

Ear Infection Today, Gone Tomorrow



By Deanna A. Stephens

Armed with antibacterial wipes, children's pain reliever, and books about the A-to-Z of health care, most parents are ready to declare war on germs that threaten their kids. In spite of all that, three out of four children will get an ear infection before the age of 3.

While ear infections are still a very typical part of childhood, the treatments for the condition are changing. These days, taking your child to the doctor will likely result in less medication and even less cause for alarm than ever before.

When Is It an Infection?

A typical middle ear infection in a child begins with either a viral infection (such as a common cold) or unhealthy bacterial growth. Sometimes the middle ear becomes inflamed and causes fluid buildup behind the eardrum. In other cases, the eustachian tubes — the narrow passageways connecting the middle ear to the back of the nose — become swollen.

Children are more prone to both of these problems for several reasons. The passages in their ears are narrower, shorter, and more horizontal than the adult versions. Because it's easier for germs to reach the middle ear, it's also easier for fluid to get trapped there. And just as children are still developing, so are their immune systems. Once the infection takes hold, it's harder for a child's body to fight it than it is for a healthy adult's.

The symptoms of an ear infection may be hard to detect. A child who constantly tugs or pulls at the ear could simply be exploring, or simply showing a self-soothing reflex — even though that tops the list of signals listed in many books and Web sites. Other symptoms can include:

- More crying than usual, especially when lying down
- Trouble sleeping or hearing
- Fever or headache
- Fluid coming out of the ears

Doctors can use special instruments to see if an infection is present.

“You must take very seriously a cold that wakes a child up at night,” says Dr. Robert M. Jacobson, chair of the Mayo Clinic's Department of Pediatric and Adolescent Medicine. Since a cold normally causes tiredness, any sleep interruption could indicate pain and stuffiness. “In fact, any pain when lying down is cause for concern, as is a cold that lasts for more than 10 days,” he says. These are signs that a cold may have spread to the ears or sinuses.

Treatment: Less May Be More

Perhaps the most surprising news is that common ear infections rarely require medication or any other action, except when severe or in young infants. “The body's immune system can usually resolve them,” says Dr. Jacobson. “More and more studies show that children treated or untreated are at the same place 10 days out. We are constantly amazed at how many ear infections resolve on their own.”

It's true: Fewer doctors are relying on antibiotics, which can help only if the infection is not caused by a virus. As Dr. Jacobson points out, it's important to understand that taking antibiotics might or might not speed recovery, and overusing them can lead to bacteria developing resistance to the drugs, as the germs mutate to defend themselves against medicine. As a result, many pediatricians have adopted a wait-and-see approach, rather than prescribing antibiotics at the first sign of infection.

Asking the parents to observe the child for 48 to 72 hours

is becoming the most common first step among pediatricians. That doesn't mean that an office visit isn't a good idea, however. Doctors can prescribe numbing drops and suggest over-the-counter pain relievers to treat symptoms, which can help the child feel better as she recovers. At home, parents can place a warm washcloth over the painful ear.

Along with getting away from prescriptions, pediatricians are also shying away from myringotomy, a procedure in which a small tube is surgically inserted in the ear to drain fluid. According to Dr. Jacobson, tube placement is best used with those children who have recurring hearing problems caused by multiple infections.

“Tubes don't actually stop ear infections, just symptoms and fluid retention,” says Dr. Jacobson. “We don't want to do it too often because there is an increased risk of damage to the eardrum.”

According to Dr. Jacobson, diagnosis and treatment should be a three-step process:

- First, the pediatrician determines whether or not an ear infection is present.
- Second, the pediatrician and parent discuss risk factors and how to reduce them.
- Finally, observation and treatment of symptoms ensure the child is recovering without pain.

Reducing the Risks for Ear Infection

While parents can't head off every germ that's headed for their children, they can take steps to reduce their children's risks.

- **Smoking** is a huge contributor to childhood illness. Ear infections are no exception to that rule. Smoking is addictive and hard to quit, but not every smoker realizes the harmful effects that secondhand smoke could have on his or her child. Quitting is just as important for your child's health as your own.
- **Bad hygiene habits** are another major problem. Children in daycare are more exposed to widespread bacteria, as are those who drink from a bottle as opposed to a sippy cup, says Dr. Jacobson. That's because bottles have more surface area for germs to live on. Teach children to wash their hands frequently to prevent the spread of germs that spread illness.
- Talk with your child's doctor about the **vaccines that protect against pneumonia and meningitis**. Studies show that vaccinated children experience fewer ear infections.
- **Breastfeed infants** for the first year. Breast milk has many substances that protect your baby from a variety of diseases and infections. Because of these protective substances, breastfed children are less likely to have bacterial or viral infections, such as ear infections
- **Consider getting immunized against influenza**. Aside from protecting against this yearly disease, it can help prevent ear infections. ●