Acute Otitis Media is the most common upper respiratory condition treated in pediatric offices and the treatment of this condition continues to be the most controversial in the medical community (1-3).

The majority of children suffering from Acute Otitis Media will automatically be placed on antibiotics despite growing evidence that suggests there’s only a marginal benefit from this form of care (4).
The pediatric community is being confronted primarily by mounting evidence that the standard use of antibiotics may be an outdated practice with little value and what appears to be greater risk to the child.

When prescribing antibiotics for your child your pediatrician should be willing to answer the question, “Does this case warrant a prescription”?

Let’s consider an observation published recently by the American Academy of Pediatrics and the American Academy of Family Physicians:

“Each course of antibiotics given to a child can make future infections more difficult to treat. The result is an increase in the use of a larger range of—and generally more expensive—antibiotics. In addition, the benefit of antibiotics for Acute Otitis Media is small on average and must be balanced against potential harm of therapy. About 15 percent of children who take antibiotics suffer from diarrhea or vomiting and up to 5 percent have allergic reactions, which can be serious or life threatening. The average preschooler carries around 1 to 2 pounds of bacteria – about 5 percent of his or her body weight. These bacteria have 3.5 billion years of experience in resisting and surviving environmental challenges. Resistant bacteria in a child can be passed to siblings, other family members, neighbors, and peers in group-care or school settings.” (5)

Scientific Evidence

Scientific evidence puts forth the following information:

- Children with high temperature or vomiting improved after an average of three days.
- Children with high temperature or vomiting were likely to benefit from antibiotics, although it’s still reasonable to wait 24 to 48 hours since many children will improve when left to their body’s own natural defenses.
- Children without high temperature or vomiting were not expected to benefit from
immediate antibiotics.

Considering this information it’s best to take an option to observe stance since 80 percent of children with Acute Otitis Media get better without antibiotics within 48 to 72 hours \(^{(6)}\).

With this scientific evidence mounting, ask yourself a few questions:

Will my pediatrician continue to prescribe antibiotics to my child based on his or her old programming and habits despite growing evidence that suggests antibiotics make little difference?

Does my pediatrician continue to have concerns that there’s a risk for dangerous complications, such as Acute Mastoiditis, despite the fact that it’s documented as a “rare occurrence” \(^{(2)}\)?

As a parent, what do you need to know?

- That there is mounting evidence from the research community that the use of antibiotics has very little effect on Acute Otitis Media.
- That your doctor may be prescribing antibiotics based on old habits or the concern of developing acute mastoiditis, which has proven to be rare.
- That when delaying the use of antibiotics for 72 hours, even if your child is suffering from fever and vomiting, 50 percent of all children improve within that time period.
- That children with Acute Otitis Media but without fever and vomiting receive very little benefit from the use of antibiotics (this child should not begin antibiotics unless their condition worsens).
- It’s your child and you can take the initiative by asking your pediatrician to consider waiting 72 hours before introducing the antibiotic.
Prevention is the Key

New guidelines set forth by the American Academy of Pediatrics and the American Academy of Family Physicians recommend that the clinician take an active role in preventing Acute Otitis Media. A few suggestions included:

- Altering child care center attendance
- Breastfeeding for the first 6 months
- Avoid supine bottle-feeding (bottle propping)
- Reduce or eliminate pacifier in the second six months of life
- Eliminate exposure to passive smoke

A Healthy Alternative

Take the common sense approach to otitis media and consider chiropractic care. The Fallon study with 332 participating children suggests that chiropractic care may be more effective than drug therapy (7).
Be aware that your chiropractor is not opposed to antibiotics when necessary, but the chiropractic profession acknowledges that over usage is prevalent in our country and that the habits of medical doctors may not have caught up with the latest research.

A Final Thought

For the overall wellness of your child, participate in all decisions when it comes to the usage of antibiotics and seek other non-invasive forms of care. Remember, it’s your child and you have a say in his or her care. Most importantly, initiate healthy lifestyle choices for your family and include regular chiropractic care as part of your family’s achievement towards wellness.

References:
