Otitis Media: Information for Patients

Rating (out of 4): 🍊🍊🍊

Scope
This guideline is intended for all physicians who deal with patients with otitis media.

Clinical Question
What information should be provided to patients and parents?

Diagnosis

- **Acute Otitis media.** AOM is an acute, symptomatic inflammation of the ear with fluid behind the eardrum.
- **Causes.** Either a bacterial infection or a viral infection of the ear can cause AOM
- **Fluid without inflammation-URI’s (Upper Respiratory Infections).** Fluid in the ear without symptoms of pain or fever is not the same as AOM. This can occur as a result or URI's ("colds")
- **Symptoms of AOM.** Common symptoms of AOM include irritability, poor sleep, loss of appetite, and fever. Ear-pulling is a poor predictor of AOM. Symptoms of teething or viral sore throats are often similar to AOM.
- **The diagnosis is complex.** The diagnosis of AOM or middle ear fluid can be very difficult and uncertain. Do not be surprised if different practitioners draw different conclusions form examining your child.

Natural History

- **Self-curing.** Most ear infections get better without antibiotic therapy
- **Middle ear fluid.** Middle ear fluid persists for at least two months following an episode of AOM
Treatment

- **Symptom treatment.** Fever reducing medications are effective in reducing the symptoms of AOM.

- **Antibiotics**
  - **Not always effective.** Ear infections caused by viruses or antibiotic resistant bacteria will not get better in the short term no matter what oral antibiotic is prescribed.
  - **Not always necessary.** Most ear infections resolve on their own. The more mild the symptoms, the more likely that the infection will resolve without antibiotics.
  - **Amoxicillin.** Amoxicillin is usually more effective and has fewer side effects than other antibiotics. Previous use of broad-spectrum antibiotics does not indicate their need in subsequent episodes.
  - **Take all of the prescription.** Finish the recommended course of antibiotics. (If you run out of medication after five days of therapy and symptoms are resolved, it is probably not necessary to fill another prescription.
  - **Not for persisting middle ear fluid.** Additional antibiotics add little to speeding the clearance of middle ear fluid following an episode of AOM.
  - **Not for URI’s.** Using antibiotics in children with URI’s does little to speed the resolution of symptoms or decrease the rate of AOM. It is associated with increased risk of antibiotic resistance.

Follow up

- Patients should return for re evaluation if symptoms persist or worsen after 72 hours of oral therapy.

Prevention

- **Day care, smoke, pacifier use.** Exposure to day care, pacifier use, and tobacco smoke significantly increase the risk of AOM, OME and symptoms of upper respiratory infection. Hand washing can be helpful in limiting spread.

- **Immunizations.** The conjugated pneumococcal vaccine, Prevnar, reduces the risk of ear infections slightly. Children with recurrent ear infections should probably get an annual influenza vaccine.

- **Xylitol.** Xylitol-containing chewing gum significantly decreases the risk of recurrent ear infections. However, the use of such gum should be balanced by the risk of choking, especially in younger children, and children should not be allowed to chew gum when physically active.

- **Ear infections are not generally contagious,** and children with isolated AOM can return to school whether or not they are receiving antibiotics.