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Letter to the editor: Treatment of acute otitis media in children

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TO THE EDITOR: The two recent trials reported in the Journal by Hoberman et al. and Tähtinen et al.¹ and the accompanying editorial² on antibiotics for acute otitis media in children overstate the impact of antibiotics in clinical practice. The apparent effect size is greater than that reported in previous meta-analyses³,⁴ for two reasons. First, their end point combined symptoms with the proxy of the appearance of the tympanic membrane (of doubtful clinical importance in a normally spontaneously remitting disease). Second, they used a much narrower definition of acute otitis media than is typical in practice (in this study, clinicians received special training, inclusion criteria were stringent, and most patients were not eligible for enrollment because they were insufficiently ill). Sicker patients benefit more from any effective treatment. Some clinicians may think that they have freer license to prescribe antibiotics in children who are much less ill. Though the two trials showed statistically significant benefits associated with antibiotics, we think restricted prescribing is still appropriate. Instead of simply deciding to treat all children, we should carefully balance harms and benefits, which generally means restricting antibiotics to the small group of younger, sicker children.⁴

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