

What is considered most important when treating glue ear in children who also have a cleft palate?

What did the MOMENT study want to find out?

Around 80% of children who have a cleft palate will experience glue ear at one time or another. Treatment for glue ear might involve the use of hearing aids, grommets or watchful waiting (which means monitoring the glue ear in case it gets better on its own).

Treatments are developed and tested by researchers to find out if they work, are safe or which one works best. To do this researchers need to look at the effects those treatments have on patients. Researchers do this by measuring an "outcome". For example, in a study of how well a new asthma treatment works, "outcomes" might include:

- A measure of how fast you can blow air out of your lungs
- Night time wheeze
- Asthma quality of life measure

The MOMENT study wanted to find out what outcomes of treatment for glue ear were most important to health care professionals and children with a cleft palate and their parents.

Who took part in the study and what did they do?

- Health care professionals based at UK hospitals who provide care for children who have a cleft palate.
- Children with a cleft palate aged 7-16 years
- Parents/carers of a child with a cleft palate

Health care professionals, parents /carers and children took part in an online survey that asked them to score a list of possible outcomes of treatment based on their importance.

Some parents/carers and children also took part in an interview about their experiences of glue ear and what outcomes of treatment were important.

Bringing opinions together

At the end of the study we invited health care professionals and parents/carers who had taken part in a survey or an interview to come to an end of study event and discuss a draft set of the most important outcomes produced.

This draft was considered by more parents/carers at the CLAPA annual conference in 2014 and the most important outcomes of treatment for glue ear agreed. The list opposite combines the opinions of parents, children and health care professionals.

Outcomes of treatment for glue ear considered to be the most important

- **How well you can hear**
- **Not having fluid behind your ear drum for a long time** (*Chronic Otitis Media*)
- **Not having glue ear** (*Otitis Media with Effusion*)
- **Being able to listen and understand what other people say** (*Receptive language skills*)
- **Being able to speak as well as other children who are the same age** (*Speech development*)
- **How well you can learn to make new friends and speak to new people** (*Psycho social development*)
- **Not having ear infections** (*Acute otitis media*)
- **Not having problems inside your ear caused by bad skin growing behind your ear drum** (*Cholesteatoma*)
- **Not having unwanted side effects that can happen as part of the treatment you have for glue ear** (*Side effects of treatment*)
- **Being able to hear and listen attentively; for example, turning to sounds and voices, listening to stories, paying full attention to adult conversation and following instructions** (*Listening skills*)
- **How painful your ear is** (*Otalgia*)

What happens next?

The results of this study will be used to help design future research for the treatment of glue ear.

If all future studies of treatments for glue ear use the same outcomes, they could all be compared and combined. This will reduce waste by making best use of all the research.

How to get more information



If you have questions about the MOMENT study you can contact Nicola Harman:
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A detailed scientific paper has been published in an online journal called PLOS ONE. You can read this paper for free here:
<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0129514>

The full MOMENT study has been reported to the Health Technology Assessment Programme (who funded the study). You can read this report for free here: <http://www.nets.nihr.ac.uk/projects/hta/0916702>