

Ear Infections: New Thinking About an Old Problem

What parent can't help but worry when their child is having pain from an ear infection? We all know what to do, give acetaminophen for the fever and pain, make an appointment with the doctor, get the antibiotic, and all is well. Right? Not so fast! Most of us have been in this scenario and done just this very thing. The future of ear infections is changing and there are new thoughts on how to treat this very common ailment. Let us see if we can shed some light on the new approach.

Acute Otitis Media, more commonly referred to as a "middle ear infection" is the most common diagnosis for which a child will be prescribed an antibiotic. This has been the standard of care since the introduction of penicillin. Prior to antibiotics children with really bad infections often became sicker and developed mastoiditis, an infection of the surrounding bone. It sounds bad and it is! Antibiotic therapy improved the outcome of this event to the point that mastoiditis is relatively rare now. So why change how we treat ear infections if antibiotics work?

There are two reasons why antibiotics may not be our first choice for ear infections. The first reason for the shift in treatment is that most ear infections are not of the "really bad" type. Most children will improve within 72 hours of the onset of symptoms without antibiotics. Treating the fever and pain with acetaminophen or ibuprofen for 3 days and giving antibiotics only if symptoms worsen or persist is fast becoming the treatment of choice. The second reason is antibiotic resistance. The best way to describe this is "only the strong survive!" The most susceptible germs are the "weak" ones and the stronger germs survive and cause worsening disease. This is happening at an alarming rate!

So what do you do when little Sarah has an ear ache? Treat her pain and fever in the usual manner and call your doctor. If there is severe illness, defined as moderate to severe pain and fever greater than 102 or your child is less than 2 years old, antibiotics are appropriate. Most other children may safely wait 72 hours. The key is to call your doctor. These are general guidelines and every child is different, let him or her decide if this is the right option for your child.

No one likes to see their child in pain. Today we have options available to us to make your child comfortable and not contribute to the rise in antibiotic resistance. This keeps us all healthier!