

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

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Declared competing interests of authors: Christopher C Butler is a National Institute for Health Research (NIHR) senior investigator. Kerenza Hood and Amanda Roberts are members of the NIHR Health Technology Assessment General Board. Kerenza Hood is a member of the NIHR Clinical Trials Unit Standing Committee.

Published November 2018

DOI: 10.3310/hta22610

Plain English summary

The OSTRICH RCT

Health Technology Assessment 2018; Vol. 22: No. 61

DOI: 10.3310/hta22610

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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.

ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 4.513

Health Technology Assessment is indexed in MEDLINE, CINAHL, EMBASE, The Cochrane Library and the Clarivate Analytics Science Citation Index.

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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 11/01/26. The contractual start date was in March 2013. The draft report began editorial review in October 2017 and was accepted for publication in April 2018. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health and Social Care.

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