ACUTE OTITIS MEDIA IN CHILDREN V2.0

Comments from the Expert Advisory Group

- Acute otitis media (AOM) is very common in children.
- The cause of the majority of AOM cases is viral.
- Illness resolves over 3 days in 80% without antibiotics.
- AOM is usually self-limiting even if it is a bacterial cause.
    - It is often difficult to distinguish between viral or bacterial otitis media (both are often present at the same time).
- Pain relief and parent information are the most important factors.
- Treat pain with adequate and regular simple analgesia.
    - Regular paracetamol or ibuprofen at correct maximum dose for weight (see dosing tables for paediatric analgesia).
- Healthcare professionals can use their clinical judgement to decide when dosing by weight is more appropriate (e.g. for underweight children) as per the dosing charts:
    - Weight-based dosing for Paracetamol in Children
    - Weight-based dosing for Ibuprofen in Children
- Consider no antibiotics in the majority of children.
- GPs can use the Respiratory infection information leaflet (including self-care and safety-netting advice) during consultations with patients aged 3 months and above presenting with otitis media where there is no immediate need for an antibiotic.
- Children aged ≥ 2 years or children < 2 years with only 1 ear affected and no otorrhoea.
    - Consider no antibiotics, or, a back-up prescription to be used if no improvement in 3 days or if symptoms worsen despite analgesia.
- Those that may benefit from immediate antibiotics are children aged <2 years with bilateral infection or those with otorrhoea secondary to a perforated eardrum.
    - Other options in these patients include no antibiotic or a back-up prescription to use if symptoms worsen or fail to improve within 3 days.
- Advise parents:
    - most children and young adults get better within 3 days without antibiotics
    - symptoms last for about 3 days but can last for up to 1 week
    - to return if symptoms worsen rapidly or significantly.
- Overall evidence on antibiotics in acute otitis media:
    - most children will get better within 3-7 days without antibiotics
    - antibiotics make little difference to the number of children whose symptoms improve
    - antibiotics make little difference to the time it takes for the symptoms to improve
    - antibiotics have minimal impact on recurrence, short term hearing loss or eardrum perforation
    - complications from otitis media i.e. mastoiditis are rare with or without antibiotics
    - complications from antibiotics including diarrhoea and nausea are relatively common.
- Evidence for other medications in otitis media:
    - decongestants, antihistamines and corticosteroids have not been shown to be effective in AOM.

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Treatment

If antibiotics clinically indicated:

ACUTE OTITIS MEDIA IN CHILDREN ANTIBIOTIC DOSING TABLE **(If antibiotics are clinically indicated)**			
Drug	**Dose**	**Duration[$]**	**Notes**
1st choice option			
[$] 7-day courses may be reserved for those with more severe or recurrent infection.			
Amoxicillin	Refer to dosing table	5 days	Avoid in penicillin allergy
Penicillin Allergy			
Clarithromycin	Refer to dosing table	5 days	Increasing macrolide resistance may potentially lead to treatment failure See macrolide warnings and check drug interactions Macrolides should be used with caution in pregnancy Clarithromycin suitable only in 2nd and 3rd trimester in pregnancy
2nd choice option: if symptoms worsen on a first-choice antibiotic taken for at least 2 to 3 days.			
Co-amoxiclav	Refer to dosing table	5 days	Avoid in penicillin allergy

Patient Information

- HSE A to Z Ear infections