

[IMAGE]

## **Antibiotics for Ear Infections: Not the Right Answer?**

One of the most common infections children experience is acute otitis media (AOM), which affects the middle ear, and is often associated with a buildup of fluid that causes pain and swelling. While many doctors will prescribe antibiotics to treat AOM, some health care providers believe using antibiotics too frequently can lead to drug-resistant bacteria. As a result, some doctors choose to let an AOM infection run its course and don't prescribe antibiotics unless they're absolutely necessary. This may be good thinking; in fact, the results of a recent study suggest not providing antibiotics may be just as effective in the overall treatment of AOM.

In the study, over 200 children with AOM were randomized into two groups. Both groups received medication to treat the pain associated with AOM, but only one group received a course of antibiotics. Over a 30-day period, doctors then examined the children in both groups to determine whether the infection had resolved or become more severe.

Results: While children given antibiotics also took fewer doses of pain medication, samples of bacteria obtained from those children were more likely to be drug-resistant than in children who hadn't received antibiotics. In addition, parents in both groups seemed equally satisfied with the care their child received, and the costs of treatment were almost \$36 less per patient among children not taking antibiotics.

The lesson here? Not every infection needs to be treated with an antibiotic. With proper education and observation, acute otitis media can often be managed without resorting to these types of drugs for care. For more information on conservative management of acute otitis media, visit

**[www.chiroweb.com/find/archives/pediatrics/otitismedia](http://www.chiroweb.com/find/archives/pediatrics/otitismedia)**.

McCormick DP, Chomnaitree T, Pittman C, et al. Nonsevere acute otitis media: a clinical trial comparing outcomes of watchful waiting versus immediate antibiotic treatment. *Pediatrics*, June 2005;115(6):1455-1465.

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