



Workshop on Antibacterials

Discussion on specific indications

AOM/ABS

R. Cohen

CHI Créteil, France

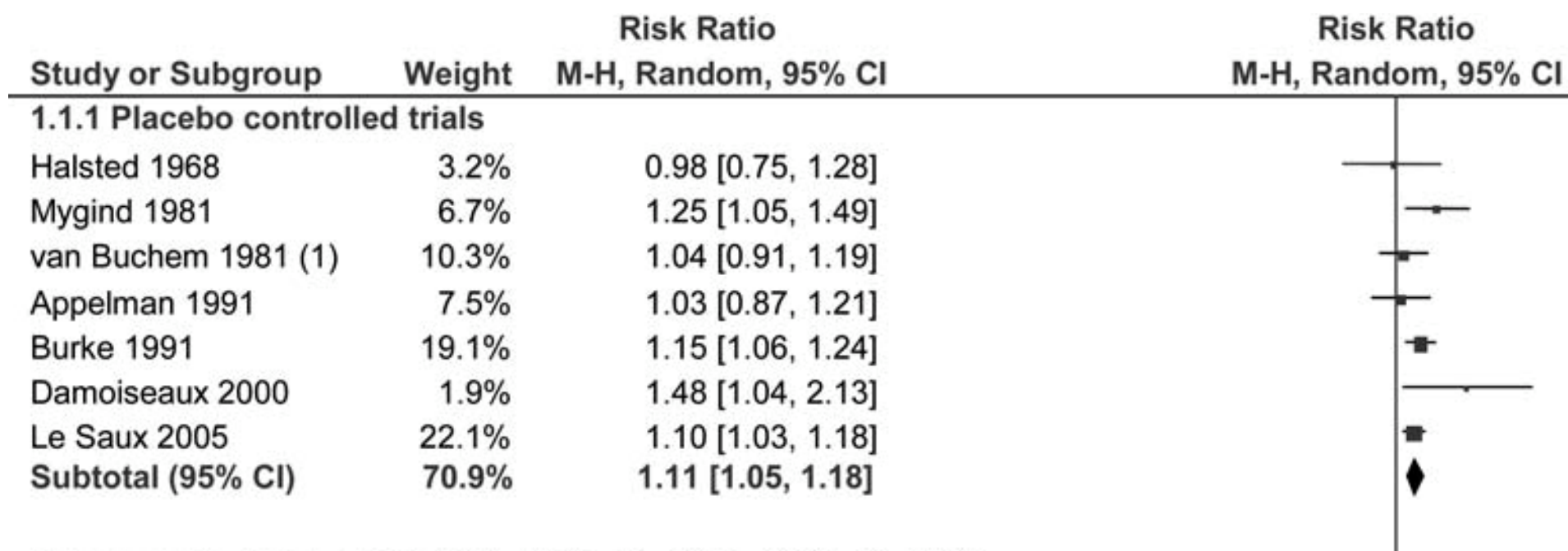


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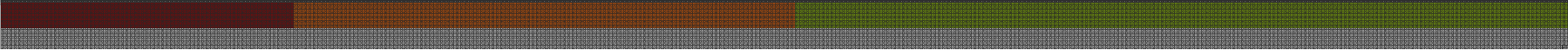
Background

- AOM is the most frequent bacterial infection
- One of the major reason of antimicrobial use → ecological impact
- No consensus regarding the management of AOM across the Europe
 - Several guidelines : watchful-waiting strategy
 - Other guidelines : initial antibiotic treatment if young children or other conditions leading to an increased risk of unfavorable outcome
- Meta-analyses concluded that for 1 child to have relief of symptoms, 7 to 17 children must be treated with antibiotics

Meta-Analysis of Antibiotic treatment in AOM



Each of the studies included in these meta-analyses had substantial flaws in study design including



- Lack of precise criteria for the diagnosis of AOM
- Participation of physicians who were not validated otoscopists
- Inadequate sample size,
- Inclusion of
 - Older children,
 - Children who had minimal or uncertain signs of disease,
- Ambiguous end points for cure or failure.

Wald Pediatr Infect Dis J, 2003;22:103–4

2 last studies...in 2011

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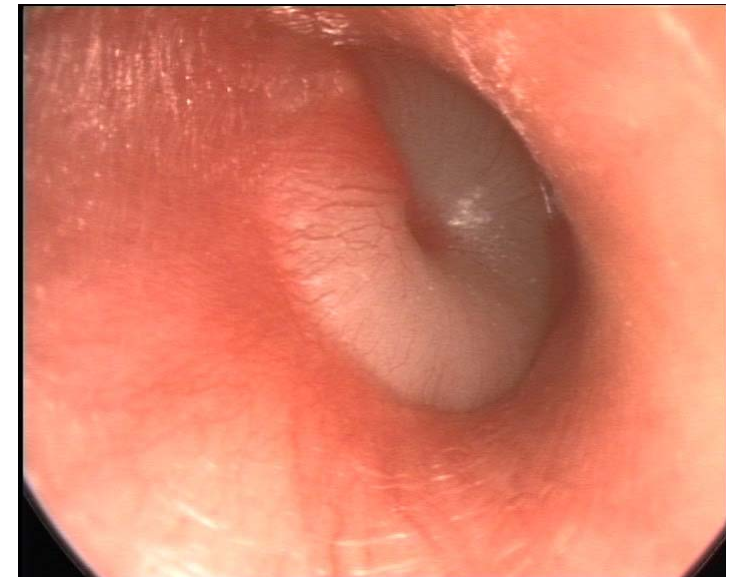
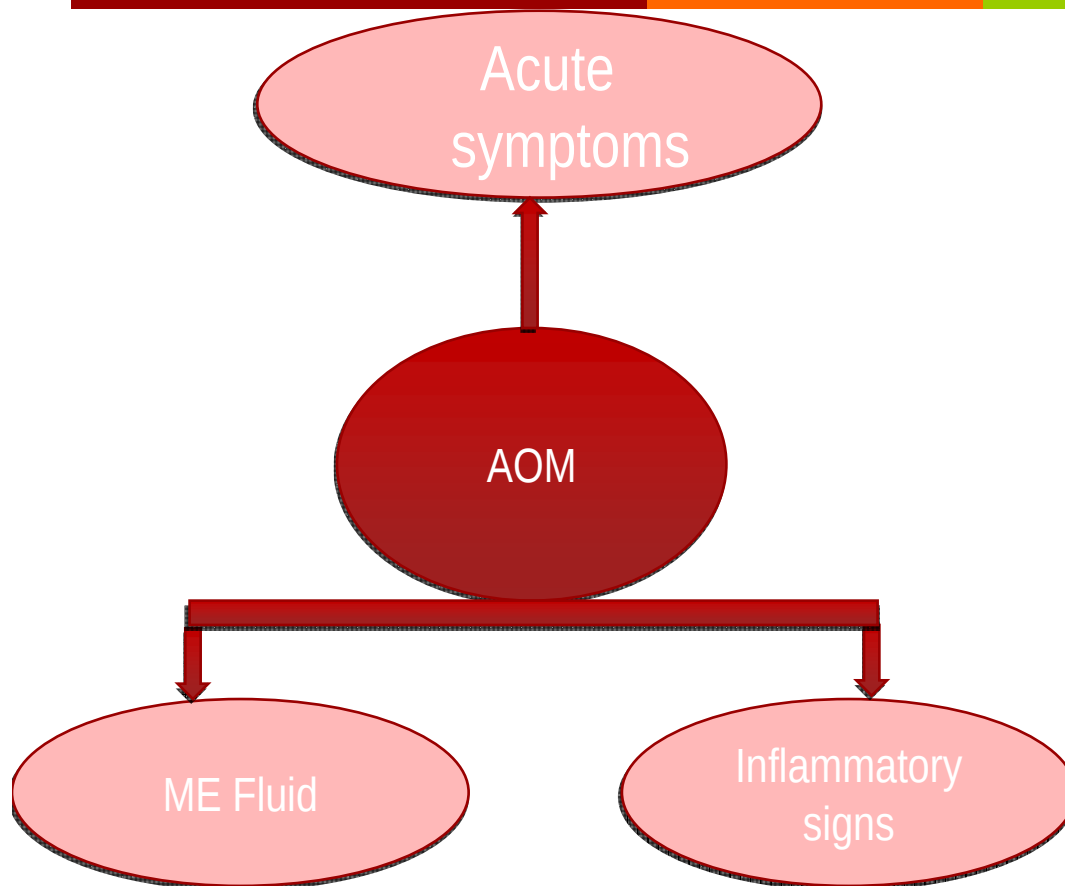
ORIGINAL ARTICLE

A Placebo-Controlled Trial of Antimicrobial Treatment for Acute Otitis Media

Paula A. Tähtinen, M.D., Miia K. Laine, M.D., Pentti Huovinen, M.D., Ph.D.,

- Randomized, double blind, placebo studies
- Experienced (validated) otoscopists
- Young children
- Meticulously (clear) diagnosis of AOM
 - Acute onset of the symptoms
 - MEF
 - Inflammation

The Key : the accuracy of the diagnosis



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Fever, ear pain,
respiratory symptoms

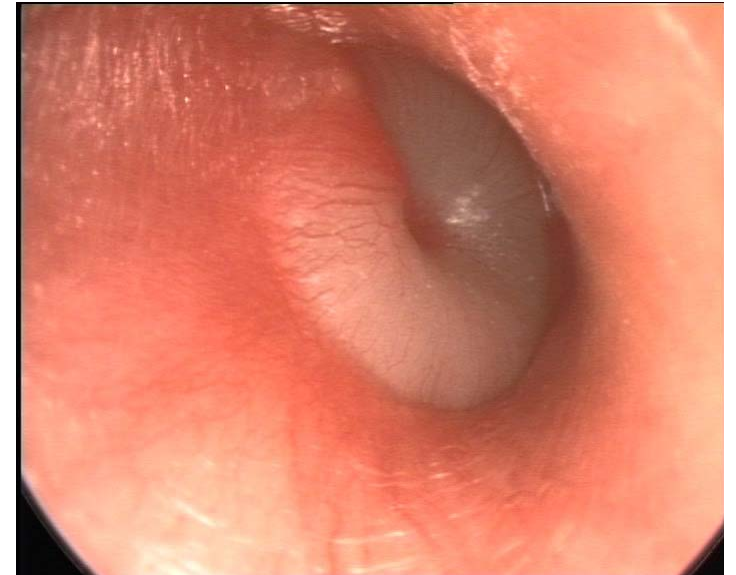
Acute
symptoms

AOM

ME Fluid

Inflammatory
signs

Erythematous patches, increased
vascularity, bulging or yellow tympanic mb



Bulging position, decreased or absent mobility, abnormal color or opacity

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Young children with a certain
diagnosis of AOM recover more
frequently and more quickly
with appropriate antibiotics

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Treatment	Placebo	Amox-clav 90mg/6.4mg bid	Placebo	Amox-clav 40mg/5.7mg bid
Duration	7 d		10 d	
Age (months)				
Range	6-23 m		6-35	
Mean	≈10 m		16 m	
N of patients	291		359	
Failures	51%	16%	44.9	18.6
	P = 0.001		P = 0.001	

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Treatment	Placebo	Amox-clav 90mg/6.4mg bid	Placebo	Amox-clav 40mg/5.7mg bid
Duration (days)	7 d		Prognosis factors -3 or more children (DCC) -Severity of the disease -Bilateral AOM -Bulging tympanic membrane	
Age (months)	6-23 m ≈10 m			
Range				
Mean				
N of patients	291			
Failures	51%	16%	44.9	18.6
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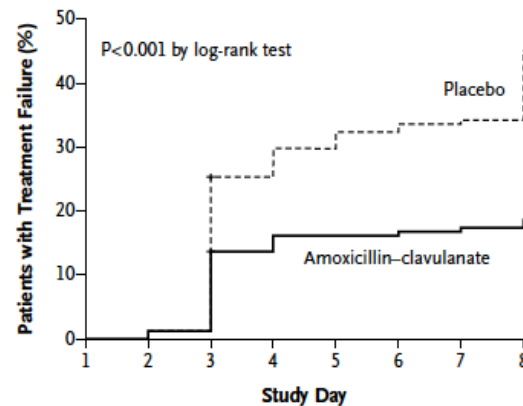
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Range	16 m			
Mean	359			
N of patients				
Failures	44.9	18.6	P = 0.001	

A Time to Treatment Failure



No. at Risk

Amoxicillin-clavulanate	161	159	138	134	134	133	132	130
Placebo	158	156	117	110	106	104	103	86

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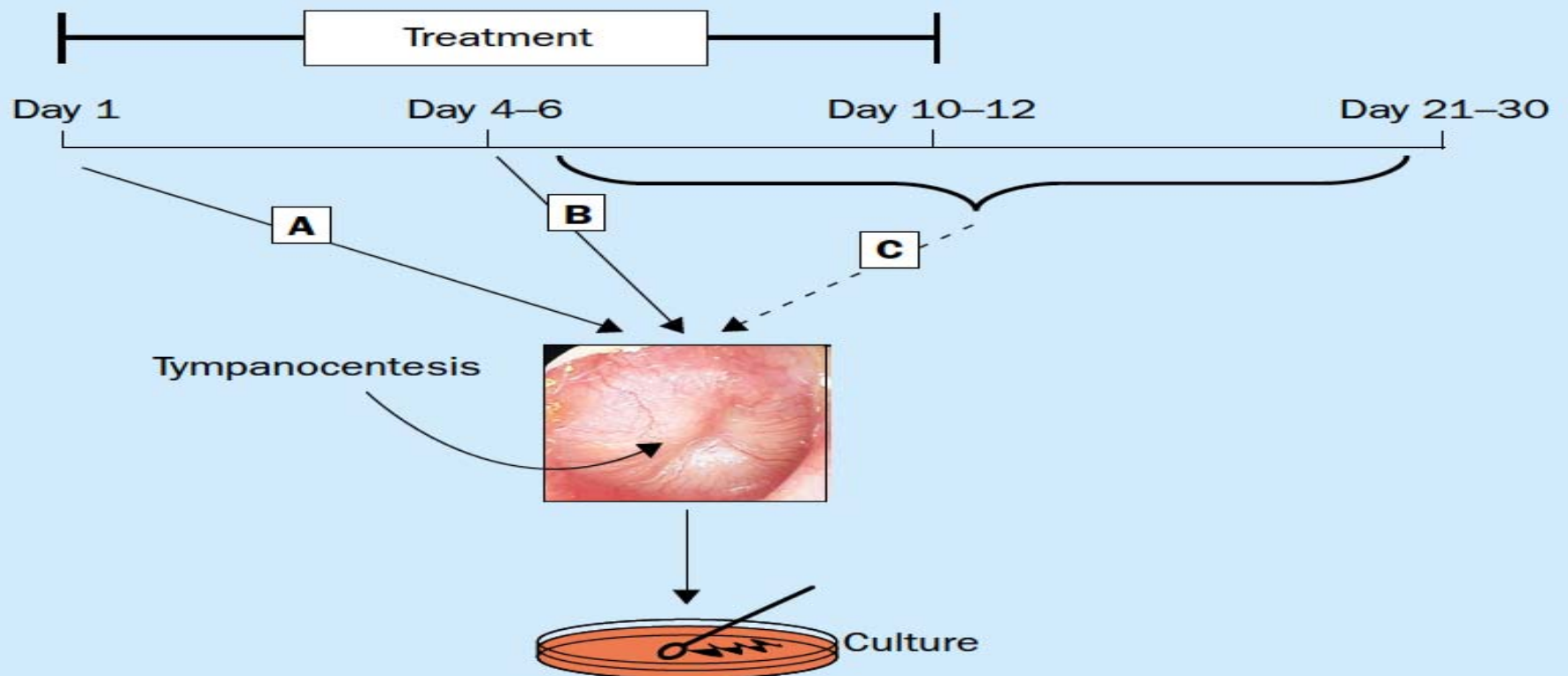
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Treatment	Placebo	Amox-clav 90mg/6.4mg bid	Placebo	Amox-clav 40mg/5.7mg bid
N of patients	291		359	
Perforation	6	1	5	0
Severe infection	1	0	2	0
Diarrhea (%)	7*	24*	26*	47*
Vomiting (%)	7	8		

Bacterial eradication in AOM



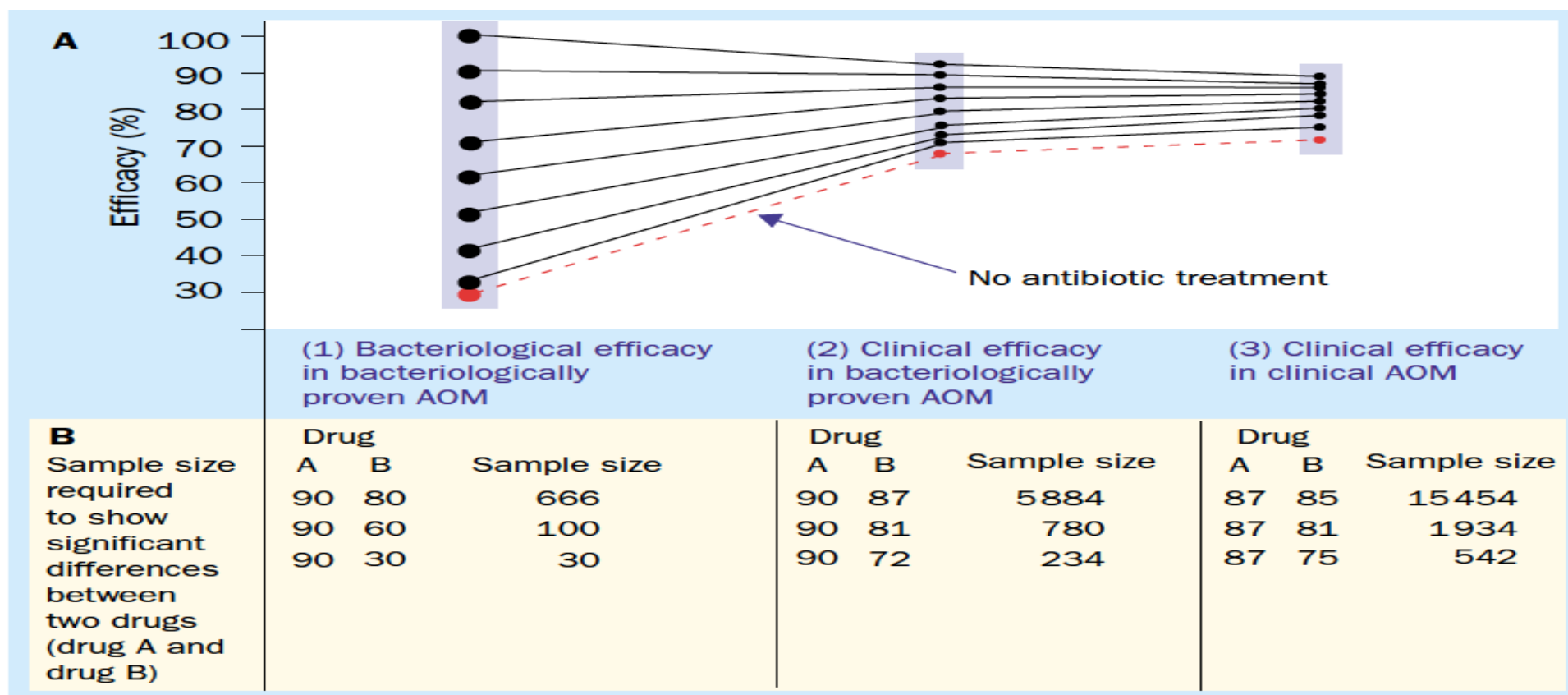
Bacterial eradication in AOM



Probably the best method to assess the efficacy of antibiotics in respiratory tract infections for some resistant respiratory pathogens

- Multidrug resistant pneumococci
- BLNAR *H. influenzae*

Bacterial eradication in AOM



Systematic review of antimicrobial therapy in patients with ABS

➤ Thirteen trials

➤ Placebo clinical cure rate

➤ Day 3-5	8%
➤ Day 7-12	35%
➤ Day 14-15	45%

➤ Antimicrobials increased cure rates at 7 to 12 days, with an absolute rate difference of 15% (95% CI, 4%-25%).

Systematic review of antimicrobial therapy in patients with ABS

- Placebo clinical improvement
 - Day 3-5 30%
 - Day 7-12 73%
- Antimicrobials increased improvement rates at 7 to 12 days by 14% (95% CI, 1%-28%) and at 14 to 15 days by 7% (95% CI, 2%-13%).
- Over 70% of patients with acute rhinosinusitis are improved after 7 days, with or without antimicrobial therapy.
- About 7 patients must be treated to achieve one additional positive outcome at 7 to 12 days.



Suggestions

- Placebo controlled trials are now, difficult to perform and not necessary IF a number of requirements are fulfilled
 - Double blind (single blind?)
 - Accuracy of AOM diagnosis
 - Experienced otoscopists
 - Meticulously (clear) diagnosis of AOM
 - Acute onset of the symptoms
 - MEF
 - Inflammation
 - Young children
 - Other associated risk factors
 - Calculation of the number of patients taking into account a spontaneous cure rate of 50 to 60%
- Bacterial eradication studies are probably interesting to assess the efficacy on specific resistant strains

- Placebo controlled trials are probably useful
- Improvement of accuracy of diagnosis is needed
- Bacterial eradication studies are probably interesting to assess the efficacy on specific resistant strains

