

Disparities seen in treatment of middle ear infections in US children

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Children from socially disadvantaged backgrounds are less likely to

receive treatment for otitis media and more likely to experience complications from undertreatment, according to a study published online Nov. 10 in *JAMA Otolaryngology-Head & Neck Surgery*.

To quantify [social disparities](#) in treatment patterns, Z. Jason Qian, M.D., and David H. Rehkopf, Sc.D., M.P.H., both from the Stanford University School of Medicine in California, used insurance claims data from the Optum Clinformatics Data Mart Database (between Jan. 1, 2003, and March 31, 2021) with linked inpatient, outpatient, and pharmaceutical claims for 4.8 million U.S. [children](#) with otitis media.

The researchers found that among the 4.8 million children, 20.59 percent were treated for recurrent otitis media, 14.86 percent were treated for suppurative otitis media, 6.95 percent received tympanostomy tubes, and 0.23 percent were treated for severe complications. Earlier age at diagnosis, male sex, environmental allergies, [gastroesophageal reflux](#), and adenotonsillar hyperplasia were all associated with increased treatment for otitis media, when adjusting for patient factors and social indices.

In contrast, social deprivation was associated with lower odds of medical treatment for recurrent otitis media (odds ratio, 0.86), suppurative otitis media (odds ratio, 0.61), and insertion of tympanostomy tubes (odds ratio, 0.76), as well as higher odds of treatment for severe complications of undertreated otitis media (odds ratio, 1.28).

"As [otitis media](#) is a modifiable risk factor for [hearing loss](#), efforts need to be made to ensure equitable access to treatment for all children," the authors write.

More information: Z. Jason Qian et al, Association Between Social Disadvantage and Otitis Media Treatment in US Children With Commercial Insurance, *JAMA Otolaryngology-Head & Neck Surgery*

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