



# The Wellness Family

Dr. Greeley Keeps You Informed

## Antibiotic Misuse

A recent study by researchers at Seattle Children's Hospital found that just 27% of respiratory tract infections are actually caused by bacteria. That means that more than 2/3 of all infections are viral, and antibiotics won't help. The study also found that doctors prescribed antibiotics for children with those infections 57% of the time. This results in about 11 million potentially needless prescriptions of antibiotics being written every year for upper respiratory tract infections alone – and that's just the beginning.

## Other Common Childhood Disorders

This same study determined that more than half of all outpatient antibiotic prescriptions are for respiratory infections which means ears, nose and throat. However, while some infections were more likely to be caused by bacteria, that's not always the case.

About 65% of ear infections are going to be caused by bacteria but strep tests revealed that *Streptococcus pyogenes* bacteria caused only about 20% of sore throats despite antibiotic prescriptions being written for both.

## Treating Acute Otitis Media

Acute Otitis Media is the most common upper respiratory condition treated in pediatric offices and the treatment of this condition continues to be the most controversial in the medical community. Most children suffering from Acute Otitis Media will automatically be placed on antibiotics despite growing evidence that suggests there's only a marginal benefit from this form of care. The pediatric community is confronted primarily by mounting evidence that the standard use of antibiotics may be an outdated practice with little value and what appears to be greater risk to the child.

When prescribing antibiotics for your child, your pediatrician should be willing to answer the question, "Does this case warrant a prescription"?

Let's consider an observation published recently by the American Academy of Pediatrics and the American Academy of Family Physicians:

"Each course of antibiotics given to a child can make future infections more difficult to treat. The result is an increase in the use of a larger range of – and generally more expensive – antibiotics. In addition, the benefit of antibiotics for Acute Otitis

Media is small on average and must be balanced against potential harm of therapy. About 15 percent of children who take antibiotics suffer from diarrhea or vomiting and up to 5 percent have allergic reactions, which can be serious or life threatening. The average preschooler carries around 1 to 2 pounds of bacteria – about 5 percent of his or her body weight. These bacteria have 3.5 billion years of experience in resisting and surviving environmental challenges. Resistant bacteria in a child can be passed to siblings, other family members, neighbors, and peers in group-care or school settings."



*Antibiotics cannot distinguish between good and bad bacteria, so they will destroy all bacteria.*

## Scientific Evidence

Scientific evidence puts forth the following information:

- Children with high temperature or vomiting improved after an average of three days.
- Children with high temperature or vomiting were likely to benefit from antibiotics, although it's still reasonable to wait 24 to 48 hours since many children will improve when left to their body's own natural defenses.
- Children without high temperature or vomiting were not expected to benefit from an antibiotic provided immediately

Considering this information, it's best to take an option to observe stance since 80% of children with Acute Otitis Media get better without antibiotics within 2 to 3 days.

With this scientific evidence mounting, ask yourself a few questions:

1. Will my pediatrician continue to prescribe antibiotics to my child based on his or her old programming and habits despite growing evidence that suggests antibiotics make little difference?
2. Does my pediatrician continue to have concerns that there's a risk for dangerous complications, such as Acute Mastoiditis, despite the fact that it's documented as a "rare occurrence"?

As a parent, what do you need to know?

- There is mounting evidence from the research community that the use of antibiotics has very little effect on Acute Otitis Media.
- Your doctor may be prescribing antibiotics based on old habits or the concern of developing acute mastoiditis, which has proven to be rare.
- When delaying the use of antibiotics for 72 hours, even if your child is suffering from fever and vomiting, 50% of all children improve within that time.
- Children with Acute Otitis Media but without fever and vomiting receive very little benefit from the use of antibiotics (this child should not begin antibiotics unless their condition worsens).

It's your child and you can take the initiative by asking your pediatrician to consider waiting 72 hours before introducing the antibiotic.

### **The Dangers of Over Prescribing Antibiotics**

Frequent and inappropriate use of antibiotics can cause bacteria or other microbes in the body to modify so that antibiotics are no longer effective in killing them. Antibiotic-resistant bacteria are dangerous and an extreme risk to your child's health.

Another concern is what is happening to your child's gut when they are being prescribed multiple doses of antibiotics. As mentioned previously, your child's body has a ton of bacteria in their digestive tract that is healthy, good bacteria; this is called "flora" and its primary purpose is metabolic and helping to maintain a healthy balance of intestinal bacteria. Antibiotics cannot distinguish between good and bad bacteria, so they will destroy all bacteria. While a probiotic can help restore some of that lost flora, it's better to not need that intervention at all.

For these reasons, it's important to only accept a prescription when you are absolutely positive that your

child is fighting a bacterial infection. If it is determined that intervention is necessary, it is vital that your child takes the antibiotic for the full amount of time prescribed by your pediatrician to avoid creating antibiotic-resistant bacteria.

### **Prevention is the Key**

New guidelines set forth by the American Academy of Pediatrics and the American Academy of Family Physicians recommend that parents take an active role in preventing Acute Otitis Media. A few suggestions included:

- Avoid supine bottle-feeding (bottle propping)
- Reduce or eliminate pacifier in the second six months of life
- Eliminate exposure to passive smoke
- Check for undiagnosed allergies leading to chronic rhinorrhea
- Alter child care center attendance
- Breastfeed for the first 6 months

These recommendations are set forth as suggestion to assist children in avoiding development of Acute Otitis Media and needing antibiotic prescriptions.

### **The Chiropractic Factor**

For a healthy alternative, take the common-sense approach to Otitis Media. The Fallon study, with 332 participating children, suggests that Chiropractic Care may be more effective than any drug therapy.

Be aware that your Doctor of Chiropractic is not opposed to antibiotics when necessary, but the Chiropractic profession acknowledges that over-usage is prevalent in our country and the habits of medical doctors may not have caught up with the latest research.

Be proactive in your child's health and healthcare by staying informed on the latest research regarding antibiotic prescriptions and the wait-and-watch approach.



*Dear Patient,  
Dr. Greeley is dedicated to providing you with the absolute best in family wellness care. So take a moment today to discuss with your Family Wellness Chiropractor any concerns you may have regarding your family's overall health and wellness.*

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