

# PEARLS

## Practical Evidence About Real Life Situations



Do you treat children with "glue ear" with syrups containing antihistamines? Or with decongestant nose drops? Watchful waiting is the best approach! *Bernhard Rindlisbacher*

### Antihistamines and/or decongestants not recommended in children with otitis media with effusion

*Pearls No. 30 March 2007 (Brian R McAvoy)*

**Clinical question:** Are antihistamines, decongestants or combination therapy effective in children with otitis media with effusion (OME)?

**Bottom line:** Antihistamines and/or decongestants do not help and may harm when used for symptoms of OME ("glue ear"). There was no benefit for any of the short or long-term outcomes including resolution of the fluid, hearing problems or the necessity of additional referral to specialists.

**Caveat:** These medications caused significant side-effects, such as gastro-intestinal upset, irritability, drowsiness or dizziness in approximately 10% of the patients.

**Context:** OME is a common condition in which there is fluid persisting in the middle ear. Many treatments have been suggested. Watchful waiting is the best approach with consideration of referral for evaluation by an ENT consultant if symptoms persist beyond 12 weeks.

**Cochrane Systematic Review:** Griffin GH, Flynn C, Bailey RE, Schultz JK. Antihistamines and/or decongestants for otitis media with effusion (OME) in children. Cochrane Database of Systematic Reviews. 2006, Issue 4. Art. No.: CD003423. DOI: 10.1002/14651858.CD003423.pub2.

*Note: This review contains 16 trials involving 1,737 participants.*



Clear description of a simple method to test for hearing impairment.

*Bernhard Rindlisbacher*

### A simple whisper test helps rule out hearing impairment in adults

*PEARLS No. 31, October 2007, written by Bruce Arroll and Brian R McAvoy*

**Clinical question:** How useful are simple screening tests for diagnosing hearing impairment?

**Bottom line:** In symptomatic and asymptomatic patients over 16 years old, whispered voice tests and the audioscope are very accurate for ruling out hearing impairment (ie, if the person can hear whisper, they are unlikely to be deaf).

**Caveat:** There is no single standard method for the whispered voice test but Glasziou [1] suggests the following: stand behind the patient at arm's length (hands on their shoulders), then cover one ear (by folding their tragus inward and slowly rubbing while testing). Exhale fully and whisper up to 6 letters and numbers with different types of sound (eg, b, 6, k, 2, m, 9). Ask the patient to repeat the letters/numbers after each sound. Allow 1–2 errors and repeat each sound once if necessary.

**Context:** Compared to the Weber and Rinne tuning fork tests the whispered voice test is the most accurate and may be better than the expensive audioscope, with pooled positive and negative likelihood ratios of 6.1 and 0.03 respectively.\* A trial of 188 elderly patients randomised to a hearing aid or a waiting list showed that the hearing aid resulted in significant improvements in social and emotional function, communication, cognitive function and depression [2].

\* The likelihood ratio is the likelihood that a given test result would be expected in a patient with the target disorder compared to the likelihood that the same result would be expected in a patient without the target disorder.

**Systematic Review:** Bagai A, Thavendiranathan P, Detsky AS. Does this patient have hearing impairment? *JAMA* 2006;295:416–28.

*Note: this review contains 24 studies involving 12,645 participants.*

#### References

- 1 Glasziou P. *EBM*. 2006;11:116.
- 2 Mulrow et al. *Ann Intern Med*. 1990;113:188–94.

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