

Methods An online survey was conducted with UK registered ECPs in mid-2023. The survey comprised of 25 questions. Example questions included: the age from which different CL types and modalities were thought appropriate, and which patient factors or CL properties were thought to be most important when prescribing for children.

Results Complete responses were obtained from 248 optometrists and 68 contact lens opticians, having a median number of years qualified of 14.5 and 22.0 years, respectively. While all ECPs in the survey reported soft lenses are appropriate for children, only 39.6% would consider fitting at seven years of age, or earlier. ECPs also reported that, on average, only 2.4% of their CL fittings are for patients aged seven years or below. The most important factor when fitting CLs to children was the child's motivation to wear lenses (rated at 9.1/10) and the least important was gender (1.8/10). The rating of importance given to the child's age was different between optometrists (6.2/10) and CLOs (4.9/10; $P < 0.001$). When choosing which CLs to prescribe, cost was rated the least important factor (5.9/10), while comfort was the most (9.0/10).

Conclusion ECPs appear cautious about fitting CLs to younger children, with some discrepancies in behaviour between optometrists and CLOs.

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VIRTUAL PAEDIATRIC OPHTHALMOLOGY CLINIC WITH DIGITAL DIRECT OPHTHALMOSCOPY

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Introduction Well-documented worldwide, the shortage of paediatric ophthalmologists has necessitated technological solutions to meet the demand of the subspecialty.

Aims We hope to demonstrate the successful trial of paediatric ophthalmology clinics run by a registrar with virtual remote supervision by a consultant paediatric ophthalmologist.

Methods Thirty paediatric patients were included in this study, each examined by the registrar with supervision from the consultant ophthalmologist. In order to accomplish this, a panoptic ophthalmoscope with a smartphone adapter was used. This device permits the examination of the anterior segment with white and cobalt blue illumination, as well as posterior segment examination with a 25-degree field of view in a dilated pupil. A smartphone was connected to this device and using a mobile application, the smartphone became the video input to teleconferencing software. This allowed the consultant to easily observe live footage of the ophthalmic examination. Patient satisfaction was then assessed by anonymous survey.

Results Real-time high quality video transmission allowed consultations to be performed and diagnoses made by the registrar, with involvement of the supervising consultant. 100% of the patients or their parents/guardians were satisfied with the part-virtual nature of consultation, and felt happy to be assessed in this way.

Conclusion We demonstrate the utility of portable technology to enhance paediatric ophthalmology clinics, allowing a remote consultant the ability to comprehensively examine and diagnose a number of ocular pathologies. We envisage this technology to be beneficial when obtaining a specialist opinion,

when a paediatric ophthalmologist is not available onsite, or potentially also outside of normal working hours.

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INDIVIDUAL DIFFERENCES IN COLOUR VISION: A SYSTEMATIC REVIEW OF DEMOGRAPHIC FACTORS

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Introduction The limited research available suggests there are ethnicity-related differences in human colour vision, affecting cone spectral sensitivities and prevalence of different cone types in the retina (cone ratios). Despite the volume of colour vision research, many articles fail to account for ethnicity-related individual differences. This may have practical implications for the conclusions we can draw from current findings.

Aims

- Investigate the demographics of previous colour vision research
- Investigate the frequency of ethnicity reporting in colour vision research
- Summarise findings of ethnicity-related individual differences found in previous colour vision research

Methods Relevant colour vision articles were selected using a list of defined keywords on Scopus. These articles were categorised and summarised based on relevant features, including ethnicity reporting. Descriptive statistics were calculated and relevant findings were discussed.

Results Most research publications fail to report their participants' ethnicities. Those that do are often clinical and colour vision is not their primary focus. The majority of articles that do investigate ethnicity-related differences use colour vision deficiency rates as their outcome measure.

Conclusion Although there is ample research on colour vision globally, very few articles consider demographic differences, especially within colour-normal populations. Biases in recruitment and reporting may have practical implications for technologies that assume a standard observer across global populations.

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SHORT-TERM COLOUR PERCEPTION AFTER REPEATED LOW-LEVEL RED LIGHT (RLRL) THERAPY FOR MYOPIA

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Introduction Repeated low-level red-light therapy (RLRL) is a licensed emerging method for myopia management (MM). It involves shining a 650nm light into patients' eyes using a desktop device, which has shown efficacy in MM. However, there is no data on whether RLRL use would have any influence on colour perception.