



**PROPOSED REVIEW OF SIGN GUIDELINE
CONSULTATION FORM**

Title of guideline	SIGN 66: Diagnosis and management of childhood otitis media in primary care
Date of publication	February 2003
SIGN scoping search – sources	MeSH headings for the condition specified and any common variations as free text, plus terms for the interventions and care processes discussed in the guideline Sources: Guidelines: NICE; National Library for Health guidelines finder; National Guidelines Clearinghouse; GIN Web site. Technology appraisals: NICE; UK HTA database (Southampton); INAHTA database. Cochrane reviews: Cochrane Library. Other good quality systematic reviews: UK HTA database (Southampton); DARE.
SIGN scoping search - summary	Guidelines – 7 HTAs – 1 due Cochrane reviews – 12 Other good quality systematic reviews – 1
Other guidelines/HTAs	American Academy of Family Physicians, American Academy of Otolaryngology-Head and Neck Surgery, American Academy of Pediatrics Subcommittee on Otitis Media with Effusion. Otitis media with effusion. Pediatrics 2004 May;113(5):1412-29. Institute for Clinical Systems Improvement (ICSI). Diagnosis and treatment of otitis media in children. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008. National Institute for Health and Clinical Excellence. Surgical management of otitis media with effusion in children. London; NICE: 2008. (NICE Clinical Guideline 60). Otitis media - acute (CKS Guidance). January 2007. Otitis media with effusion - Management (CKS Guidance) March 2007 Otitis media - chronic suppurative - Management (CKS Guidance) October 2008 University of Michigan Health System. Guidelines for clinical care: otitis media. University of Michigan Health System: 2007. Williamson I. A double-blind randomised placebo-controlled trial of topical nasal steroids in 4-11 year old children with persistent bilateral Otitis Media with Effusion (OME) in primary care. (due for publication July 2009)
Main conclusions from new evidence	<ul style="list-style-type: none"> ▪ A meta-analysis concluded that antibiotics seem to be most beneficial in relieving residual pain or fever at 3 to 7 days in children younger than two years of age with bilateral AOM, and in children with both AOM and otorrhoea. An observational policy seems justified for most other children with mild disease. ▪ A Cochrane review reported that antibiotics provide a small benefit for acute otitis media in children. As most cases resolve spontaneously, the benefit must be weighed against the possible adverse reactions. Antibiotic treatment may play an important role in reducing the risk of mastoiditis in populations where it is more common. <p><i>SIGN 66 recommends not prescribing antibiotics routinely as initial treatment (B), but is recommended as an option after 72 hours if there has been no improvement in the condition (B).</i></p>

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Produced by: Roberta James	Page 1 of 3	Review date: November 2012

	<ul style="list-style-type: none"> ▪ For children at risk of future episodes of AOM, pooled evidence suggests that antibiotics given once or twice daily will reduce the probability of AOM while the child is on treatment (NNT = 5). The effects of antibiotics beyond the treatment period are unclear. A subsequent systematic review concluded that because of a marginal effect of antibiotic therapy on the development of asymptomatic middle ear effusion (MEE) and the known negative effects of prescribing antibiotics, including the development of antibiotic resistance and adverse effects, and did not recommend prescribing antibiotics to prevent MEE. <p><i>SIGN 66 states antibiotics have little influence on subsequent attacks of otitis media.</i></p> <ul style="list-style-type: none"> ▪ Due to evidence of harm and no benefit a Cochrane review concluded that antihistamines, decongestants or antihistamine/decongestant combinations should not be used to treat OME with effusion in children. A subsequent Cochrane review reported that evidence does not support the use of decongestant treatment in children with AOM and concluded that the routine use of antihistamines for treating AOM in children cannot be recommended. <i>Guideline includes a recommendation not to use decongestants or antihistamines (B).</i> ▪ There is imperfect evidence demonstrating short-term improvement of OME from oral steroids alone, oral steroids combined with an antibiotic and from topical intranasal steroids plus an antibiotic. However, no evidence was found for lasting beneficial effect on effusions from oral or topical intranasal steroid treatment or for hearing loss associated with OME. <i>Steroid therapy is not recommended for the management of OME (B).</i> ▪ A review of four randomised controlled trials on topical analgesia for otitis media found that the evidence was insufficient to know whether ear drops are effective or not. <i>Not discussed in the guideline.</i> ▪ A review on auto-inflation for hearing loss associated with OME concluded that it may be reasonable to consider autoinflation whilst awaiting natural resolution of OME. <i>Guideline recommends that autoinflation may be of benefit in the management of some children with otitis media with effusion.</i> ▪ Pneumococcal vaccines are not effective in preventing otitis media. A subsequent Cochrane review concluded that 7-valent PCV administered during infancy has marginal beneficial effects. Administering PCV7 in older children with a history of AOM appears to have no benefit in preventing further episodes. <i>Not discussed in the guideline.</i> ▪ Randomised trials do not show an important benefit on language development and behaviour from screening of the general population of asymptomatic children in the first four years of life for OME. <i>Screening is not covered in SIGN 66.</i> ▪ Ventilation tubes have a significant role in maintaining a 'disease-free' state in the first six months after insertion. Further research is required to investigate the effect beyond six months. <i>SIGN 66 looks at ventilation tubing in relation to behaviour and language delay and says that there is some benefit from ventilation-tube insertion for expressive language and verbal comprehension (evidence level 1 + +, 1 +). There is no recommendation on the use of ventilation tubing.</i>
New areas that could be added to the guideline	<ul style="list-style-type: none"> ▪ none
Summary of the recommendations that could be updated	<ul style="list-style-type: none"> ▪ none

Please answer the following questions as fully as possible:

Specialties:	General Practice (1), ENT (1), Audiology (1)		
1(a)	Is there still a requirement for an evidence-based guideline on this topic?		
	Yes This topic is very important for general practice, and there remains an important requirement for this evidence based guideline.		
1(b)	If no, should the guideline be withdrawn?		
	n/a		
2(a)	Do you agree with the assessment of the impact of the new evidence and its likely effect on recommendations?		
	Yes There is no new evidence to alter dramatically the recommendations given in the original guideline.		
2(b)	Based on the information given above, and your own clinical judgement, does the guideline require revision in the light of new evidence? <i>Please give details.</i>		
	<ul style="list-style-type: none"> Aspects applicable to secondary care should be withdrawn ie use of ventilation tubes. Update to assess the benefit of antibiotic prescribing in the under 2/ 3 year old age group and in older children with underlying health issues. Use, or potential, use of vaccination should be included. 		
3	Please list any additions to the remit of the guideline that you think would be beneficial		
	Consider surgical options or secondary care management to make the guideline more complete.		
4	Please tick your preferred option for reviewing this guideline		
	a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time		✓
	b. some recommendations will change in the light of the new evidence and selected elements of the guideline should be reviewed		✓
	c. the entire guideline should be reviewed		
	d. the guideline should be withdrawn		
5	SIGN COUNCIL		Date: 11/11/2011
Revalidate	Refresh	Revise	Remove
✓			