

- They also need extra drinks and lots of comforting.
- Sleeping with the head raised seems to make some children more comfortable.
- Decongestant medicines and antihistamines are not thought to be useful.

Are they infectious?

Ear infections are not infectious, but the cold or other infection that caused them is.

Staying home from childcare or school

- Keep children who are unwell home from childcare, preschool or school.
- Even though the child cannot pass on the ear infection, a child with an ear infection probably needs more care than can be provided by childcare workers, who have to look after other children as well.
- Children with ear infections need rest, extra cuddles and quiet activities.

Hearing and behaviour

Most children, during and after an ear infection, have some problems with hearing that can cause behaviour problems. For example, if they can't hear you, they can't do what you say. People also tend to feel irritable if they keep missing out on what others are saying.

Glue ear (middle ear fluid)

A glue ear is when the middle ear is filled with a sticky fluid that looks rather like honey, usually after ear infections, but it sometimes happens when there does not seem to have been an infection.

The fluid in the middle ear makes it harder for the child to hear. Sounds are more muffled and, when it lasts for a long time, this may affect learning to talk and how clearly children speak. It can cause behaviour problems as well. It is not certain whether it causes any long-term problems with talking or learning.

Sometimes the child will be uncomfortable when lying down and so will wake at night.

If the child has a glue ear, the doctor may try antibiotics for a longer time than usual (e.g. six weeks). If there is still fluid in the middle ear, the doctor may drain it by an operation where a slit is made in the ear drum and often a tiny tube (grommet) is placed in the slit to allow air into the middle ear. While this operation allows a child to hear better, it does not appear to make any difference to the child's language development.

Sometimes removal of the adenoid is recommended. The adenoids sit at the end of the eustachian tubes and can block the tubes if they become swollen.

As children grow older, the eustachian tube works better, and also they get less colds. Glue ear is less common then.

For more information contact:

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- Local Family Doctor
- Ngala Helpline
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Outside metro area
– Freecall 1800 111 546
www.ngala.com.au
- Parenting WA Line
Telephone (08) 6279 1200 (24 hr service)
Outside metro area –
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ear
infections



An ear infection is one of the most common health problems for young children. It can cause pain and distress to children and is one of the reasons why they may wake at night. Ear infections can also affect children's hearing.

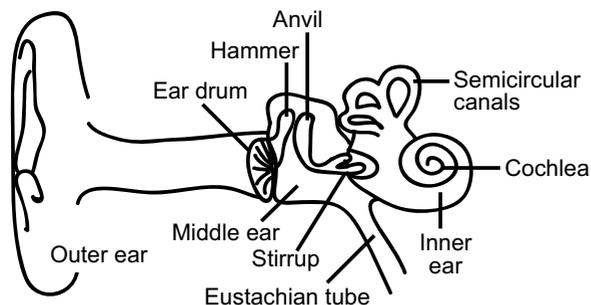
The information in this topic is about middle ear infections, called Otitis Media. Children can also get infections in the ear canal (called Otitis Externa). These infections are not covered in this topic.

Parts of the ear

The ear has three main sections:

- the outer ear (the ear canal and the ear lobe)
- the middle ear, which is separated from the outer ear by the ear drum
- the inner ear, which is where nerves detect sound and where the part of the ear involved with balance is.

The middle ear is normally filled with air so that the ear drum, and the small bones which join the ear drum to the inner ear, can move freely, carrying sound clearly to the nerves of the inner ear. There is a tube (called the eustachian tube) that goes



from the back of the throat to the middle ear so that air can get into the middle ear. When you yawn or swallow you will often hear a 'pop' as air goes up or down the eustachian tube, keeping the air pressure in the middle ear the same as the pressure outside of the ear.

The cause of middle ear infections

In children, during a cold, sinusitis, throat infection or hay fever, the eustachian tube often gets blocked and air cannot get into the middle ear. A sticky fluid collects in the middle ear and this fluid can get infected with bacteria, causing the middle ear infection. The build up of fluid and pus causes a pressure that is painful. Children cannot 'catch' an ear infection, but they can catch a cold from other children or adults, which then goes on to cause the ear infection.

The most common age for middle ear infections is between six months and two years. Most children have 'grown out' of middle ear infections by around six years of age, when the eustachian tube is larger and does not get blocked as easily. Up to 80 per cent of children will have an ear infection at least once and many have them several times.

Some things that make ear infections more likely are:

- bottle feeding (breastfeeding gives some protection)

- going to day care, because children get more colds
- being near smokers.

Signs of middle ear infection

- An older child will complain of ear pain and headache, and will have a temperature and feel unwell. The child will not be able to hear as well in that ear and there may be signs of a cold, sinusitis, sore throat or hay fever.
- In a younger child, the signs may include getting upset easily, a raised temperature, not wanting food and problems with sleeping. This will usually happen a couple of days after the start of a cold or other cause of the middle ear infection.
- Sometimes children will appear unwell, and may vomit or have diarrhoea without any clear signs that the infection causing them to be sick is an ear infection.

What happens without treatment

Sometimes the ear drum will 'burst' during an attack. A small split develops in the ear drum and pus and blood-stained fluid can drain out. This fluid can be seen in the ear canal. After the fluid drains out and the pressure is relieved, the child will feel better. The burst ear drum usually heals fully without treatment.

For other children, the infection will settle without treatment but there can be fluid

in the middle ear for several weeks or months, and this can interfere with hearing (see glue ear overleaf).

Treatment of middle ear infections

Although most children will have healthy ears by about two weeks after the middle ear infection started, even if they do not get any antibiotics, most children are prescribed antibiotics when they are seen by a doctor and found to have a middle ear infection.

- Antibiotics probably help the infection to get better more quickly, and they prevent some of the severe infections that can develop from a middle ear infection (when the infection spreads into areas around the middle ear).
- Mastoiditis (infection of the sinus in the bone just behind the ear) used to be a fairly common complication of middle ear infection that is rarely seen today.

If a child is having many middle ear infections, removing the adenoids is often helpful (usually not done until the child is at least three years old).

What parents can do

- Most children feel more comfortable if they are given something for pain. Paracetamol or ibuprofen are commonly used. Work out the dose needed for your child from the instructions on the container.