# Effectiveness of analgesic ear drops as add-on treatment to oral analgesics in children with acute otitis media: a pragmatic randomised controlled trial

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To investigate whether analgesic ear drops added to usual care (oral analgesics with/without antibiotics) provide superior ear pain relief over usual care in children presenting to primary care with ear pain and diagnosed with AOM .

Ethical review Approved WMO

**Status** Recruitment stopped

**Health condition type** Middle ear disorders (excl congenital)

Study type Interventional

## **Summary**

#### ID

NL-OMON54000

#### **Source**

ToetsingOnline

#### **Brief title**

analgesic ear drops for children with acute otitis media (OPTIMA)

#### **Condition**

- Middle ear disorders (excl congenital)
- Ancillary infectious topics

#### **Synonym**

acute middle ear infection, acute otitis media

#### Research involving

Human

### **Sponsors and support**

**Primary sponsor:** Universitair Medisch Centrum Utrecht **Source(s) of monetary or material Support:** ZonMw

#### Intervention

**Keyword:** acute otitis media, analgesic ear drops, children, ear pain

#### **Outcome measures**

#### **Primary outcome**

The primary outcome is the mean parent-reported ear pain score over the first 3 days, using a 0-10 validated numerical rating scale.

#### **Secondary outcome**

Secondary outcomes include: proportion of children using antibiotics, oral analgesic use and overall symptom burden in the first 7 days; number of days with ear pain, number of GP reconsultations and subsequent antibiotic prescribing, adverse events, complications of AOM and cost-effectiveness during 4-week follow-up; generic and disease-specific quality of life at 4 weeks; parents\* and GPs\* views on treatment acceptability, usability and satisfaction (nested mixed methods process evaluation).

# **Study description**

#### **Background summary**

Acute otitis media (AOM) is a common childhood condition and a major cause of primary care consultation and antibiotic prescribing. Ear pain is the most prominent symptom of AOM. Evidence of effectiveness for interventions to control the pain and reduce reliance on antibiotics is urgently needed. Recently, we showed that introduction of an educational intervention to improve pain management in children with AOM resulted in an increase in oral analgesic use, but failed to impact on parent-reported ear pain or antibiotic use. A

UK-based trial run by study team members recently provided some evidence that analgesic ear drops can reduce ear pain and antibiotic consumption in children with AOM. This trial was closed early due to operational issues which leaves the question on the effectiveness of these drops.

#### Study objective

To investigate whether analgesic ear drops added to usual care (oral analgesics with/without antibiotics) provide superior ear pain relief over usual care in children presenting to primary care with ear pain and diagnosed with AOM .

#### Study design

Pragmatic, two arm, individually randomised, open, superiority trial with cost-effectiveness analysis and nested mixed methods process evaluation in general practices in the Netherlands with a follow-up of 4 weeks.

#### Intervention

Children will be randomly allocated to either 1) Lidocaine ear drops (Otalgan®) 1-2 drops up to six times daily for a maximum of 7 days in addition to usual care or 2) usual care.

Treatment decisions as per usual care, i.e. antibiotics and oral analgesics, will be to the GP\*s discretion in both groups. To those allocated to the intervention group, the study physician will not provide any treatment advice other than instructions about the use of analgesic ear drops.

#### Study burden and risks

All study participants will receive usual care. The potential benefits of study participation for those randomly allocated to the intervention group are better local symptom (ear pain) control and subsequently fewer repeat GP visits and antibiotic use .

Lidocaine ear drops (Otalgan®) are widely available over-the-counter in the Netherlands. These drops should not be used in children with a tympanic membrane perforation or ventilation tube as they carry a risk of inner ear damage causing hearing loss or tinnitus. These children will therefore be excluded, as well as those with ear wax obscuring visualisation of the tympanic membrane. Systemic exposure to lidocaine is very low when administered topically to the ear. The only reported side-effect in the Summary of Product Characteristics of Otalgan® is hypersensitivity reaction (rare; <1/1,000). We therefore judge this study as having a negligible risk.

## **Contacts**

#### **Public**

Universitair Medisch Centrum Utrecht

Universiteitsweg 100 Utrecht 3584 CG NI

#### **Scientific**

Universitair Medisch Centrum Utrecht

Universiteitsweg 100 Utrecht 3584 CG NI

## **Trial sites**

#### **Listed location countries**

**Netherlands** 

## **Eligibility criteria**

#### Age

Children (2-11 years)
Babies and toddlers (28 days-23 months)

#### Inclusion criteria

- Age 1 to 6 years
- Parent-reported ear pain in 24 hours prior to enrolment
- GP-diagnosis of (uni- or bilateral) AOM

#### **Exclusion criteria**

#### Children:

- with (suspected) tympanic membrane perforation or ventilation tubes
- with ear wax obscuring visualisation of the tympanic membrane
- who are systemically very unwell or require hospital admission (e.g. child has signs and symptoms of serious illness and/or complications such as
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mastoiditis/meningitis).

- who are at high risk of serious complications including children with known immunodeficiency other than partial IgA or IgG2 deficiencies, craniofacial malformation including cleft palate, Down syndrome and previous ear surgery (with the exception of ventilation tubes in the past).
- who have a known allergy or sensitivity to study medication or similar substances (e.g. other amide-type anaesthetics, bupivacaine, mepivacaine, prilocaine)
- who have taken part in any research involving medicines within the last 90 days, or any other AOM-related research within the last 30 days.
- who suffer from chronic recurrent pain of another origin than the ear.
- who have participated in this trial during prior AOM episode.

## Study design

## **Design**

Study phase: 3

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Open (masking not used)

**Primary purpose:** Treatment

#### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 06-10-2021

Enrollment: 300

Type: Actual

## Medical products/devices used

Product type: Medicine
Brand name: Otalgan

Generic name: lidocaine hydrochloride

Registration: Yes - NL intended use

## **Ethics review**

Approved WMO

Date: 06-07-2021

Application type: First submission

Review commission: METC NedMec

Approved WMO

Date: 18-08-2021

Application type: First submission

Review commission: METC NedMec

Approved WMO

Date: 09-03-2023

Application type: Amendment

Review commission: METC NedMec

# **Study registrations**

## Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register ID

EudraCT EUCTR2021-003019-24-NL

Other Netherlands Trial Register, ID: NL9500

CCMO NL77733.041.21