

Member Expert Q & A

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A Q&A with AAO-HNS Member Expert Judith E. C. Lieu, MD,
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Washington University School of Medicine and Principal Investigator,
PREDICT Quality of Life Research Study

Q. What is the PREDICT Study?

A. The Parent Response to Ear Disease in Children with and without Tubes (PREDICT) study is a multi-institutional study designed to explore the impact that ear disease has on children ages 6 to 24 months and their families, in terms of quality of life. This is a two-year study currently in recruitment and we have nine participating centers across the country.

Approximately 6.6 million children ages 0 months – 4 years in the U.S. are estimated to have moderate to serious ear disease. Ear infection is one of the most common medical problems in childhood and the disease often recurs (known as recurrent acute otitis media). Acute otitis media is the most frequent reason for physician visits, prescription of antibacterial drugs and surgery for young children in developed countries. Most children have at least one documented episode of acute otitis media by the age of 3 years, with the incidence peaking between 6 and 11 months of age.

Much of this suffering could be reduced through better education of physicians about appropriate treatments based on stage/severity of disease, and through increased awareness of parents about medical and related quality of life issues.

Quality of life issues are crucial in otolaryngology. There have been controversial studies published on the impact of certain treatments, such as ear tubes, on the long-term health progress of a child (especially hearing and speech development). What is missing in these studies is that if they forego certain treatments, and children may catch up with peers later and have no lasting health impact, those children and their families may have gone through years of shorter-term, unnecessary stress on the quality of their lives. The whole patient must be treated to reduce the burden of disease. Treatment via ear tubes can alleviate much of this suffering.

Q. What are the health risks and benefits of ear tubes?

A. Middle ear infections (otitis media) are common in children. When a child has repeated ear infections, or fluid in the ears that does not go away after several months, or that cause hearing problems or speech delays, a doctor may recommend surgery to insert an ear tube to allow the eardrum to equalize the pressure.

Every medical procedure should be evaluated on a risk versus benefits scenario. That means you and your child's doctor should discuss all the questions you have, well in advance of the surgery.

Benefits of inserting ear tubes include: reduce the risk of future ear infection, restore hearing loss caused by middle ear fluid, improve speech problems and balance problems, and improve behavior and sleep problems caused by chronic ear infections.

The surgery is an extremely common and safe procedure with minimal complications. However, like any surgery, complications can occur. They may include: persistent holes of the ear drum, scarring of the ear drum and canal, infection, and hearing loss.

Q. What other new research is the AAO-HNS supporting?

A. The AAO-HNS is actively involved in conducting and supporting new research efforts in the field of otolaryngology – head and neck surgery.

In addition to the PREDICT study, the AAO-HNS is in the process of studying the effects of a new medication to help treat the dry mouth symptoms that accompany radiation therapy for head and neck cancers. This study is important because saliva is essential to normal oral flora and healthy teeth; the lack of saliva in these patients can dramatically and rapidly result in a decline of the patient's oral health, such as with recurrent gingivitis and tooth loss. Dental complications can occur and present significant ongoing medical and surgical problems. It is hoped that the medication being studied will increase saliva production in radiation patients and improve their quality of life.

Other areas of research that the Academy has studied include treatments for sleep apnea, the value of tonsillectomy in both children and adults, and treatments for patients who have deformities of their nasal passages.

Also, in an effort to strengthen research support in all areas of otolaryngology, the AAO-HNS has joined forces with several other medical societies, foundations, and sponsors to broaden research opportunities, and to streamline and enhance the research application and review process. The Centralized Otolaryngology Research Efforts (CORE) program serves as a central clearinghouse and facilitator for otolaryngology-head and neck surgery research programs.

Since 1985, CORE has played a vital role by facilitating the review and recommendations for funding more than 330 grants totaling over \$5 million for research projects, research training, and career development to further the specialty. These grants, ranging in award size from \$5,000 to \$70,000, have been essential for increasing the research base for otolaryngology.

Finally, the AAO-HNSF also publishes its own peer-reviewed, scientific research journal, *Otolaryngology – Head and Neck Surgery*. This publication is a respected resource in the medical community, containing the latest peer-reviewed articles, literature reviews, and case reports.