Why I See NaturalVue® Enhanced Multifocal as a Lens Built for Real Life

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August 3, 2026

In practice, myopia management does not happen under ideal conditions.

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Children spend time on screens. Teenagers have school demands. Patients play sports, move between different lighting environments and may not follow every lifestyle recommendation we give. That is one reason I value treatments that work well in everyday life, not just in theory.

That practical reality shapes how I think about Visioneering Technologies Inc.'s NaturalVue® Enhanced Multifocal 1 Day lenses.

Why I do not rely on behavior change alone

Several years ago, I stopped trying to build my myopia care around the idea that I could reliably change human behavior. I still give lifestyle advice, because it is appropriate to do so, and some families will act on it. But I do not depend on behavior change alone to protect a child's eyes. I depend on optical treatment.

That view became even clearer during the COVID shutdown period. In a study I published titled "Covidopia or Covidnopia?" I looked at children in my practice who were undergoing treatment and complying with that treatment during a period when they could not go to school, go outside or play sports and were spending much of their time indoors on devices. I found that they experienced no greater myopia progression during the six months of maximum shutdown than they had in the six months before, and possibly a

little less. For me, that reinforced the importance of effective treatment that can hold up when daily routines are far from ideal.

Why the design matters in daily life

I also think the lens design matters in how it performs in the real world. Some optical treatments may be more affected by pupil size. If someone wanted to design a multifocal contact lens that was relatively unaffected by pupil size, I would expect that design to have a distance-center profile in which the plus power begins within microns of the center and rapidly and seamlessly reaches its maximum. That description aligns with NaturalVue's design, which is one reason I believe its benefits should be relatively unaffected by pupil size.

That kind of consistency matters for active children. They move from classrooms to playgrounds, from bright conditions to dimmer ones, and they need vision that remains functional throughout the day.

One lens across many patient types

Another practical advantage is the range of patients who can use the lens. I think NaturalVue® Enhanced Multifocal can work well for myopia, hyperopia and presbyopia, and it can often perform well even in the presence of astigmatism. In that sense, I do see it as fitting the idea of being built for real life.

Managing astigmatism without added complexity

Astigmatism is a perfect example of the versatility of the NaturalVue® Enhanced Multifocals. One challenge in managing myopia over time is that a patient's astigmatism may increase. That can force a change in lens design or even a change in replacement modality, and those transitions are not always simple or successful. With NaturalVue®, unless the astigmatism rises dramatically, improving visual quality may require nothing more than a prescription change.

Over many years of using the lens, I have seen cases in which vision was better than I would have expected despite the presence of astigmatism. Once patients adapt and the prescription is optimized, that improved visual acuity tends to be consistent because there is no toric lens rotation to create blink-related or dry eye-related fluctuations in vision. I have had success with toric multifocal soft lenses in many cases, but they can fail. In those cases where patients who had failed with toric multifocals, or who needed a daily disposable lens, NaturalVue® has often outperformed the toric soft lens.

A possible advantage in myopic astigmats

There are also theoretical reasons I have been comfortable using it in myopic astigmats. Animal studies have shown that an astigmatic meridian focused in front of the retina—meridional myopic defocus—can act as a stop signal for axial elongation.

In the past, when I switched a well-controlled patient from a conventional multifocal to a toric multifocal design, I would often increase the ADD power because I felt I was removing that possible stop signal in the myopically focused meridian. With NaturalVue®, because of its high maximum plus power and the continued presence of that meridional signal, I have not had the same concern about losing effectiveness when astigmatism increases.

Addressing accommodative stress and myopia together

The lens has also been useful in addressing accommodative stress while managing myopia at the same time. A contact lens that improves accommodative accuracy, reduces near-point stress and manages myopia can be used for the same types of near-work symptoms that are often addressed with reading glasses or bifocal glasses, while also managing myopia. That is especially relevant for teens and young adults who spend long hours on digital devices and are often also progressive myopes.

I tell patients that lenses like NaturalVue® Enhanced Multifocal can serve different purposes at different stages of life: slowing myopic changes into the early 20s, helping with near-vision symptoms before presbyopia and then addressing presbyopia later on. That continuity is useful clinically and easy for patients to understand.

Meeting the needs of teens and young adults

For teenagers learning to drive and young adults involved in competitive sports, visual demands increase. Most NaturalVue® studies, whether in myopia management[1,2] or presbyopia,[3,4] report visual acuity of 20/20 or better, so I expect these lenses to perform well as those demands increase.

I do not avoid adding minus power when it helps visual performance. The NaturalVue® QuickStart Calculator already biases slightly toward more minus than what the spectacle refraction alone might predict, and clinical experience using that protocol has shown excellent results.

Comfort matters, too

Comfort and ocular surface performance are also part of real-life wear. Dry eye in children is, in my view, underappreciated, and contact lenses can make it worse.

NaturalVue® Enhanced Multifocal uses etafilcon A, which is a proven material, with hyaluronic acid in the blister pack solution to improve wettability. In cases of very dry eyes, I sometimes add extra hyaluronic acid lubricant drops into the blister pack in the morning to give the lens more hydration before wear.

Fewer adjustments, simpler care

From a workflow standpoint, the lens can simplify care. I have not formally tracked whether it reduces follow-up visits or adjustments, but I would expect fewer of them, especially in cases involving astigmatism, because there are no axis changes, ADD changes, base curve changes or diameter changes to manage. In many cases, the adjustment is simply a small power change to improve distance acuity or, when needed, to provide a modified monovision approach for near with presbyopes.

Easier conversations with parents

The parent conversation can also be easier when a treatment offers good vision and myopia management together. Sometimes myopia treatments require accepting less-than-perfect vision in exchange for a protective benefit, and that can still be appropriate. But when a lens generates few, if any, visual complaints, it becomes easier to use in practice and easier for families to accept.

Why it has been so valuable in my practice

Overall, the value of NaturalVue® Enhanced Multifocal in my practice has been straightforward: It has been invaluable. It gives me a lens I can use across a broad range of ages and clinical needs, and it performs well under the kinds of conditions patients actually live in.

If a product is going to be part of daily life for children, teens and adults, that matters. In my experience, this one has earned that place.

*Read part one of this two-part article series **here***

, is an optometrist, researcher, inventor and educator with a longstanding focus on myopia management. He is a named inventor on 22 granted U.S. and international patents related to optical strategies for myopia control and has served as a clinical and

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Dr. Aller was compensated for is time in preparing this article

References

1. Cooper J, O'Connor B, Watanabe R, et al. **Case series analysis of myopic progression control with a unique extended depth of focus multifocal contact lens**. *Eye Contact Lens*. 2018;44(5):e16–e24. doi:10.1097/ICL.0000000000000440
2. Cooper J, O'Connor B, Aller T, et al. **Clinical evaluation of a catenary-curve, extended depth-of-focus contact lens for myopia management**. *Clin Ophthalmol*. 2022;16:2145-2155. doi:10.2147/OPTH.S370041
3. VTI data on file 2015. n=59. Data assessed after 1 week of wear. At $p<0.05$. No statistically significant differences were obtained between BCSV and NaturalVue® Multifocal 1 Day contact lenses.
4. Tuan KA, Benoit DP, O'Connor B. **Evaluation of the functional visual range of a catenary curve-based, extended depth-of-focus contact lens for presbyopia**. *Clin Ophthalmol*. 2024;18:2113-2123. doi: 10.2147/OPTH.S468699

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MKT-VTI-AP12