

REACH Notes

Recent Developments to Promote Judicious Antibiotic Prescribing

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OTITIS MEDIA: New Data On An Old Disease!

No clinician (or parent) who sees children needs to be told that otitis media is common! But, did you know that it accounts for over 60% of antibiotic prescriptions for young children? Therefore, if we are to lower overall rates of antibiotic use, attention must be paid to the diagnosis and treatment of otitis.

What do we know?

- Acute otitis media (AOM) is common, and so is middle ear effusion without infection (OME).
- The diagnosis of AOM is difficult (cerumen, squirming kids, anxious parents, etc).
- Both we and parents overestimate the effectiveness of antibiotic treatment for this condition. Most episodes of otitis resolve on their own. **A recent comprehensive evidence assessment shows:**
 - **81 % of AOM episodes resolve without treatment in 1-7 days.**
 - **Antibiotic treatment increases the resolution rate by approximately 12 %.**
Therefore, for every 8 children prescribed an antibiotic for AOM, 1 will benefit.
 - **No difference in effectiveness between amox and more broad spectrum agents.**
 - **A rate of mastoiditis in untreated AOM of approximately 1:1000.**

So, what would help decrease unnecessary antibiotic use for otitis?

- Don't treat OME!! Studies and national guidelines suggest little benefit.
- If the infection is mild, or the diagnosis unsure, consider watchful waiting (with analgesics!) for AOM for 24-48 hours, with antibiotic treatment of those that aren't improving.
- Recently developed guidelines by experts in Massachusetts suggest consideration of this option for patients with AOM who are: 1) over 2 years of age, 2) otherwise healthy, and 3) whose parents understand the treatment approach and can assure medical follow-up.

For more information:

Takara GS, Chan LS, Shekelle P, Morton SC, Mason W, Marcy SM. Evidence assessment of management of acute otitis media: I. The role of antibiotics in treatment of uncomplicated acute otitis media. *Pediatrics* 2001; 108 (2) 239-247.

Little P, Gould C, Williamson I, Moore M, Warner G, Dunleavy J. Pragmatic randomized controlled trial of two prescribing strategies for childhood acute otitis media. *BMJ* 2001; 322: 336-42.