

### Antibiotics or 'watch and wait' for acute otitis media

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| <b>Clinical question</b>                               | How should I treat uncomplicated acute otitis media (AOM)?  |
| <b>Bottom line</b>                                     | <p>Immediate antibiotic treatment reduces earache/fever or both at 3-7 days:</p> <p>&lt;2 years + bilateral AOM NNT* = 4<br/>         &lt;2 years + unilateral AOM NNT = 20<br/>         ≥ 2 years + bilateral AOM NNT = 9<br/>         ≥ 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> |
| <b>Caveat</b>  | <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 &gt;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.<sup>1</sup></p>   |
| <b>Context</b>   | AOM is very common in preschool children, uncommon in older children and very rare in adults.   |
| <b>Cochrane Systematic Review</b>                      | 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. 49 November 2007, written by Brian R McAvoy |   |

<sup>1</sup>. 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.

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Guidelines Group.

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