This review contains 19 trials involving 3382 participants.

**Clinical question:** How effective are interventions for acute otitis externa?

**Bottom line:** Topical treatments are effective for acute otitis externa. Topical treatments in the review included antiseptic, antibiotic/steroid, antiseptic/steroid, antibiotic/steroid/antifungal and antiseptic/antibiotic treatments. There was little to choose between these treatments in terms of effectiveness. Additional oral antibiotics were not required. However, when treatment needed to be extended beyond 1 week, acetic acid drops appeared to be less effective than antibiotic/steroid drops. In addition, symptoms persisted for 2 days longer in those treated with acetic acid. More research is needed to determine the effectiveness of steroid-only drops. Patients treated with antibiotic/steroid drops can expect their symptoms to last for approximately 6 days after treatment has begun.

**Caveat:** The findings of the review may not be wholly relevant to primary care as most of the trials were conducted in a hospital setting and over half involved ear cleaning (generally not available in primary care) as part of the treatment. No trials evaluated the effectiveness of ear cleaning. Given that most topical treatments are equally effective, it would appear that in most cases the preferred choice of topical treatment may be determined by other factors, such as risk of ototoxicity, risk of contact sensitivity, risk of developing resistance, availability, cost and dosing schedule. Factors such as speed of healing and pain relief are yet to be determined for many topical treatments and may also influence this decision.

**Context:** Acute otitis externa is an inflammatory condition of the ear canal, with or without infection. Symptoms include ear discomfort, itchiness, discharge and impaired hearing. The condition is also known as “swimmer’s ear” and can usually be treated successfully with a course of ear drops.

**Cochrane Systematic Review:** Kaushik V et al. Interventions for acute otitis externa. Cochrane Reviews 2010, Issue 1. Article No. CD004740. DOI: 10.1002/14651858.CD004740.pub2. This review contains 19 trials involving 3382 participants.

**Antidepressants are effective for depression in physically ill people**

**Clinical question:** How effective are antidepressants for depression in patients with a physical illness?

**Bottom line:** Antidepressants were more effective than placebo in treating depression in physically ill patients. The superiority of antidepressants over placebo was apparent within 4–5 weeks (NNT* 6) and persisted after 18 weeks (NNT 7). Subgroup analysis showed both tricyclic antidepressants (TCAs) and selective serotonin reuptake inhibitors (SSRIs) were superior to placebo in treating depression in physically ill patients. Antidepressants were associated with increased rates of dry mouth (particularly TCAs) and sexual dysfunction (particularly SSRIs) compared with placebo. There was no evidence of a difference in drop-out between TCAs and SSRIs. Subgroup analysis suggested TCAs, which are often considered inappropriate for physically ill patients, are as effective and as acceptable to patients as SSRIs. There are no grounds to recommend a specific antidepressant on the basis of this review, which included studies evaluating a total of 22 different drugs.

**Caveat:** At 6–8 weeks, there were more drop-outs among patients treated with an antidepressant than among patients treated with placebo (NNH**19), but no difference was observed at the other time-points assessed. Due to potential biases, such as selective publication, small sample sizes and the variable methodological quality of trials, it is likely the effect sizes obtained in this review overestimate the efficacy of antidepressants.

**Context:** Antidepressants are effective in the treatment of depression in physically ill patients. The superiority of antidepressants over placebo was apparent within 4–5 weeks (NNT* 6) and persisted after 18 weeks (NNT 7). Subgroup analysis showed both tricyclic antidepressants (TCAs) and selective serotonin reuptake inhibitors (SSRIs) were superior to placebo in treating depression in physically ill patients. Antidepressants were associated with increased rates of dry mouth (particularly TCAs) and sexual dysfunction (particularly SSRIs) compared with placebo. There was no evidence of a difference in drop-out between TCAs and SSRIs. Subgroup analysis suggested TCAs, which are often considered inappropriate for physically ill patients, are as effective and as acceptable to patients as SSRIs. There are no grounds to recommend a specific antidepressant on the basis of this review, which included studies evaluating a total of 22 different drugs.

