Stephan Brunton is a physician at the Cabarrus Family Medicine Residency Program in Charlotte, N.C. He reports that he is a consultant to Abbott, Ortho-McNeil, and Sanofi-Aventis.

References


Table 3
Medication Adherence in Children

Here are the factors affecting adherence to a prescription medication for an acute illness in children. Figures represent the percentage of pediatricians reporting the factor.

- Frequency of dosing schedule (96%)
- Unpleasant taste (91%)
- Side effects (88%)
- Duration of dosing schedule (87%)
- Unpleasant palatability (87%)
- Parental perception of medication effectiveness (86%)


Table 4
Taste of Antibiotic Suspensions

<table>
<thead>
<tr>
<th>Most to least palatable:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Loracarbef</td>
<td>Clarithromycin</td>
</tr>
<tr>
<td>Cefdinir</td>
<td>Clarithromycin</td>
</tr>
<tr>
<td>Cefixime</td>
<td>Clarithromycin</td>
</tr>
<tr>
<td>Azithromycin</td>
<td>Clarithromycin</td>
</tr>
<tr>
<td>Ciprofloxacin</td>
<td>Clarithromycin</td>
</tr>
</tbody>
</table>


Figure 3
Antibiotic Choices for AOM

For the Non-Severely Penicillin-Allergic Child

TPC = tympanocentesis with culture and susceptibility testing.

* Recommendations are for children 3 to 36 months old with AOM.
† Because azithromycin’s coverage of H. influenzae is limited (~50%); also AOM with concomitant conjunctivitis. Also AOM with concomitant conjunctivitis.
‡ Use for macrolide/azalide therapy of AOM in an era of increasing prevalence of H. influenzae - particularly in children with prior history of AOM.
§ Also AOM with concomitant conjunctivitis.