



EarCheck® Middle Ear Monitor Statistics, Prevention, Detection and Treatment: An Overview

Statistics

83 percent of children under the age of three have had one or more ear infections (acute otitis media); 46 percent have had three or more. Ear infections are:

- The #1 reason for children's visits to the emergency room;
- The #1 reason for illness visits to the doctor's office;
- The #1 reason for antibiotic prescriptions, but often hard to accurately diagnose.¹

Prevention

While millions of children get ear infections every cough/cold season, there are some strategies that can help with prevention:

- Keep child's immunizations up-to-date, because certain vaccines may help prevent some ear infections.
- If possible, breast-feed rather than bottle-feed for at least the first 6 months, particularly if you have had other children with recurrent ear infections or you have a history of ear infections.
- Consider reducing or eliminating pacifier use after the first six months of life.
- Try to avoid exposure to large groups of children as contracting multiple upper respiratory infections or colds may also lead to frequent ear infections.
- Frequent hand washing for both parents and children can decrease person-to-person transmission of the germs that can cause colds and result in ear infections.
- Avoid child's exposure to tobacco smoke, which can increase the frequency and severity of ear infections.^{2,3}

Detection

The signs of a middle ear infection (acute otitis media), may range from very mild to severe. Common signs include:

- Fluid in the middle ear
- Irritability
- Pulling or rubbing the ear
- Decrease in appetite
- Fever
- Nausea
- Vomiting
- Fluid discharge from the ear

-more-

Ear infections are also frequently associated with upper respiratory tract infections and, therefore, with their common signs and symptoms, such as runny or stuffy nose or a cough.

However, otitis media with effusion (fluid in the middle ear without infection), often has no symptoms at all. In some children, the fluid that is in the middle ear may create a sensation of ear fullness or "popping." As with acute otitis media, the fluid behind the eardrum can block sound, so temporary hearing loss can happen, but it may not be obvious.⁴

Treatment

Parents of infants and children who have signs and symptoms of an ear infection should consult their physician. If the child is diagnosed with acute otitis media, he/she may be prescribed antibiotics.

The option of observation or "Watchful Waiting" (for 48-72 hours), may be considered by the doctor for the child who has mild-to-moderate signs and symptoms and/or an uncertain diagnosis and is older than 2 years of age.⁵

¹ Garbutt J, Jeffe DB, Shackelford P. Diagnosis and Treatment of acute otitis media: an assessment. *Pediatrics*. 2003;112:143-149

² American Academy of Pediatrics Subcommittee on Management of Acute Otitis Media. Clinical Practice Guideline for the Diagnosis and Management of Acute Otitis Media: *Pediatrics*. 2004; 113(5):1451-1465. The EarCheck Pro® model used by physicians. The AAP/AAFP have not specifically recommended the EarCheck Middle Ear Monitor

³ Kids Health. Middle Ear Infections. www.kidshealth.org. Accessed August 1, 2007.

⁴ Ibid.

⁵ Bluestone D, Charles, Klein O. Jerome. *Otitis Media in Infants and Children*, Fourth Edition. 2007:BC Decker, Inc. Hamilton.