that is meant to enhance one's natural eye color, the color tint contact lens comprises a darker, opaque tint meant to change one's eye color, and the light filtering tint contact lens functions to enhance certain colors while muting others. Rigid gas permeable hard contact lenses are made from siloxane-containing polymers but are more rigid than soft contact lenses and thus hold their shape and are more durable. Bifocal contact lenses are designed specifically for patients with presbyopia and are available in both soft and rigid varieties. Toric contact lenses are designed specifically for patients with astigmatism and are also available in both soft and rigid varieties. Combination lenses combining different aspects of the above are also available, for example, hybrid contact lenses.

[0076] It is important to note that the freeform lens design of the present invention may be incorporated into any number of different contact lenses formed from any number of materials. Specifically, the freeform lens design of the present invention may be utilized in any of the contact lenses described herein, including, daily wear soft contact lenses, rigid gas permeable contact lenses, bifocal contact lenses, toric contact lenses and hybrid contact lenses. In addition, although the invention is described with respect to contact lenses, it is important to note that the concept of the present invention may be utilized in spectacle lenses, intraocular lenses, corneal inlays and onlays.

[0077] Although shown and described is what is believed to be the most practical and preferred embodiments, it is apparent that departures from specific designs and methods described and shown will suggest themselves to those skilled in the art and may be used without departing from the spirit and scope of the invention. The present invention is not restricted to the particular constructions described and illustrated, but should be constructed to cohere with all modifications that may fall within the scope of the appended claims.

WHAT IS CLAIMED IS:

1. An ophthalmic lens for at least one of slowing, retarding or preventing myopia progression, the ophthalmic lens comprising:

a first zone at a center of the ophthalmic lens;

a first peripheral region continuously extending from the center, said first peripheral region having a different dioptric power than at said center; and

a second peripheral region continuously extending from the first peripheral region and having a different dioptric power than that of the first peripheral region, thereby providing a continuous freeform power profile having substantially equivalent visual performance to a single vision lens, and having a depth of focus and reduced retinal image quality sensitivity that slows, retards, or prevents myopia progression.

2. The ophthalmic lens according to Claim 1, wherein the reduced retinal image quality sensitivity is in a range of +1.50 to -1.50 at accommodative states ranging from about 1D to about 5D.

3. The ophthalmic lens according to Claim 1, wherein the reduced retinal image quality sensitivity is in a range of +0.50 to -0.75 at accommodative states ranging from about 1D to about 5D.

4. The ophthalmic lens according to Claim 1, wherein the reduced retinal image quality sensitivity is in a range of +0.25 to -0.25 at accommodative states ranging from about 1D to about 5D.

5. The ophthalmic lens according to Claim 1, further comprising a third peripheral region continuously extending from the second peripheral region and having a different dioptric power than that of the second peripheral region.

6. The ophthalmic lens according to Claim 5, wherein the power decreases after the third peripheral region to a margin of the pupil.

7. The ophthalmic lens according to Claim 5, wherein the power increases after the third peripheral region to a margin of the pupil.

8. The ophthalmic lens according to Claim 1, wherein power at the center of the ophthalmic lens is more positive than the paraxial power and the power decreases to a value in the first peripheral region that is substantially similar to the paraxial power.

9. The ophthalmic lens according to Claim 8, wherein power at the center of the lens is 1.50 to 2.00 diopters more positive than the paraxial power.

10. The ophthalmic lens according to Claim 8, wherein the first peripheral region is 1.5 to 2.0 mm away from the center of the ophthalmic lens.

11. The ophthalmic lens according to Claim 1, wherein the power at the center of the ophthalmic lens substantially corresponds to the paraxial power and the power increases to a more positive value than the paraxial power in the first peripheral region.

12. The ophthalmic lens according to Claim 11, wherein the power in the first peripheral region is 1 to 1.5 diopters more plus than the paraxial power.

13. The ophthalmic lens according to Claim 11, wherein the first peripheral region is 0.5 to 1 mm away from the center of the ophthalmic lens.

14. The ophthalmic lens according to Claim 1, wherein power increases between the first peripheral region and the second peripheral region.

15. The ophthalmic lens according to Claim 1, further comprising an outer region having one or more stabilization mechanisms.

16. The ophthalmic lens according to Claim 1, wherein the continuous freeform power profile is adjustable based upon pupil size to achieve a balance between foveal vision correction and an effective depth of focus and reduced retinal image quality sensitivity for treating myopia progression.

17. The ophthalmic lens according to Claim 1, wherein the ophthalmic lens comprises a contact lens.

18. The ophthalmic lens according to Claim 1, wherein the ophthalmic lens comprises a spectacle lens.

19. The ophthalmic lens according to Claim 1, wherein the ophthalmic lens comprises an intraocular lens, a corneal inlay, or a corneal onlay.

20. A method for at least one of slowing, retarding or preventing myopia progression by:

providing an ophthalmic lens having a continuous freeform power profile having substantially equivalent visual performance to a single vision lens, and having a depth of focus and reduced retinal image quality sensitivity that slows, retards, or prevents myopia progression, said continuous freeform power profile comprising a first zone at a center of the ophthalmic lens; a first peripheral region continuously extending from the center and having a different dioptric power than at said center; and a second peripheral region continuously extending from the first peripheral region and having a different dioptric power than that of the first peripheral region; and altering the growth of the eye.

21. The method according to Claim 20, wherein the reduced retinal image quality sensitivity is in a range of +1.50 to -1.50 at accommodative states ranging from 1D to 5D.

22. The method according to Claim 20, wherein the reduced retinal image quality sensitivity is in a range of +0.50 to -0.75 at accommodative states ranging from about 1D to about 5D.

23. The method according to Claim 20, wherein the reduced retinal image quality sensitivity is in a range of +0.25 to -0.25 at accommodative states ranging from about 1D to about 5D.

24. The method according to Claim 20, wherein the ophthalmic lens comprises a contact lens.

25. The method according to Claim 20, wherein the ophthalmic lens comprises an intraocular lens, a corneal inlay, or a corneal onlay.

26. The method according to Claim 20, further comprising adjusting the continuous freeform power profile based on pupil size to achieve a balance between foveal vision correction and an effective depth of focus and reduced retinal image quality sensitivity for treating myopia progression.

27. The method according to Claim 20, further comprising adding one or more stabilization into the ophthalmic lens.