Treatment of otitis media

Sir,

I believe that the paper by Jones and Bain on the treatment of otitis media (August *Journal,* p.356) could be quite influential on prescribing habits in this country, so I think it is important to point out some limitations of this paper. The paper described a double blind trial of a three day versus a seven day antibiotic treatment period of acute otitis media in 100 children and concluded that there was no difference in the two regimens. I would like to make the following points:

1. The diagnosis had no objective criteria — 'the child presented with a clinical syndrome recognized as otitis media by the general practitioner concerned, for which antibiotic treatment was considered appropriate.'
2. There was no placebo group — yet Professor Bain writes in a weekly medical magazine 'I increasingly find that I am not giving antibiotics to children with minimal symptoms'.[1] Also, Van Buchem claims that 97.5% of cases of acute otitis media require treatment only with analgesia and nose drops (based on 490 children with otitis media).[2]
3. There is no evidence provided of the effects on the hearing or long term complications in the two groups.
4. Two children were lost to follow up in the three day treatment group — were they receiving other antibiotics somewhere else?
5. Two children from the three day treatment group had to be given another antibiotic on day 5 because of recurrence of earache — yet they are excluded from the analysis. Surely they are failures of a three day regimen? Also, if Van Buchem is right, only three children out of the 100 actually needed antibiotics anyway — if these are two of them there may only be one more.

I accept that little is clear in the mire of otitis media except that, as Dr Fry writes, 'acute otitis media is now a relatively benign and self limiting condition'.[3]

I certainly think that more research is needed but rather than a 100 cases, thousands or even tens of thousands of cases must be included in such research. My own suspicion is that very few cases of otitis media do need antibiotics, but those that do, need a prolonged course. Rather than disprove my suspicion this paper supports it because of the two cases that were left out of the analysis and the absence of a placebo group.

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References

1. Bain J. Otitis media: follow up more important than the treatment. *Pulse* 1986; 18 October: 77.
2. Van Buchem FL. Otitis media: a new treatment strategy. *Br Med J* 1985; **290:** 1033-1037.
3. Fry J. Acute otitis media. *Update* 1979; 1 March: 648-649.

Sir,

We would like to reply to Dr Paul Thomas's comments about our paper on the treatment of otitis media (August *Journal,* p.356) and also to Dr Helen Cosgrove's letter (November *Journal,* p.522).

This study set out simply to compare the efficacy of short and conventional courses of antibiotics in children with earache who, for whatever reason, general practitioners thought needed antibiotic treatment. For this reason we did not attempt to make clinical, otoscopic or other definitions of otitis media, rather we adopted a pragmatic approach which we believed reflected actual practice. There was no placebo group because this study did not set out to compare antibiotic with no antibiotic, although this department is now engaged in such a study.

Follow-up audiometry was not performed because we did not think that audiograms performed in a number of health centres would be comparable. We do not have information on the possible persistence of middle ear effusions in the subjects, because impedance tympanometry was not available. However, we have reviewed the case notes of subjects in this health centre and cannot detect any difference between the groups in the development of complications or in consultations because of hearing problems.

We have also looked carefully at the two children in the three day group in whom earache recurred during the first week. In one of these the eardrum signs at five days, when the child was seen again by her doctor, and again at eight days were identical to those recorded on entry to the trial; throughout the treatment period she had a number of other symptoms of upper respiratory tract infection. In the other case, a boy aged five years, examination of the eardrums was impaired both at entry and on day five because of the presence of wax, making interpretation of the symptoms difficult. It is important to remember that a substantial number of children in both treatment groups continued to have earache after the fifth day of the study but the majority of them did not consult their doctors.

We agree with Dr Thomas' counsel of perfection to mount large scale trials of treatments of common conditions but these are difficult to set up and coordinate in general practice and are often confounded by problems of ascertainment and inter-observer variation. We hope that the larger trial now in progress will go some way towards answering some of the remaining questions about the natural history and optimum therapy of otitis media in children.

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Prevention of heart disease

Sir,

Julian Tudor Hart's important leader on blood cholesterol reduction (December *Journal,* p.538) is welcome but with uncharacteristic lack of nerve he refuses to recommend what in our view we should now be insisting on for *all* of our male patients between the ages of 35 and 65 years and that is a record of at least one measurement of serum cholesterol levels. It is a more potent risk factor for death from heart disease than either hypertension or smoking.

Without information about all three factors our ability to estimate risk is reduced and the direction of our behaviour therapy uncertain. The increased demand on the laboratory services of a single blood test must be relatively modest and the increased workload on a well-run practice is demonstrably manageable.

During 1986, we have forsaken 'case finding' and reverted to the old fashioned screening clinic. Initially, 499 men between the ages of 42 and 52 years were sent for and 331 (66%) attended for screening. Some of the non-attenders had been screened elsewhere. The following risk factors are reviewed: family history, smoking, alcohol intake, habitual exercise, fat intake, weight for height, blood pressure, urine for albumen and sugar and random blood cholesterol and blood sugar. Detailed advice is given at this nurse-run clinic and abnormalities followed up. It takes up to two and a half hours on a Tuesday morning and has not disorganized the routine work of the medical centre.

The clinic provides a context where advice on life-style can be given in a quiet and purposeful way and is very well received by the patients who are there voluntarily and not kidnapped while suffering from influenza.

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