Summary of findings:

7 Second-hand smoke prevention program compared to no intervention for prevention of acute otitis media

Patient or population: Australian Aboriginal and Maori children aged 4 to 12 months of age.

Setting: Community / Primary health care.

Intervention: Second-hand smoke (SHS) prevention program – three "behavioural coaching" face-to-face sessions for 3 months.

Comparison: No intervention.

Outcome № of participants (studies)	Relative effect (95% CI)	Anticipated absolute effects (95% CI)			Quality	What happens
		Without intervention	**With SHS prevention program**	**Difference**		
New episodes of otitis media assessed with: parental report and clinician review of medical record follow up: median 12 months № of participants: 293 (1 RCT) [1,a]	**RR 1.13** (0.74 to 1.73)	64.2%	**72.5%** (47.5 to 100.0)	8.3% more (NS) (16.7 fewer to 46.9 more)	⨁⨁◯◯ LOW [b,c]	In Australian Aboriginal and Maori children whose parents receive SHS intervention programs there is possibly no reduction in new episodes of OM during 12 months. NNT not applicable

***The risk in the intervention group** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio; **NS:** Not significant; **NNT**: Number needed to treat; **NNH**: Number needed to harm; **SHS**: Second Hand Smoke

GRADE Working Group grades of evidence
High quality: We are very confident that the true effect lies close to that of the estimate of the effect
Moderate quality: We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different
Low quality: Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect
Very low quality: We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

Explanations

a. Study: Walker 2015
b. Risk of Bias: Participants not blinded to intervention. Outcome assessors blinded.
c. Imprecision: Small, single study

References

1. Walker N, Johnston V, Glover M, Bullen C, Trenholme A, Chang A, et al. Effect of a family-centered, secondhand smoke intervention to reduce respiratory illness in indigenous infants in Australia and New Zealand: a randomized controlled trial. Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco. 2015;17(1):48-57. Epub 2014/08/27. doi: 10.1093/ntr/ntu128. PubMed PMID: 25156527; PubMed Central PMCID: PMCPMC4282121.