

Current management of children with acute otitis media by Indonesian clinicians: a preliminary feasibility survey prior to a pragmatic clinical trial

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**QUESTIONNAIRE: THE MANAGEMENT OF ACUTE OTITIS MEDIA IN CHILDREN IN
DKI JAKARTA, DEPOK, AND BEKASI**

**THANK YOU FOR YOUR TIME AND PARTICIPATION IN FILLING THIS QUESTIONNAIRE.
PLEASE TICK (V) YOUR ANSWER**

1	INCIDENCE, ATTITUDE, AND BEHAVIOUR
1.1	In your personal practice, how many cases of acute otitis media in children did you see in the past 7 (seven) days? Answer: (.....) cases
1.2	Can you estimate the percentage for each age group of AOM patients who came to your personal practice in the past one month? Answer:% 0 to ≤ 2 year old% 2 to 5 year old% ≥ 5 year old
1.3	The diagnosis of acute otitis media was established using tests mentioned below <i>(you may choose more than one)</i> Answer: <input type="checkbox"/> Clinical history <input type="checkbox"/> Visualization of tympanic membrane using a penlight/ headlight <input type="checkbox"/> Visualization of tympanic membrane using an otoscope <input type="checkbox"/> Visualization of tympanic membrane using a pneumatic otoscope (using Siegel) <input type="checkbox"/> Visualization of tympanic membrane using ear endoscope / microscope <input type="checkbox"/> Tuning fork <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> Tympanometry / impedance audiometry <input type="checkbox"/> Tympanocentesis <input type="checkbox"/> Others:
1.4	What is the most common antibiotic you give for acute otitis media cases in children <i>(please choose only one of the following):</i> Answer: <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Ampicillin <input type="checkbox"/> Cefixime <input type="checkbox"/> Cefadroxil <input type="checkbox"/> Erythromycin <input type="checkbox"/> Azitromycin <input type="checkbox"/> Amoxicillin-clavulanate <input type="checkbox"/> Cotrimoxazole <input type="checkbox"/> Others:
1.5	What is the most common duration of antibiotics you give for acute otitis media in children Answer: days
2	CASE SCENARIO (there is no 'RIGHT' or 'WRONG' answer)
2.1	CASE-1 A one-year old boy, accompanied by his mother, came to your practice with a complaint of pain in his left ear for one day. The pain was not severe. He has had a cold for the last two days with a mild fever. At the physical examination, he looked well and alert with temperature 37.8°C. At his ear, nose, and throat examination,

	<p>there was mucous discharge on the nasal cavities, and his throat looked normal. An otoscopic examination showed redness and bulging tympanic membrane of the left ear.</p>
	<p>Question: What the best management for the patient above? (you may choose more than one)</p>
	<p>Answer:</p> <ul style="list-style-type: none"> <input type="radio"/> Observation for 48 – 72 hours <input type="radio"/> Decongestant and/or anti-histamine <input type="radio"/> Antibiotics <input type="radio"/> Paracetamol <input type="radio"/> Ibuprofen OR other anti-inflammatory drugs (NSAID) <input type="radio"/> Corticosteroids <input type="radio"/> Antibiotic ear drop <input type="radio"/> Analgesics ear drop <input type="radio"/> Physical therapy with (you may have more than one answer) <ul style="list-style-type: none"> <input type="radio"/> Nebulizer <input type="radio"/> Diathermy <input type="radio"/> Laser <input type="radio"/> Others
2.2	<p>CASE-2</p> <p>A four-year old girl, accompanied by her parents, came to your practice with a complaint of pain in her right ear for one day. She has had a cold for the last four days. She had no fever. At the physical examination, the patient looked well and alert. At her ear, nose, and throat examination, there was serous secretion in the nasal cavities and her throat looked normal. An otoscopic examination showed redness and bulging tympanic membrane of the right ear.</p>
	<p>Question: What the best management for the patient above? (you may choose more than one)</p>
	<p>Answer:</p> <ul style="list-style-type: none"> <input type="radio"/> Observation for 48 – 72 hours <input type="radio"/> Decongestant and/or anti-histamine <input type="radio"/> Antibiotics <input type="radio"/> Paracetamol <input type="radio"/> Ibuprofen OR other anti-inflammatory drugs (NSAID) <input type="radio"/> Corticosteroids <input type="radio"/> Antibiotic ear drop <input type="radio"/> Analgesics ear drop <input type="radio"/> Physical therapy with (you may have more than one answer) <ul style="list-style-type: none"> <input type="radio"/> Nebulizer <input type="radio"/> Diathermy <input type="radio"/> Laser <input type="radio"/> Others
2.3	<p>CASE-3</p> <p>A five-year old girl, accompanied by her parents, came to your practice with a complaint of pain in her right ear for one day, followed by left ear this morning and she had a mild fever. She had experienced acute otitis media in her right ear one month ago. At the physical examination, the patient looked well and alert with temperature 36.8°C. At her ear, nose, and throat examination, there was minimal serous discharge in her nasal cavities and her throat looked normal. An otoscopic examination showed redness and bulging on both tympanic membranes.</p>
	<p>Question: What the best management for the patient above? (you may choose more than one)</p>

	<p>Answer:</p> <ul style="list-style-type: none"> <input type="radio"/> Observation for 48 – 72 hours <input type="radio"/> Decongestant and/or anti-histamine <input type="radio"/> Antibiotics <input type="radio"/> Paracetamol <input type="radio"/> Ibuprofen OR other anti-inflammatory drugs (NSAID) <input type="radio"/> Corticosteroids <input type="radio"/> Antibiotic ear drop <input type="radio"/> Analgesics ear drop <input type="radio"/> Physical therapy with (<i>you may have more than one answer</i>) <ul style="list-style-type: none"> <input type="radio"/> Nebulizer <input type="radio"/> Diathermy <input type="radio"/> Laser <input type="radio"/> Others
3	BIODATA
3.1	<p>Doctor specialty</p> <p>Answer:</p> <ul style="list-style-type: none"> <input type="radio"/> General practitioner <input type="radio"/> Paediatrician <input type="radio"/> Otorhinolaryngologist
3.2	<p>Type of practice</p> <p>Answer:</p> <ul style="list-style-type: none"> <input type="radio"/> Primary healthcare <input type="radio"/> Private or multi doctor clinic <input type="radio"/> Public hospital <input type="radio"/> Private hospital
3.3	<p>City of practice</p> <p>Answer:</p> <ul style="list-style-type: none"> <input type="radio"/> DKI Jakarta <input type="radio"/> Depok <input type="radio"/> Bekasi <input type="radio"/> Others:
3.4	<p>Age</p> <p>Answer:</p> <ul style="list-style-type: none"> <input type="radio"/> ≤ 30 years old <input type="radio"/> 31 – 40 years old <input type="radio"/> 41 – 50 years old <input type="radio"/> 51 – 60 years old <input type="radio"/> 61 – 70 years old <input type="radio"/> > 70 years old
3.5	<p>Gender</p> <p>Answer:</p> <ul style="list-style-type: none"> <input type="radio"/> Male <input type="radio"/> Female
4	<p>PARTICIPATION ON THE FUTURE CLINICAL RESEARCH ON THE MANAGEMENT OF ACUTE OTITIS MEDIA IN CHILDREN</p> <p style="text-align: center;"><u>Research summary</u></p> <p>Antibiotic resistance has been emerging as a global public health problem. Antibiotics have been prescribed for almost 50% cases of acute respiratory infections (ARIs) in primary healthcare centres. As those cases are mostly self-limited diseases and caused by viruses, antibiotics have little or no clinical benefits. As part of a common complication of viral ARIs, acute otitis media (AOM) is mostly found in children and is a key reason for antibiotic prescription.</p>

Other strategy than antimicrobial treatment is needed due to the progression into recurrent and persistent AOM. Corticosteroids have an important role as an anti-inflammatory agent. A recent study has shown the use of oral corticosteroid as an additional treatment with antibiotics in cases of AOM with discharge through tympanostomy tubes shortened the duration of otorrhea. There are few small trials on the use of corticosteroids also as an additional treatment of antibiotics in AOM in children and the results of its benefits were varied. Therefore, we plan to conduct a large, well-conducted clinical trial in order to assess the effectiveness of corticosteroid for the treatment of AOM in children

After reading this summary of the future research of "Corticosteroid as an alternative treatment for acute otitis media in children" that will be held on February 2017 to February 2018, I would be interested to be involved in this future research

Answer: NO, I am not interested to be involved
 YES, I am interested to be involved. Please complete the following questionnaire below.

Thank you for your time in completing the survey

For those who are interested in participating in our future clinical research of "Corticosteroid as an alternative treatment for acute otitis media in children", please complete your contact details and other information below.

5	BIODATA	
5.1	Name and title	.....
5.2	Home address	...............
5.3	Email address	.....
5.4	Telephone no.	.....
	Mobile no.	.....
5.5	Contact preference	<input type="radio"/> Telephone <input type="radio"/> SMS / Whatsapp <input type="radio"/> Email
5.6	Name/type of practice	..........
5.7	Working since	..... (month) / (year)
5.8	Practice address	...............
5.9	Practice phone no.	.....
	Fax no.	.....
5.10	Is there an otoscope in your practice?	Answer: <input type="radio"/> Yes <input type="radio"/> No
5.11	Is there a pneumatic otoscope (with Siegel) in your practice?	Answer: <input type="radio"/> Yes <input type="radio"/> No
5.12	Is there a Tympanometer in your practice?	Answer: <input type="radio"/> Yes <input type="radio"/> No
5.13	Is there a Pharmacy in your practice?	Answer: <input type="radio"/> Yes

