

Watchful waiting cost-effective for pediatric acute otitis media

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(HealthDay)—Implementation of the American Academy of Pediatrics

guidelines of watchful waiting (WW) for acute otitis media (AOM) is cost-effective, according to research published online March 3 in *Pediatrics*.

Di Sun, M.D., from the Children's Hospital Los Angeles, and colleagues conducted a retrospective review of a random selection of 250 patients aged ≤ 18 years with AOM in the emergency department. Data on current practice of AOM management were incorporated into a decision-analytic cost-utility model to compare the cost-effectiveness of WW versus current practice.

The researchers found that 247 of the participants had AOM on physical examination. Of these, 93.5, 2.8, and 3.6 percent were prescribed [antibiotics](#), underwent WW, and were sent home without an antibiotic prescription, respectively. On application of the American Academy of Pediatrics criteria to this population, 42.1 and 57.9 percent of patients met the conditions for immediate antibiotic prescription and qualified for WW, respectively. For every 1,000 patients with AOM in the modeled scenario, implementing WW resulted in 514 fewer immediate antibiotic prescriptions and 205 fewer antibiotic prescriptions used; a total of 14.3 disability-adjusted life-years were averted, with savings of \$5,573. These findings were robust to sensitivity analysis.

"WW for AOM management is cost-effective," the authors write. "Implementing WW may improve outcomes and reduce [health care expenditures](#)."

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