

**Limited evidence of effectiveness of analgesics in AOM in children**

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**Clinical Question** How effective are paracetamol or ibuprofen, alone or combined, compared with placebo or no treatment in relieving pain in children with acute otitis media (AOM)?

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**Bottom Line** Despite explicit guideline recommendations on its use, current evidence on the effectiveness of paracetamol or non-steroidal anti-inflammatory drugs (NSAIDs), alone or combined, in relieving pain in children with AOM was limited. Low quality evidence indicated that both paracetamol and ibuprofen as monotherapies were more effective than placebo in relieving short-term (48 hours) ear pain in children with AOM (paracetamol NNT\* 7; ibuprofen NNT 6). There was insufficient evidence of a difference between ibuprofen and paracetamol in relieving short-term (at 24 hours, 48-72 hours and 4-7 days) ear pain in children with AOM. Data on the effectiveness of ibuprofen plus paracetamol versus paracetamol alone were insufficient to draw any firm conclusions.

*\*NNT = number needed to treat to benefit one individual.*

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**Caveat** This review involved only three studies, all with small sample sizes (26-219).

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**Context** AOM is one of the most common childhood infectious diseases and a significant reason for antibiotic prescriptions in children worldwide. Ear pain is central to children's and parents' experience of the illness. As antibiotics provide only marginal benefits, analgesic treatment including paracetamol and NSAIDs is regarded as the cornerstone of AOM management in children.

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**Cochrane Systematic Review** [Sjoukes A et al. Paracetamol \(acetaminophen\) or non-steroidal anti-inflammatory drugs, alone or combined, for pain relief in acute otitis media in children. Cochrane Reviews, 2016, Issue 12. Art. No.: CD011534.DOI: 10.1002/14651858. CD011534.pub2.](#)  
This review contains three studies involving 327 participants.

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