Oral steroids for hearing loss associated with otitis media with effusion in children aged 2–8 years: the OSTRICH RCT

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Plain English summary

The OSTRICH RCT
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Plain English summary

Glue ear (also known as otitis media with effusion) is a condition in which fluid builds up behind the ear drum. It is very common in children and is the most common reason for children to have bad hearing. Most cases of glue ear get better with time, but some children have bad hearing from glue ear for many months, and this can affect learning, behaviour, language and mood. Very few treatments have been found to help glue ear. Many children have an operation (grommet surgery), but this involves a general anaesthetic and sometimes only works for a short period of time. Steroid tablets are often used to treat conditions such as asthma in children. Some studies have found that steroids may help glue ear to get better, but previous studies gave different results and were not of good quality.

The Oral STeroids for the Resolution of otitis media with effusion In CHildren (OSTRICH) trial set out to see if steroid tablets would help improve hearing in children with glue ear, in both ears, who have had this for 3 months or more, as well as proven hearing loss. Children were given steroid tablets or dummy (placebo) tablets for 1 week and had their hearing assessed 4 weeks after treatment, and again after 6 and 12 months. Around one in three children had good hearing 4 weeks after treatment and this had increased to around half of the children after 6 months. Slightly more children who had been given steroids developed good hearing, but the difference was small and could be because of chance. We found no differences between groups in symptoms, grommet operations, number of visits to the doctor or quality of life.

These findings suggest that lots of children with glue ear that has lasted 3 months or longer will get better with time, and that taking steroid tablets does not help hearing to get better more quickly.
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