What do parents know and believe about the management of acute otitis media?

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Acute otitis media

- FEVER
- Ear pain
- Restless sleep
- Irritability
- Ear rubbing
Acute otitis media

- Common infection in childhood
- Common indication for antibiotic prescribing
- Large variations in prescribing rates


What is the evidence?

- Twenty children have to be treated with antibiotics to prevent one child suffering ear pain after 2-7 days (NNTB=20)

What is the evidence?

• For every 14 children treated with antibiotics, one child experienced an adverse event (NNTH=14)

• Diarrhoea, rash, vomiting and candidiasis


Figure 6: Correlation between penicillin use and prevalence of penicillin non-susceptible S pneumoniae

AT, Austria; BE, Belgium; HR, Croatia; CZ, Czech Republic; DK, Denmark; FI, Finland; FR, France; DE, Germany; HU, Hungary; IE, Ireland; IT, Italy; LU, Luxembourg; NL, The Netherlands; PL, Poland; PT, Portugal; SI, Slovenia; ES, Spain; UK, England only.
Parents’ expectations

• One of the drivers of antibiotic overuse is demand

• Expectations of antibiotics influence doctors’ decision to prescribe

• Parents’ expectations of the management???
Aim of the study

- To explore parents’ knowledge and beliefs about the management of acute otitis media in their children
A qualitative study design

- 15 mothers of children aged <5 years
- Face-to-face semi-structured interviews
- The 5-stage framework approach

Themes from the interviews

1) Causes of acute otitis media

2) Reasons for consulting a general practitioner

3) Beliefs about treatments

4) Sources of knowledge
1. Causes of acute otitis media

“I thought it was like an extended version of a cold. A cold gone wrong basically, or gone worse”

(Informant 6)
1. Causes of acute otitis media

- Teething
- Ear wax congestion
- Swimming
- The size of the Eustachian tube

- No distinct understanding
1. Causes of acute otitis media

“Absolutely no idea, I don’t even know what an ear infection is really, it’s just something that I’m told that my children have”

(Informant 1)
2. Reasons for consulting a GP

- Pain
- Reassurance
- Long-term damage
2. Reasons for consulting a GP

“...you don’t like little ones to be in pain, so it is quite traumatising when they carry on. You know when you’re not really treating anything and just letting go. So it is quite emotional as well.

I want it to be fixed right then and there”

(Informant 11)
2. Reasons for consulting a GP

“...so then I’ve had that reassurance and then I’m not worried. It’s more for my sake, sort of not worrying about it”

(Informant 15)
3. Beliefs about treatments

• Antibiotics - the ‘best’ treatment
• Previous experience
• The advice of the GP
3. Beliefs about treatments

“The only option we were given was antibiotics. Apart from that, I wouldn’t imagine that there’s much else”

(Informant 7)

“I kind of thought it was quite simple really, just had an ear infection and that I needed antibiotics”

(Informant 15)
4. Sources of knowledge

• The GP

• The internet

• Close social contacts, e.g. maternal grandmothers

• Other health professionals
4. Sources of knowledge

“I probably get the most information from the GP and trust that that source of information is relevant to my child, because I think every child is different”

(Informant 5)

“I probably go to ‘Google’ or ‘Doctor Google’, one of those”

(Informant 14)

“…mum [maternal grandmother] usually diagnoses anything for everyone before they even suspect there’s something wrong themselves”

(Informant 4)
4. Sources of knowledge

• GPs know about the best treatment

• An explanation about the evidence
4. Sources of knowledge

“Well I know they [GPs] used to give antibiotics, but I’ve been explained by the GP that that’s not what they do anymore. That they [antibiotics] don’t seem to alter the course of the illness, they tend to just give them pain relief and wait and see what happens…”

(Participant 12)
Conclusion

1) No clear understanding of the causes
2) Symptom relief or reassurance
3) Antibiotics - the best treatment option
4) The GP, internet, social contacts, health professionals
Conclusion

“...maybe doctors need to explain, or maybe we as mothers need to say well what is an ear infection, instead of going oh yes, it’s an ear infection...”

(Informant 1)

THANK YOU FOR YOUR ATTENTION