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## Antibiotics for ear infections? Habits die hard!

We have known for many years that treating acute otitis media (inner ear inflammation/ear infections) with antibiotics is rarely required to improve patient outcome and likely adds to the growing burden caused by antibiotic resistant organisms. Still, acute otitis media (ear infections or inner ear inflammation) is the most common reason that antibiotics are prescribed for children. The watch and wait method (treating pain and fever only) often requires more discussion with nervous parents who feel the need to do what their parents did for them; give an antibiotic. Perhaps there is a way to limit antibiotic use while empowering parents at the same time. In the September 13th issue of JAMA a randomized control trial was published showing that the "wait and see" prescription method will result in less antibiotic consumption, without a decrease in patient care. Emergency room visits for otitis media (ear infections or inner ear inflammation) were randomized to one of two prescriptions; a "standard prescription" in which the parents were told to fill the antibiotic prescription immediately or a "wait and see" prescription in which the parents were instructed not to fill the prescription unless the child did not improve within 48 hours (these prescriptions expired after 3 days). Both groups were given ibuprofen suspension and otic analgesic drops. Outcomes measured included prescription fill rate between the two groups as well as the course of illness, adverse events of medications and related measures. The standard prescription was filled by 87% of parents while the "wait and see" prescription was filled by only 38% of parents. For children under 2, the rates were 95% and 53% respectively. Disease outcomes between the two groups were similar; however, diarrhea was 3 times more frequent in the "standard prescription" group than the "wait and see" group. More importantly; the confidence in withholding antibiotics for

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† These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.

1. Cohen HA, Varsano I, Kahan E, Sarrell M, Uziel Y. Effectiveness of an Herbal Preparation Containing Echinacea, Propolis, and Vitamin C in Preventing Respiratory Tract Infections in Children. Arch Pediatr Adolesc Med. 2004;158(3):217-221.

future episodes was more than doubled in those "wait and see" parents who did not fill the prescription. This is an important report because it shows a successful way to begin limiting the use of antibiotics in children, without reducing the parent's ability to choose care for their children. Parents and physicians should always use discretion when giving antibiotics to children, and always suggest the use of an adequate probiotic supplement to reduce the likelihood of antibiotic associated diarrhea.

## Related Articles

- Probiotics in the prevention of antibiotic-associated diarrhea in children: a meta-analysis of randomized controlled trials. *J Pediatr*. 2006 Sep;149(3):367-372.
- Antibiotics for acute otitis media: a meta-analysis with individual patient data. *Lancet*. 2006 Oct 21;368(9545):1429-35. (Helpful to determine which patients are most likely to benefit from antibiotic therapies)
- Direct detection of bacterial biofilms on the middle-ear mucosa of children with chronic otitis media. *JAMA*. 2006 Jul 12;296(2):202-11. (May help explain why antibiotics are ineffective for inner ear infections, even when bacteria are present)
- Effectiveness of an herbal preparation containing echinacea, propolis, and vitamin C in preventing respiratory tract infections in children: a randomized, double-blind, placebo-controlled, multicenter study. *Arch Pediatr Adolesc Med*. 2004 Mar;158(3):217-21. (68% reduction in acute otitis media over placebo ( $p < 0.001$ ) during 12 week study)