

# REACH Mass

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## Fall 2002 Newsletter

REACH Mass is a three-year project to educate parents of young children and child care providers about appropriate antibiotic use and antibiotic resistance.



## Watchful Waiting for Ear Infections

Ear infections are painful for children and frustrating for parents. By age three, 83% of children have had at least one ear infection and 46% have had three or more. Here's new information to help you and your child survive the winter cold and ear infection season.



The medical term for ear infection is acute otitis media or AOM. Not only is AOM a common childhood illness, it is the most common infection for which antibiotics are prescribed. Almost 60% of antibiotics prescribed for children under the age of three are for ear infections.

### Do all children with ear infections need antibiotics?

New research suggests that many children with AOM will get better without antibiotics. This research is important because high rates of antibiotic use in children have contributed to the growing problem of antibiotic resistance here in Massachusetts and throughout the United States. Using antibiotics wisely will help slow the rise of antibiotic resistance.

### If you don't treat an ear infection with antibiotics, what can you do?

One approach that some pediatric clinicians are beginning to consider is the "watchful waiting" option for the treatment of AOM. Watchful waiting means not giving antibiotics at first to certain children with mild cases of AOM or if the diagnosis of a bacterial infection is uncertain. Then there is follow-up within 48 hours to make sure the infection is getting better. Parents can make their child feel more comfortable and lessen ear pain\* by giving him or her acetaminophen (Tylenol) or ibuprofen (Advil or Motrin) right away. Pain-relieving ear drops (Auralgan) may also lessen a child's pain.

### \*Pain, pain go away....

Parents worry when their child's ears hurt and many parents incorrectly believe that an antibiotic is needed to reduce the pain associated with an ear infection. However, antibiotics do **not** relieve pain nor do they reduce fever. Pain medicine like acetaminophen (Tylenol) or ibuprofen (Advil or Motrin) is the best way to help your child feel better, whether or not antibiotics are also needed.

### What are the risks of not treating an ear infection with antibiotics?

It has been found that the risks of not treating an ear infection with antibiotics are extremely small provided that children are followed closely and antibiotic treatment is begun if symptoms persist or get worse.

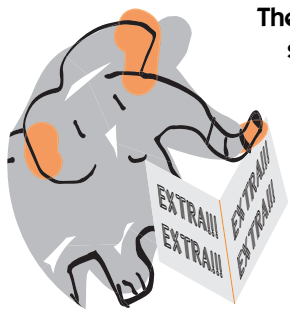
### Should watchful waiting be used for every ear infection?

The watchful waiting approach is not appropriate for every child or every ear infection. An examination and discussion with your pediatric clinician about possible risks is necessary to understand appropriate treatment for your child. And if this option is used, **it is very important that you have either a telephone or office visit follow-up for your child within 48 hours.** If your child is sick with an ear infection, ask your pediatric clinician whether watchful waiting might be appropriate for you child.

### Please note: "watchful waiting" is not recommended for children who:

- Are under age 2.
- Are over age 2 who have signs of moderate or severe AOM. (Moderate to severe pain, high fever or both within the past 24 hours.)
- Have immune deficiency, chronic ear infections or other chronic medical conditions.
- Have AOM with a sinus infection or strep throat.

## EXTRA!!! EXTRA!!! Antibiotic Use in Children is Down!!!



The good news is that a new study suggests doctors are prescribing antibiotics for children far less often. Researchers at the Centers for Disease Control and Prevention studied about 3,000 doctors and estimated that 30 million children received antibiotic prescriptions in 2000, down from 46 million in 1989.

This decline coincides with increased media attention to the problem of antimicrobial resistance and with efforts of programs like REACH Mass to promote the appropriate use of antibiotics. The bad news is that despite this decline in antibiotic prescribing for children, antibiotic resistance has increased during the 1990's. REACH Mass will continue its educational efforts to improve appropriate antibiotic prescribing during the upcoming winter season.