**Context:** Antidepressants are effective in the treatment of depression in physically ill patients. The superiority of antidepressants over placebo was apparent within 4–5 weeks (NNT* 6) and persisted after 18 weeks (NNT 7). Subgroup analysis showed both tricyclic antidepressants (TCAs) and selective serotonin reuptake inhibitors (SSRIs) were superior to placebo in treating depression in physically ill patients. Antidepressants were associated with increased rates of dry mouth (particularly TCAs) and sexual dysfunction (particularly SSRIs) compared with placebo. There was no evidence of a difference in drop-out between TCAs and SSRIs. Subgroup analysis suggested TCAs, which are often considered inappropriate for physically ill patients, are as effective and as acceptable to patients as SSRIs. There are no grounds to recommend a specific antidepressant on the basis of this review, which included studies evaluating a total of 22 different drugs.

**Context:** Antidepressants are effective in the treatment of depression in physically ill patients. The superiority of antidepressants over placebo was apparent within 4–5 weeks (NNT* 6) and persisted after 18 weeks (NNT 7). Subgroup analysis showed both tricyclic antidepressants (TCAs) and selective serotonin reuptake inhibitors (SSRIs) were superior to placebo in treating depression in physically ill patients. Antidepressants were associated with increased rates of dry mouth (particularly TCAs) and sexual dysfunction (particularly SSRIs) compared with placebo. There was no evidence of a difference in drop-out between TCAs and SSRIs. Subgroup analysis suggested TCAs, which are often considered inappropriate for physically ill patients, are as effective and as acceptable to patients as SSRIs. There are no grounds to recommend a specific antidepressant on the basis of this review, which included studies evaluating a total of 22 different drugs.

**Context:** Antidepressants are effective in the treatment of depression in physically ill patients. The superiority of antidepressants over placebo was apparent within 4–5 weeks (NNT* 6) and persisted after 18 weeks (NNT 7). Subgroup analysis showed both tricyclic antidepressants (TCAs) and selective serotonin reuptake inhibitors (SSRIs) were superior to placebo in treating depression in physically ill patients. Antidepressants were associated with increased rates of dry mouth (particularly TCAs) and sexual dysfunction (particularly SSRIs) compared with placebo. There was no evidence of a difference in drop-out between TCAs and SSRIs. Subgroup analysis suggested TCAs, which are often considered inappropriate for physically ill patients, are as effective and as acceptable to patients as SSRIs. There are no grounds to recommend a specific antidepressant on the basis of this review, which included studies evaluating a total of 22 different drugs.

**Context:** Antidepressants are effective in the treatment of depression in physically ill patients. The superiority of antidepressants over placebo was apparent within 4–5 weeks (NNT* 6) and persisted after 18 weeks (NNT 7). Subgroup analysis showed both tricyclic antidepressants (TCAs) and selective serotonin reuptake inhibitors (SSRIs) were superior to placebo in treating depression in physically ill patients. Antidepressants were associated with increased rates of dry mouth (particularly TCAs) and sexual dysfunction (particularly SSRIs) compared with placebo. There was no evidence of a difference in drop-out between TCAs and SSRIs. Subgroup analysis suggested TCAs, which are often considered inappropriate for physically ill patients, are as effective and as acceptable to patients as SSRIs. There are no grounds to recommend a specific antidepressant on the basis of this review, which included studies evaluating a total of 22 different drugs.

**Context:** Antidepressants are effective in the treatment of depression in physically ill patients. The superiority of antidepressants over placebo was apparent within 4–5 weeks (NNT* 6) and persisted after 18 weeks (NNT 7). Subgroup analysis showed both tricyclic antidepressants (TCAs) and selective serotonin reuptake inhibitors (SSRIs) were superior to placebo in treating depression in physically ill patients. Antidepressants were associated with increased rates of dry mouth (particularly TCAs) and sexual dysfunction (particularly SSRIs) compared with placebo. There was no evidence of a difference in drop-out between TCAs and SSRIs. Subgroup analysis suggested TCAs, which are often considered inappropriate for physically ill patients, are as effective and as acceptable to patients as SSRIs. There are no grounds to recommend a specific antidepressant on the basis of this review, which included studies evaluating a total of 22 different drugs.