



Antibiotics or 'watch and wait' for acute otitis media

Clinical Question	How should I treat uncomplicated acute otitis media (AOM)?
Bottom line	<p>Immediate antibiotic treatment reduces earache/fever or both at 3-7 days:</p> <p><2 years + bilateral AOM NNT* = 4 <2 years + unilateral AOM NNT = 20 ≥ 2 years + bilateral AOM NNT = 9 ≥ 2 yrs + unilateral AOM NNT = 15</p> <p>Watch and wait may be appropriate for unilateral AOM except in children under 6 months of age. Most guidelines recommend routine antibiotics for children less than 6 months.</p> <p><i>*NNT = number needed to treat to benefit one individual.</i></p>
Caveat	<p>Adverse events reported included diarrhoea (4-21% of children in the treatment groups, 2-14% in the control groups), and rash (1-8% in the treatment groups and 2-6% in the control groups). No serious adverse events were reported.</p> <p>Children with a temperature >37.5 C and vomiting are more likely to be distressed or have night disturbance after 3 days and would appear to benefit from antibiotics.¹</p>
Context	AOM is very common in preschool children, uncommon in older children and very rare in adults.
Systematic Review	Rovers MM et al. Antibiotics for acute otitis media: a meta-analysis with individual patient data. Lancet 2006;368:1429-35. This review contains 6 studies involving 1643 patients.
PEARLS No. 21, November 2007, written by Brian R McAvoy	

1. Little P, et al. Predictors of poor outcomes and benefits from antibiotics in children with acute otitis media: pragmatic randomised trial. BMJ 2002;325:22-25. This is a single study involving 315 patients.