

## Predicting Who Warrants and Does Not Warrant Antibiotics for Acute Otitis Media

August 11, 2017

The AAP Guidelines for acute otitis media stress holding off on antibiotics for children outside of infancy and provide close observation for evidence of improvement or worsening, given the high incidence of viruses as a predominant cause of a child's ear pain and fever.

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**Article type:** [Pediatrics Blog](#)



The AAP Guidelines for acute otitis media stress holding off on antibiotics for children outside of infancy and provide close observation for evidence of improvement or worsening, given the high incidence of viruses as a predominant cause of a child's ear pain and fever. But who might need antibiotics sooner than later due to their having a bacterial etiology for their otitis signs and symptoms? Tahtinen et al. ([10.1542/peds.2017-0072](#)) have performed a secondary analysis of a randomized double-

blind placebo-controlled trial in over 3000 children between 6 months and 3 years of age who received amoxicillin-clavulanic acid or placebo for a week and then monitored these patients for treatment failure so as to determine prognostic factors that are associated with such failure. The authors found two factors extremely helpful in their predicting who does and does not need antibiotics. Those with a bulging tympanic membrane were most likely to benefit and those with "peaked" tympanogram findings were more likely to improve with observation suggesting a non-bacterial etiology. Would these findings and perhaps others shared in this interesting study change how you practice? Do you find similar outcomes in your own practice? We welcome your comments about this study relative to your own practice by sharing your thoughts with us via this blog, on our website or through our Facebook or Twitter links.

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