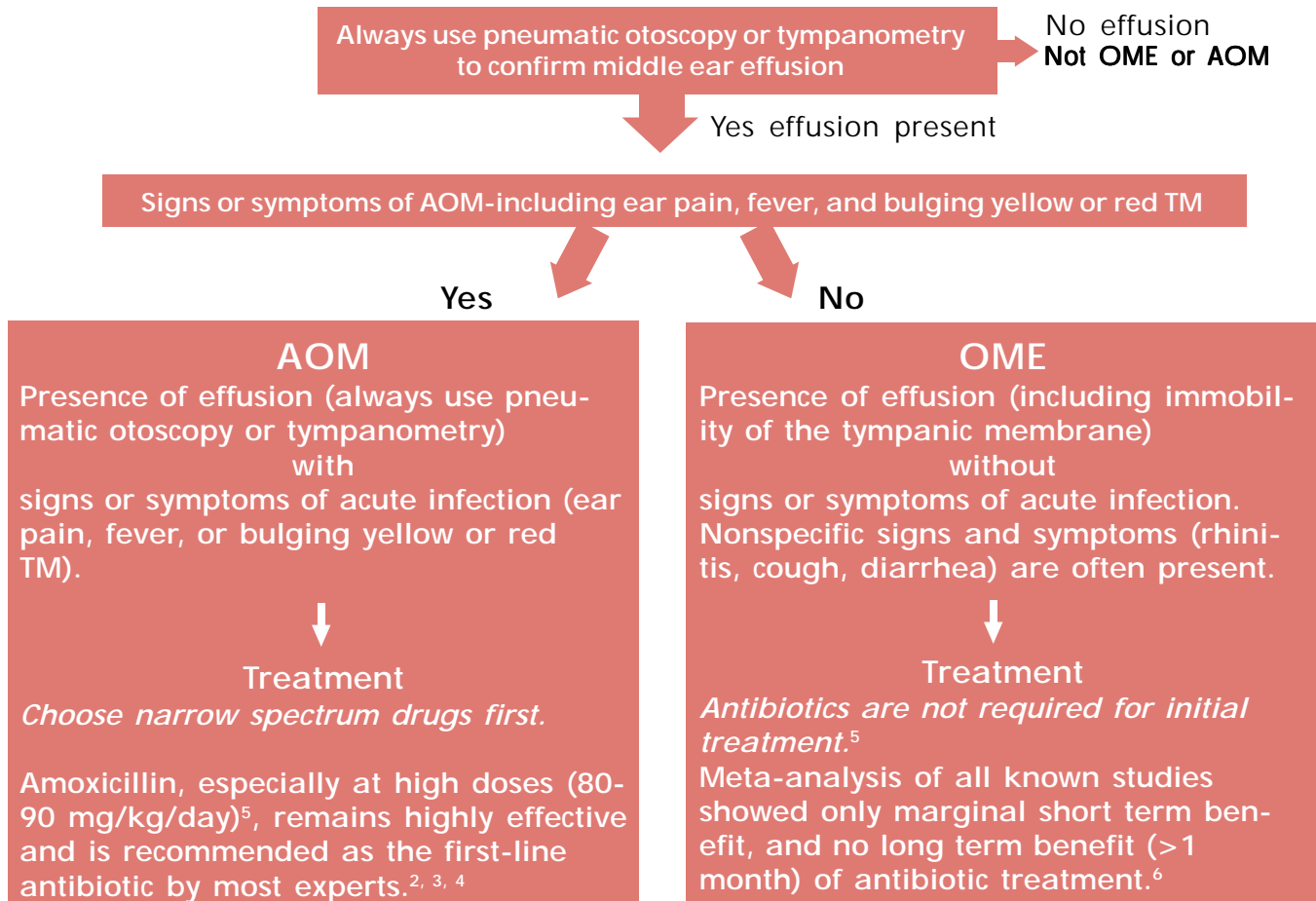


# CAREFUL ANTIBIOTIC USE

Otitis media with effusion does not require antibiotic treatment

## OTITIS MEDIA

Differentiating Acute Otitis Media (AOM) from Otitis Media with Effusion (OME):  
A tool for promoting appropriate antibiotic use.<sup>1</sup>



Only consider antibiotic prophylaxis for recurrent AOM as defined by > 3 distinct, well documented episodes in 6 months (or > 4 in 12 months).

Residual effusion after AOM normally persists for up to 6 weeks - no evidence of benefit from treatment in these cases.

### References

1. Dowell SF, Marcy SM, Phillips WR, Gerber MA, Schwartz B. Principles of judicious use of antimicrobial agents for pediatric upper respiratory tract infections. *Pediatrics* 1998;101:165-171.
2. McCracken GH. Considerations in selecting an antibiotic for treatment of acute otitis media. *Pediatr Infect Dis J*. 1994;13:1054-1057.
3. Barnett ED, Klein JO. The problem of resistant bacteria for the management of acute otitis media. *Ped Clin N America* 1995;42:509-17.
4. Dowell SF, Butler JC, Giebink GS. Acute otitis media: management and surveillance in an era of pneumococcal resistance-a report from Drug-resistance *Streptococcus pneumoniae* Therapeutic Working Group. *Pediatr Infect Dis J* 1999;18:1-9.
5. Stool SE, Berg AO, Berman S, et al. Otitis media with effusion in young children. Clinical practice guideline. AHCPR Publication no 94-0622 1994.
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**Share this algorithm with parents. Explain when the risks of using antibiotics outweigh the benefits.**

**Avoiding unnecessary treatment of OME would save up to 6 - 8 million courses of antibiotics each year.<sup>5</sup>**