Corticosteroids, Antihistamines Fail to Help Acute Otitis Media

SAN FRANCISCO — Although it may seem logical that corticosteroids, antihistamines, and/or decongestants may be good adjunctive treatments of acute otitis media, the evidence does not bear this out, Dr. Tasnee Chomnaitree said at the annual meeting of the Pediatric Academic Societies.

The rationale for using corticosteroids and antihistamines is clear: Drugs that can inhibit the synthesis or counteract the actions of inflammatory mediators should help improve the outcome—or at least provide some symptom relief—in acute otitis media (AOM), said Dr. Chomnaitree of the University of Texas, Galveston.

Corticosteroids, for example, inhibit the recruitment of leukocytes and monocytes to the affected area, reduce vascular permeability, and inhibit the synthesis or release of numerous inflammatory mediators and cytokines. Moreover, there is evidence that corticosteroids improve outcomes in ototrauma in children and AOM in animal models.

But two randomized controlled trials conducted by Dr. Chomnaitree and her colleagues demonstrated no clear benefit for corticosteroids and antihistamines alone or in combination in patients taking antibiotics. Both studies had four arms. Some patients received two placebo, some received one placebo plus corticosteroid, some received one placebo plus antihistamine, and some received corticosteroid plus antihistamine.

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BYP JANE SALODOF MACNEIL

Treat Bilateral AOM With Antibiotics in Toddlers

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SOUTHWEST BUREAU

LOS ANGELES — A combination of rifaximin and loperamide, taken at the first sign of traveler’s diarrhea, is the optimal way to treat an illness that affects 10 million American tourists a year, Dr. Herbert L. DuPont said at the annual Digestive Disease Week.

Rifaximin, a gut-selective antibiotic, and loperamide, an antimitotility agent, were tested alone and in combination in a randomized trial of 315 U.S. college students who developed acute diarrhea and at least one symptom of an enteric infection while studying in Mexico.

“The Imodium [loperamide] immediate-release formulation is a reasonable first-line treatment option for travelers,” Dr. DuPont said, “but the combination immediately takes advantage of the synergistic effect of treatment of the enteropathogen with rifaximin and treatment of secondary symptoms of travel-related diarrhea with Imodium.”

The time from initiation of treatment to the passage of the last unformed stool was shorter in patients taking the drug combination (27.3 hours) than with loperamide alone (32.2 hours), he reported.

Loperamide and the drug combination resulted in significantly fewer stools passed in the first 24 hours, but in the case of loperamide alone, the effect was transient. Abdominal cramps were less frequent in patients taking the rifaximin-loperamide combination.

Finally, the participants’ assessment of “complete wellness” was higher with rifaximin and the rifaximin-loperamide combination. All of the treatments were well tolerated.

In the poster presentation, Dr. DuPont concluded that the drug combination “provides clinically relevant benefits vs. either agent alone, providing more rapid symptom relief and clinical cure... [possibly representing] a new standard of care.”