Whereas, Myopia (1) is increasing among children worldwide, (2) remains the leading cause of visual impairment globally, (3) will likely affect 50% of the world’s population by 2050\(^1\), and (4) may lead to a lower quality of life, financial burden, retinal detachment, and macular degeneration\(^2\); and

Whereas, Increasing time spent outdoors and decreasing screen time\(^3\),\(^4\),\(^5\) may reduce myopia incidence or slow progression; and

Whereas, Generation Z spends nearly 8 hours/day staring at electronic screens\(^6\), and the shift towards doing near activity in low light raises the likelihood of developing myopia\(^4\),\(^7\), and screen time takes away from outdoor activity, physical activity, and face-to-face social interaction in the real world\(^6\); and

Whereas, The American Academy of Pediatrics defines “screen time” as time spent using digital media for entertainment purposes\(^8\) and recommends parentally determined restrictions for their own children’s screen time\(^6\) combined with a minimum of 1 hour of physical activity per day for overall well-being in children\(^9\) in order to make time for outdoor activity and exercise distance vision; and

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Whereas, The American Academy of Ophthalmology Journal confirms the association of myopia progression with darkness and near work\textsuperscript{4,7}, recommending that schools increase outdoor activity time during class recess to help reduce the development and progression of myopia in children and adolescents\textsuperscript{10,11}; therefore be it

RESOLVED, That our American Medical Association support the efforts of the American Academy of Pediatrics and American Academy of Ophthalmology to educate, promote public awareness, and promote guidelines to reduce the incidence and burdens of myopia to physicians, public health agencies and schools. (New HOD Policy)

Fiscal Note: Not yet determined

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RELEVANT AMA POLICY

Emotional and Behavioral Effects of Video Game and Internet Overuse D-60.974
Our AMA:
(1) urges agencies such as the Federal Trade Commission as well as national parent and public interest organizations such as the Entertainment Software Rating Board, and parent-teacher organizations to review the current ratings system for accuracy and appropriateness relative to content, and establish an improved ratings systems based on a combined effort from the entertainment industry and peer review;
(2) will work with key stakeholder organizations such as the American Academy of Pediatrics and the American Academy of Family Physicians to (a) educate physicians on the public health risks of media exposure and how to assess media usage in their pediatric populations and (b) provide families with educational materials on the appropriate use of video games;
(3) supports increased awareness of the need for parents to monitor and restrict use of video games and the Internet and encourage increased vigilance in monitoring the content of games purchased and played for children 17 years old and younger;
(4) encourages organizations such as the Centers for Disease Control and Prevention, the National Science Foundation, and the National Institutes of Health to fund quality research (a) on the long-term beneficial and detrimental effects not only of video games, but use of the Internet by children under 18 years of age; and (b) for the determination of a scientifically-based guideline for total daily or weekly screen time, as appropriate; and
(5) will forward Council on Science and Public Health Report 12-A-07, Emotional and Behavioral Effects of Video Game and Internet Overuse, to the American Psychiatric Association and other appropriate medical specialty societies for review and consideration in conjunction with the upcoming revision of the Diagnostic and Statistical Manual of Mental Disorders.

CSAPH Rep. 12, A-07
