

FACTSHEET



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Otitis media with effusion

What is Otitis Media with effusion (OME)?

Otitis Media with Effusion (OME) is a common childhood condition which affects the ears.

OME usually starts with a cold. The cold produces fluid that builds up in the middle ear and the eustachian tube becomes blocked. The eustachian tube is a tube between the back of the nose and the ear. When this is blocked, no air can flow up into the middle ear. Acute otitis media (AOM) is an acute infection (due to bacteria or viruses) and can have pus and inflammation of the ear drum. This is normally of short duration, but otitis media with effusion can last for months, or longer.

If the sticky fluid lasts for three months or more after the ear infection, and is accompanied by hearing loss then treatment is needed. Fluid in the middle ear, without an acute infection is called 'glue ear' and can stop your child from hearing sounds properly. The term glue ear can refer to fluid that has been there more than three months, but is sometimes also used to refer to fluid in the middle ear that does not have acute inflammation associated with it.

What causes it?

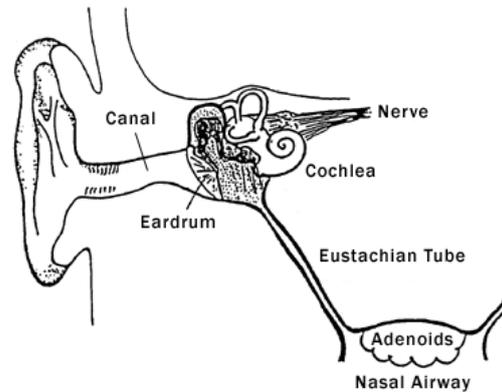
- Colds and other upper respiratory infections
- Previous ear infections
- Anatomical predisposition

What makes it more likely to happen?

- Smoking around children
- Lots of children in enclosed areas, like crowded bedrooms and day-care

Parts of the ear

This picture shows different parts of the ear:



(Look at the end of this fact sheet, for the meanings of the different words in the picture and in this fact sheet.)

Some facts about Otitis Media with effusion (OME)

- OME is a common childhood disease which often goes away on its own
- Three out of every four children have experienced one episode of AOM by the age of five. But some children will have it many times in childhood
- Children born with Down Syndrome or Cleft Palate have a very high risk of OME
- Aboriginal children also have a very high risk of OME
- Hearing trouble - even just in one ear - can make it harder for your child to listen and learn, particularly when in a noisy background (like a classroom)
- Hearing loss because of OME can change. On some days it can seem worse than on others

- Your child may have learning difficulties from not hearing well
- Your child may have behaviour problems, often from the frustration of not being able to hear well
- Hearing loss can make things much harder at school for Aboriginal children, especially if English is a second language. It is important that teachers are aware of the problem

What are the signs of Otitis Media with effusion and Acute Otitis Media?

Acute Otitis Media (AOM) is when the ear is painful, or if the doctor looks into the ear and finds the ear drum is bulging with pus.

Signs include:

- Ear ache or pain in the ear
- Cranky, upset or behaviour problems
- High temperature or fever

Otitis Media with Effusion (OME) is when there is fluid in the middle ear but no acute infection. The ear is not painful but may be annoying and there might be a hearing problem (Glue ear).

Signs include:

- Rubbing or pulling ears
- Not paying attention or always saying "what"
- Speech delay
- Needing the TV to be louder
- Not "listening" at school or pre-school
- Trouble with balance

How does it affect learning?

Cover your own ears and listen to the world around you for a moment. This is what your child hears when the sticky fluid builds up behind the eardrum. Sounds will be softer, and muffled. If your child cannot hear what is being said it is tricky to learn new sounds and words. Older children with hearing loss can appear "switched off" and naughty or distracted in the classroom. They may miss what friends are saying in the playground also.

What can you do to help?

Babies:

- Breast feeding helps to protect against infection
- Do not give baby a bottle to drink in the cot or bed
- When feeding, hold baby's head and back in an upright position

All children:

- Visit your family doctor if your child often has a blocked, snuffly or runny nose to have them check the ears also

- Each time you visit your family doctor or nurse ask them to check your child's ears for signs of OME
- Try to find housing that is not over crowded
- Don't smoke around children, in the car or in the home. Smoking makes it much easier to get OME
- Ask for your child's hearing to be tested if they do not seem to be speaking or hearing properly or are not doing well at school
- If your child does not seem to get better, ask your General Practitioner (GP) or Family Health Nurse to see an Ear, Nose and Throat (ENT) Surgeon or Paediatrician

What can be done?

- At least half of children with glue ear get better within three months without any treatment
- Around 95 out of 100 children get better within a year
- Only a small number of children have ongoing problems that need treatment

If AOM happens too often or if OME lasts too long there is a very effective operation that can be done by an ENT surgeon. The operation places Ventilation Tubes (often called 'grommets') in the ears. These allow air to flow directly into the middle ear. Hearing improves immediately.

If your child has a permanent nasal allergy, they may also need to use a steroid nasal spray.

Antihistamines and decongestants are not recommended for glue ear.

There also is no evidence that complementary therapies such as homeopathy, osteopathy, acupuncture, ear candles or special diets help with glue ear.

How to help your child learn to speak and listen

- Have a hearing test if concerned
- Get your child's attention by calling their name before speaking. Speak slowly and clearly, looking at their face so that they can see you and see your facial expressions. Don't shout - louder does not mean clearer
- Reduce the background noise when you are playing or reading to your child. Turn off the radio or TV when you are playing. Any noise makes it harder for them to listen, but caring and spending time with your child will help them to learn
- Let teachers or carers know that your child has a hearing problem. Ask them to be patient, speak slowly and clearly and help your child learn to listen. Ask for your child to sit towards the front of the class
- Speak to your family doctor who can refer you for a hearing test and to an Ear, Nose and Throat Specialist

or Paediatrician as there may be ways of improving your child's hearing

Glossary

Adenoids: The adenoids are lymph nodes found in the back of the throat, behind the nose. Swollen adenoids can block the nose.

Cochlea: The cochlea is part of the inner ear. In X-rays it looks like a snail shell. Its job is to receive sound vibrations and turn them into electrical messages to send to the brain.

Ear Drum: The eardrum membrane is part of the middle ear and separates the outer ear from the middle ear.

Eustachian Tube: This is a tube that goes from the middle ear to the back of the nose. The tube does two things:

- Let air flow up to the ear to keep it healthy.
- Drains fluid from the ear down to the nose.

Pinna: The outside part of the ear (the ear "flap"). It collects sound into the ear to help you hear better.

Remember:

- Otitis Media with effusion is very common in children but often clears within three months.
- It is important to check regularly for OME and if found, treat it early.
- Learn how to prevent it.