

CHANGING THE THERAPEUTIC APPROACH TO ACUTE OTITIS MEDIA IN CHILDREN

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Acute otitis media (AOM) is the most common reason for pediatrician's visits and for antibiotic prescription in childhood. A significant rise in bacterial resistance to antibiotic treatment has been detected in recent years. Accordingly, the attitude towards antibiotic treatment for AOM has been reevaluated. Due to various difficulties in ear examination, there is an over diagnosis by physicians of OME (Otitis Media with Effusion) as AOM, which leads to unnecessary prescription of antibiotics. The natural history of AOM shows spontaneous improvement without complications. Studies that have examined antibiotic treatment vs. placebo have shown only minimal advantage for the antibiotic therapy in symptom reduction. Critical appraisal of the literature according to Evidence-based Medicine (EBM) criteria has led to several meta analyses that showed only minor advantage for antibiotics over placebo in AOM. In the Netherlands, the approach to AOM is that of delayed prescribing: symptomatic therapy is given for the first 24 –72 hours, and antibiotic drug is prescribed only if symptoms persist after this initial period.

In this review the difficulties in reaching the correct diagnosis of AOM will be examined. The natural history of AOM will be described and the studies and metaanalyses comparing antibiotics to placebo will be evaluated.

The Dutch approach to AOM will be discussed as a possible and recommended basis for reduction in antibiotic prescriptions for AOM.

