



Augmentin ES™

Amoxicillin as trihydrate 600 mg/5 ml
Clavulanic Acid as potassium salt 42.9 mg/5 ml

Acute otitis media (AOM) is one of the most common diseases of childhood affecting more than 80% of children by the age of 5 years¹

Children with otitis media present with clinical manifestations such as²

- Ear pain and rubbing
- Fever
- Excessive crying
- Rhinitis

Pulling of ear is not a clear clinical manifestation of AOM or otitis media with effusion (OME)²

- AOM is a visual diagnosis based on viewing the tympanic membrane²

Complications of otitis media may include³

- Intratemporal suppurative complications such as mastoiditis
- Intracranial suppurative complications such as meningitis
- Mild to moderate hearing loss which may result in poorer verbal skills later³

Clinical Practice Guideline: The diagnosis and management of acute otitis media

American Academy of Pediatrics 2013⁴

- Pain associated with AOM can be substantial and a treatment to reduce pain is recommended
- Antibiotic therapy for initial management for severe uncomplicated AOM after accurate diagnosis is recommended
- Antibiotic therapy or additional observation for initial management of non-severe uncomplicated AOM after accurate diagnosis is recommended

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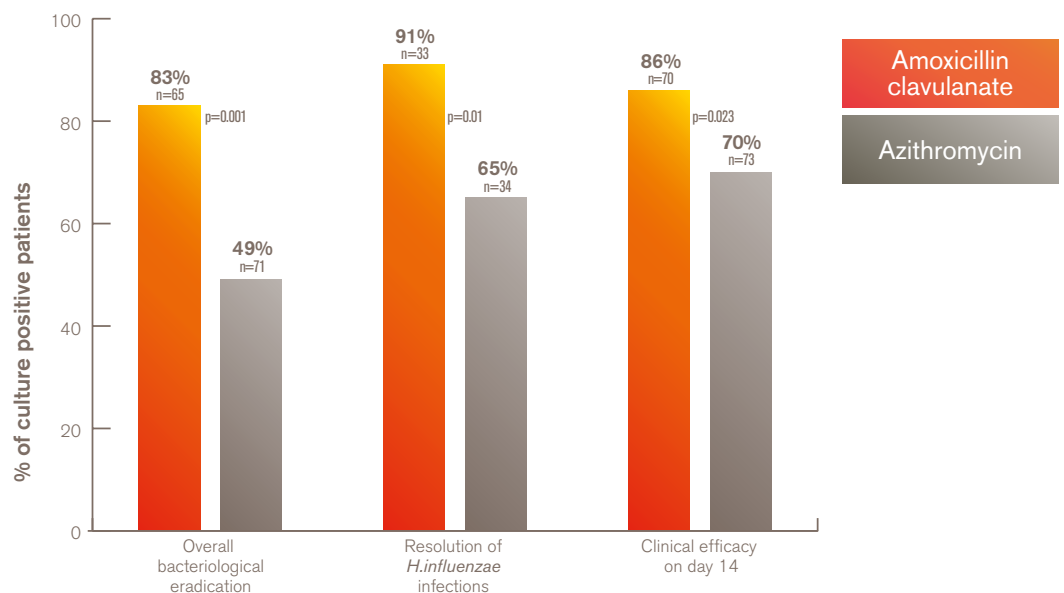
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Amoxicillin clavulanate

- Rapidly and extensively penetrates into the middle ear fluid (MEF) of pediatric patients with AOM⁵
- Achieves MEF concentrations that exceed MIC₉₀ of common causative pathogens in AOM such as *Streptococcus pneumoniae*, *Haemophilus influenzae* and *Moraxella catarrhalis*^{5*}
- Effectively reduced the duration of middle ear effusion (MEE), the risk for persistent MEE and possible concomitant hearing impairment in children with AOM⁶

Patients treated with macrolides (such as azithromycin or clarithromycin) for AOM may be more likely to have clinical failures⁷

Bacteriologic and clinical efficacy of amoxicillin clavulanate vs. azithromycin in AOM⁸



A single blind study of 238 infants and children with AOM randomized to receive amoxicillin clavulanate (45/6.4 mg/kg/day in two divided doses for 10 days) or azithromycin (10 mg/kg on Day 1, then 5 mg/kg daily on Days 2 through 5). Tympanocentesis was performed before the first dose and repeated on Day 4, 5 or 6. Clinical response was assessed at end of therapy between Days 12 and 14 and at follow-up between Days 22 and 28.

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Amoxicillin clavulanate[†] (90 mg/kg per day of amoxicillin, with 6.4 mg/kg per day of clavulanate [amoxicillin to clavulanate ratio, 14:1] in 2 divided doses) is recommended first line treatment for

- Initial immediate or delayed antibiotic treatment
- Antibiotic treatment after 48-72 hours of failure of initial antibiotic treatment

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*Susceptibility patterns may vary with time and geography, please refer to local susceptibility data before prescribing

[†] May be considered in patients who have received amoxicillin in the previous 30 days or who have the otitis-conjunctivitis syndrome

Dosage and Administration⁹

Augmentin ESTM is indicated for the treatment of Acute otitis media in children aged at least 3 months and less than 40 kg body weight, caused or thought likely to be caused by penicillin-resistant *Streptococcus pneumoniae*

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The recommended daily dose is 90/6.4 mg/kg/day in two divided doses

Children < 40 kg (aged ≥ 3 months)

Body Weight (kg)	Volume of Augmentin ES TM providing 90/6.4 mg/kg/day
8	3.0 ml twice daily
12	4.5 ml twice daily
16	6.0 ml twice daily
20	7.5 ml twice daily
24	9.0 ml twice daily
28	10.5 ml twice daily
32	12.0 ml twice daily
36	13.5 ml twice daily

Augmentin (amoxicillin clavulanate) safety information⁹

- Contraindicated in patients with known hypersensitivity to beta-lactam antibiotics (penicillins and cephalosporins)
- Gastrointestinal disturbances are common
- Prolonged use may result in overgrowth of non-susceptible organisms



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Adverse events reporting service: il.safety@gsk.com,
Tel: 03-9297100

ל-PI המלא נא ללחוץ כאן

REFERENCES

1. Coco A *et al.* Management of acute otitis media after publication of the 2004 AAP and AAFP clinical practice guideline. *Pediatrics*.2010;125(2):214-20.
2. Pichichero M. Otitis media. *Pediatr Clin N Am*. 2013;60:391-407.
3. Klein JO. The burden of otitis media. *Vaccine*. 2001;19:S2-S8.
4. Lieberthal AS *et al.* The diagnosis and management of acute otitis media. *Pediatrics*. 2013;131(3):e964-e999.
5. Scaglione F *et al.* Measurement of cefaclor and amoxicillin-clavulanic acid levels in middle ear fluid in patients with acute otitis media. *Antimicrob Ag Chemother*. 2003;47(9):2987-9.
6. Tapiainen T *et al.* Effect of antimicrobial treatment of acute otitis media on the daily disappearance of middle ear effusion. A placebo controlled trial. *JAMA Pediatrics*. 2014;168(7):635-41.
7. Courter JD *et al.* Increased clinical failures when treating acute otitis media with macrolides: A meta analysis. *Ann Pharmacother*. 2010;44:471-8.
8. Dagan R *et al.* Bacteriologic and clinical efficacy of amoxicillin/clavulanate vs. azithromycin in acute otitis media. *Pediatr Infect Dis J*. 2000;19(2):95-104.
9. Augmentin PI approved by the MOH

*The image is shown is for representational purposes only