

Cochrane Corner

Antibiotics are more effective in younger patients and in bilateral acute otitis media

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The problem

The new approach to treating otitis media with antibiotics has focused on the greater use of delayed prescriptions.¹ The previous systematic reviews of antibiotics for acute otitis media did not have individual patient data but found relatively high NNT of 15 to benefit at Day 2 in terms of reduction in pain. The benefit of individual patient data meta-analysis

means that subgroups such as those with bilateral acute otitis media and the influence of age can be explored.

Clinical bottom line

In patients with acute otitis media delayed prescriptions may still be the best option but consideration of treatment may be warranted in those under two years with bilat-

eral otitis media or those with bilateral otitis media. My own experience is that many patients are quite keen on the delayed prescriptions suggesting that parents may be keen not to give antibiotics to their children. Clearly good regular analgesia is necessary in most cases. Most guidelines recommend routine antibiotics in children under the age of six months.

Acute otitis media

Topic	Success	Evidence	Harms
Antibiotics for acute otitis media	Immediate antibiotic treatment reduces earache/fever or both at 3–7 days for: <2 yrs + bilateral AOM NNT=4 <2 yrs + unilateral AOM NNT=20 ≥ 2 yrs + bilateral AOM NNT=9 ≥ 2 yrs + unilateral AOM NNT=15 Otorrhea in context of acute otitis media NNT=3	Systematic review of individual patient data ²	Most guidelines recommend treating children under age six months routinely with antibiotics. One child in a placebo group developed meningitis but there were no cases of mastoiditis. Diarrhoea is more common in those on antibiotics.

NNT = numbers needed to treat

References

1. Little P et al. BMJ 2002; 325:22–25.
2. Rovers MM et al. Lancet 2006; 368:1429–35.

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