

# The Wellness Family

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## The Treatment of Otitis Media

If you've ever held your child while they cried and tugged at their ears, you're familiar with the signs of an earache. For the child that is too young to express how they're feeling this can be heartbreaking for a parent. This may be why there are 30 million pediatrician visits annually for Otitis Media and why more than 50% of the antibiotics prescribed for preschoolers in the United States and Canada are prescribed for ear infections.

### **What is Otitis Media?**

Otitis Media is the general name for several conditions that can affect the middle ear including inflammation of the middle ear. The classic symptoms of Otitis Media can be fever, earache, pressure in the ear and even temporary loss of hearing.

With the typical Otitis Media sufferer being so young it's difficult for them to express what they're feeling. So many parents when faced with these symptoms will be quick to think "ear infection"; however, this is not always the case.

### **Teething and the Middle Ear**

Teething usually begins at four to five months of age but can start as early as three months. Since it can take anywhere from three hours to three weeks for teeth to break through, the symptoms can sometimes be misdiagnosed and one of the most common misdiagnosis is inner-ear infection or Acute Otitis Media.

A teething child's gums become inflamed and cause excessive drooling, which can cause irritation to the Eustachian tubes; thus irritating the inner ear. As a result the child will usually be fussy and tugging on their ears, which are similar symptoms of an ear infection. Consequently most parents will take their child to the pediatrician's office where the misuse of the otoscope or a crying infant may cause a false-positive finding.

### **Misdiagnosis of Acute Otitis Media**

In June of 2002, the American Academy of Pediatrics (AAP) released the results of a study stating that Acute Otitis Media (AOM) is the most commonly diagnosed and misdiagnosed disease in childhood and is a primary factor in increased antibiotic resistance. Since there are such diverse diagnostic criteria and varying opinions regarding the use of antibiotic treatment, it is an acknowledged fact that antibiotics are being overly prescribed.

Accurate diagnosis of AOM requires recognizing the difference between a normal ear, an inflamed ear due to teething, an infected ear that requires treatment with antibiotics and Otitis Media with effusion (OME), which is an asymptomatic disease with persistent middle ear effusion that does not require antibiotics.

In response to these growing concerns the AAP recently released New Guidelines for the treatment of Otitis Media stating the following:

"Each course of antibiotics given to a child can make future infections more difficult to treat. The result is an increase in the use of a larger range of – and generally



*"The misdiagnosis of Acute Otitis Media is a primary factor in increased antibiotic resistance"*

more expensive – antibiotics. In addition, the benefit of antibiotics for Acute Otitis Media is small on average and must be balanced against potential harm of therapy. About 15 percent of children who take antibiotics suffer from diarrhea or vomiting and up to 5 percent have allergic reactions, which can be serious or life threatening."

On a more alarming note is the AAP's warning regarding your child developing an antibiotic-resistant bacteria, which can be passed to siblings, other family members, neighbors, and other children in daycare or school settings.

### **The New Guidelines**

The American Academy of Pediatrics recognizes that 80 percent of children with Acute Otitis Media get better without antibiotics within 48 to 72 hours. Therefore they recommend using an "observation option", which could significantly reduce antibiotic prescriptions annually by up to 3 million and would significantly reduce the prevalence of antibiotic resistant bacteria.

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The new guidelines suggest the following:

1. Accurately diagnose AOM, which will generally require a culture test
2. Give parents the option to observe their child on their own for 48-72 hours, then start antibiotics only if the child has not improved
3. As a last resort only, prescribe antibiotics when the child has been proven to have Acute Otitis Media via a reliable method of diagnosis (culture test)
4. Encourage families to prevent AOM by reducing risk factors
  - For babies and infants this means breastfeeding for at least six months, avoiding "bottle propping," and eliminating exposure to tobacco smoke

In all instances it is best to take a wait-and-watch approach since 80 percent of children with Acute Otitis Media get better without antibiotics within 48 to 72 hours.

### **Antibiotic Awareness**

Antibiotics are not always the answer; consider the following facts before giving your child an antibiotic:

- There is mounting evidence from the research community that the use of antibiotics has very little effect on Acute Otitis Media
- Your doctor may be prescribing antibiotics based on old habits or the concern of developing acute mastoiditis, which has proven to be rare
- When delaying the use of antibiotics for 72 hours, even if your child is suffering from fever and vomiting, 50 percent of all children improve within that time
- Children with Acute Otitis Media, but without fever and vomiting, receive very little benefit from the use of antibiotics (this child should not begin antibiotics unless their condition worsens)

Remember, that this is your child and you can take the initiative by asking your pediatrician to consider waiting 72 hours before introducing the antibiotic.

### **Avoid the Drugs**

All drugs have side effects; since all medications are chemicals that are being introduced to our naturally chemical-free bodies there will always be side-effects.

The Journal of the American Medical Association (JAMA) released a study in February of 2004 linking antibiotic use to a risk of breast cancer in women. The study positively identified a link when significant amounts of antibiotics had been taken in their lifetimes.

Antibiotics have also been known to cause diarrhea, vomiting, anemia, insomnia, hives, yeast infections (Candida), depressed white blood cell count and in rare cases, hemophilia. Since it's more than possible that your child will improve on their own (a proven 80% chance) it's best to avoid these harmful drugs.

### **In Summary**

Take the common sense approach to Otitis Media and consider Chiropractic care. The Fallon study with 332 participating children suggests that Chiropractic care may be more effective than any drug therapy. Since the Chiropractic adjustment removes nerve interference it makes way for the body's innate ability to heal itself.

Be aware that your Chiropractor is not opposed to antibiotics when necessary but, as a profession, all Chiropractors acknowledge that over usage is prevalent in the United States and Canada, and that the habits of medical doctors may not have caught up with the latest information and research.

References: <http://pubs.ama-assn.org/media/2004j/0217.dtl>  
[http://www.aafp.org/PreBuilt/final\\_aom.pdf](http://www.aafp.org/PreBuilt/final_aom.pdf)  
[http://www.chiro.org/pediatrics/ABSTRACTS/Children\\_with\\_Otitis.shtml](http://www.chiro.org/pediatrics/ABSTRACTS/Children_with_Otitis.shtml)

For more information on healthier alternatives you can read an informative article entitled Herbal Antibiotic Alternatives at the following website:  
<http://www.newlifejournal.com/augsep04/foley.shtml>

*Dear Parent,*

*Dr. Glassman is dedicated to providing you with the absolute best in family wellness care; with that dedication comes an understanding that an informed parent makes wise decisions. Take a moment today to discuss any questions or concerns with your Family Wellness Chiropractor.*

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