

Otitis media with effusion in under 12s

Supplement 3

NICE guideline NG233

*Supplement 3: Other non-surgical interventions section -
evidence from 2008 guideline*

August 2023

Final

*These supplements were developed by
NICE*

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Other non-surgical interventions section: evidence from 2008 guideline

This supplement relates to recommendation 1.5.5 from the Other non-surgical interventions section of the Otitis media with effusion in under 12s guideline, for further details see the rationale and impact sections for that recommendation as well as the Committee's discussion of the evidence section in Evidence review G: Antibiotics.

The text below is extracted from the 2008 NICE guideline [CG60] Surgical management of otitis media with effusion in children:

3.3.4 Effectiveness of non-surgical interventions

Clinical question

What is the effectiveness of various non-surgical interventions in children with OME?

Good-quality systematic reviews were available for evaluating the effectiveness of steroids, antihistamines and/or decongestants, antibiotics and autoinflation, but not for homeopathy or hearing aids. The two studies included for hearing aids are surveys assessing the compliance and subjective improvement with their use, while the single study included for homeopathy is a poorly conducted pilot RCT. No published studies were identified for acupuncture, cranial osteopathy, dietary modification, immunostimulants, massage or probiotics.

Homeopathy

Description of included studies

A pilot RCT¹ was carried out at two general practice (GP) centres in the UK to determine whether homeopathic treatment of children with glue ear is more effective than standard GP care. The study population comprised children aged 18 months to 8 years with a positive diagnosis of OME by the patient's GP, hearing loss > 20 dB and an abnormal tympanogram. Children were randomised to the homeopathy or

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standard GP care group, but the process of randomisation was not described and there was no concealment of allocation or blinding of the participants. The standard care involved 'watchful waiting' with autoinflation and in some cases a course of low-dose antibiotics for 4–6 weeks. The sample size was small and the two groups were not compared for baseline demographic characteristics except the age range. Audiometry and tympanometry were conducted during the 1 year follow-up in this study, and results were given without intention-to-treat analysis. [EL = 1–]

Review findings

A total of 33 children were randomised to either the homeopathic care group (n = 17) or the standard care group (n = 16). Children in the two groups had similar age ranges but there was a significant difference with regard to their initial hearing loss. After 12 months of follow-up, a higher proportion of children in the homeopathic care group had normal tympanograms and audiometric improvement (hearing loss < 20 dB), but the difference reached statistical significance only for improvement in tympanograms (76.4% versus 31.3%; P = 0.01). Children in the intervention group also had fewer courses of antibiotics in 12 months and fewer referrals to specialists, but again the difference was not statistically significant.

Evidence summary

Results from a pilot trial show some improvement in tympanogram in children treated with homeopathy after 12 months of follow-up compared with standard care, but there was no benefit for the other outcomes.

Translation from evidence to recommendations

Homoeopathy, cranial osteopathy, acupuncture, dietary modification, massage, immunostimulants and probiotics, although of potential interest as treatments, all lack a published evidence base for effectiveness in OME.

Recommendations on effectiveness of non-surgical interventions

The following treatments are not recommended for the management of OME:

- antibiotics
- topical or systemic antihistamines
- topical or systemic decongestants

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- topical or systemic steroids
 - homeopathy
 - osteopathy
 - acupuncture
 - dietary modification, including probiotics
 - immunostimulants
 - massage.

References

- 1) Harrison H. A randomized comparison of homoeopathic and standard care for the treatment of glue ear in children. *Complementary Therapies in Medicine* 1999;7:132–5.