CAREFUL ANTIBIOTIC USE

Otitis media with effusion does not require antibiotic treatment
Acute otitis media does not always require antibiotic treatment

OTITIS MEDIA

Differentiating Acute Otitis Media (AOM) from Otitis Media with Effusion (OME):
A tool for promoting appropriate antibiotic use.¹ ²

Always use pneumatic otoscopy or tympanometry to confirm middle ear effusion

No effusion
Not OME or AOM

Yes effusion present

Yes or symptoms of AOM-including ear pain, fever, and bulging yellow or red TM

AOM

- History of acute onset of signs and symptoms WITH
- The presence of middle ear effusion (indicated by bulging of the TM or limited/absent TM mobility or otorrhea or air-fluid level) WITH
- Signs or symptoms of middle-ear inflammation (indicated by distinct erythema of the TM or distinct otalgia)

TREATMENT
Management should include assessment of pain → if pain is present, clinician should recommend treatment to reduce pain.

Age | Certain Diagnosis | Uncertain Diagnosis
---|-------------------|-------------------
< 6 mo | Antibacterial therapy | Antibacterial therapy

6 mo to 2 y | Antibacterial therapy | Antibacterial therapy if severe illness; observation option* if nonsevere illness

≥ 2 y | Antibacterial therapy if severe illness; observation option* if nonsevere illness | Observation option*

*Observation is an appropriate option only when follow-up can be ensured and antibacterial agents started if symptoms persist or worsen. Nonsevere illness is mild otalgia and fever <39°C in the past 24 hours. Severe illness is moderate to severe otalgia or fever ≥ 39°C. A certain diagnosis of AOM meets all 3 criteria: 1) rapid onset, 2) signs of middle ear effusion, and 3) signs and symptoms of middle-ear inflammation.

OME

Presence of effusion (including immobility of the tympanic membrane) WITHOUT

Signs or symptoms of acute infection. Nonspecific signs and symptoms (rhinitis, cough, diarrhea) are often present.

TREATMENT
Antibiotic treatment has not been demonstrated to be effective in long-term resolution of OME. A single course of treatment for 10-14 days may be used when a parent or caregiver expresses a strong aversion to impending surgery.³

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.³

If the patient fails to respond to the initial management option within 48-72 hours, clinician must reassess to confirm AOM and exclude other causes of illness. If AOM is confirmed in:
- Patient initially managed with observation, begin antibacterial therapy.
- Patient initially managed with antibacterial agent, change the agent.

References: