The Hong Kong College of Family Physicians
8th Floor, Duke of Windsor Building,
15 Hennessy Road, Hong Kong.
Tel : 2528 6618 (2 Lines)
Fax : 2866 0616
Website:
http://medicine.org.hk/hkcfp/journal.htm

The Hong Kong Practitioner is indexed in *Excerpta Medica (EMBASE).*

ISSN 1027-3948

Printed & Designed By
Printhouse Production Center
Hong Kong

EDITORIAL

Otitis Media In Hong Kong

Hippocrates, it is claimed,[1] was the first to describe otitis media, writing that, "Acute pain of the ear, with continued strong fever, is to be dreaded, for there is a danger that the man may become delirious and die." It was a point of view shared by Celsus some 300 years later when he stated, "...inflammation and pains of the ear lead sometimes to insanity and death. Thus it is necessary to render prompt aid at the commencement, lest a greater danger arise."[1]

While nowadays complications of otitis media that used to be both common and potentially serious are much less frequent, otitis media remains a familiar clinical problem for family physicians working in countries with patients of European background. In Australia, for example, otitis media is reported to be responsible for 8% of paediatric presentations in general practice.[2] It is the most common reason for febrile children under the age of 4 to present to the general practitioner, and in children its annual incidence is about 1 in 10.[2]

It has been known for some time that ethnicity affects the prevalence of otitis media, and for this reason the article by Dr Sung and her colleagues in this month's edition of the *HK Pract* is of great interest. As a result of their study they conclude that when compared to Western countries, acute otitis media is much less common in Hong Kong Chinese children.

How should such infections be treated? A report published in the *British Medical Journal* in 1990[3] demonstrated some interesting differences in the treatments used by physicians in various countries where otitis media is a common condition. Doctors from nine countries (Australia, Belgium, Canada, Great Britain, Israel, The Netherlands, New Zealand, Switzerland, and the United States) were asked to record data on consecutive patients with new episodes of otitis media.

The study found that antibiotic treatment was the rule, with antibiotics being used in some 90% of patients with otitis media, the highest treatment rate being 98.2% in Australia. The exception was The Netherlands, where only 31.2% of patients were treated with antibiotics. There were wide variations in the types of antibiotics used, and also considerable differences between countries in the periods for which antibiotics were used. Physicians in the United Kingdom, for example, most often prescribed antibiotics for five days, while in the United States the most common period was 10 days. However, follow-up data from the patients revealed that recovery did not seem to be influenced by either the type of antibiotic given or the period for which it was prescribed.

EDITORIAL

Recent reviews[4,5] of randomised controlled trials of the treatment of otitis media have concluded that antibiotics offer only limited benefits and that most older children can be managed without their use. Other studies[6,7] have demonstrated that even if antibiotics are used, short courses – for example two or three days of higher-dose treatment – are just as effective as treatment for seven days.

The potential benefits of a conservative approach to the use of antibiotics are a reduction in the number of children suffering side-effects of medication use, and perhaps more importantly a reduced likelihood of the emergence of antibiotic resistant bacteria. In Iceland, for example, researchers have demonstrated[8] that a reduction in the use of antibiotics for common conditions such as otitis media has indeed been followed by a fall in the rates of penicillin-resistant bacteria.

In view of the uncertainty about the beneficial effects of routine antibiotic treatment, the apparently low prevalence of otitis media, and in the absence of evidence of serious possible sequelae such as suppurative complications or conductive hearing impairment in children in Hong Kong, it would seem that a conservative approach to this condition is justified. In children over the age of two, otitis media may be treated with analgesics alone, with antibiotics being reserved for children in whom pain and fever persist. If antibiotics are to be used at all, short rather than long courses of treatment may be more appropriate. ■

Tony Dixon, MBChB, CCFPC, FCFPC, DRCOG
Professor and Head,
General Practice Unit,
The University of Hong Kong.

References

1. Feigin RD. Otitis media: closing the information gap. *N Engl J Med* 1982;306:1417-1418.
2. Del Mar C. Childhood otitis media. *Australian Prescriber* 1994;17: 82-87.
3. Froom J, Culpepper L, Grob P, *et al.* Diagnosis and antibiotic treatment of acute otitis media: report from International Primary Care Network. *BMJ* 1990;300:582-586.
4. Del Mar C, Glasziou PP, Hayem M. Are antibiotics indicated as initial treatment for acute otitis media? *BMJ* 1997;314:1526-1529.
5. Froom J, Culpepper L, de Melker RA, *et al.* Antimicrobials for acute otitis media? A review from the International Primary Care Network. *BMJ* 1997;315:98-102.
6. Bain J, Murphy E, Ross F. Acute otitis media: clinical course among children who receive a short course of high dose antibiotic. *BMJ* 1985; 291:1243-1246.
7. Jones R, Bain J. Three-day and seven-day treatment in acute otitis media: a double-blind antibiotic trial. *J R Coll Gen Pract.* 1986;36: 356-358.
8. Stephenson J. Icelandic researchers are showing the way to bring down rates of antibiotic-resistant bacteria. *JAMA* 1996;275:175-176.