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Metric
1.6 Decision aids & Escalation thresholds
 Support for patients - their condition & choices available via NHS Direct / NHS Choices

1.7 Red Flags
 Ear discharge, sudden/ fluctuating hearing. Distress. Pulsatile tinnitus

1.1 Symptom Description
 Noises in / or around the head which may or may not be heard by others, + / - hypersensitivity to sound, +/- emotional distress

1.2 Prevalence
 Tinnitus may occur spontaneously (10% of pts) without an associated hearing loss. Tinnitus increases with age and in 5% of patients will interfere with sleep (Coles 84; Coles 1990)

1.3 Self Assessment & Self Care
 Tinnitus is responsive to self help - organisations and charities that help with tinnitus include BTS, RNID, NHS Direct, NHS Choices - consult your GP / Pharmacist about your current medication

1.4 Primary Prevention
 Health promotion for tinnitus factors including *environmental *social *occupational *noise reduction

5.0

2.0 Primary Assessment
 History: Tinnitus: site, character, onset, progress, impact on QoL, +Hx past / concurrent: audiovestibular/ general medical symptoms, noise exposure, ear infections, medication
 Examination: Otoscopy. Medical examination if required, listening for bruit
 Procedure: Removal of wax

Metric
2.6 Escalation thresholds, decision aids, remote advice
 HAC Code of Practice clause 5, TTSA Guidelines

2.7 Red Flags
 Sudden hearing loss. ++ distress, neurological signs, pulsatile/ unilateral

2.1 Dx thresholds & decision aids
 Wax free patient

2.2 Diagnostics - Primary Care Audiology Service

- 2.2.1 No Diagnostic Required**
- 2.2.2 History & Otoscopy**
 Identification of normal v abnormal drum & external auditory canal
- 2.2.3 Audiogram**
 AC and BC as per BSA protocol
- 2.2.4 Tympanometry**
 As per BSA protocol

2.3 Treatment thresholds & decision aids

2.4 Treatments (Tx)

- 2.4.1 Information & reassurance**
 Explanation & advice - consider information prescription
- 2.4.2 Active monitoring self help**
 Tinnitus tactics: relaxation & sound enrichment
- 2.4.3 Physical, Psych. Therapy**
 Hearing aids, assistive listening devices, sound enrichment. Counselling/ CBT
- 2.4.4 Medication**
 Antidepressants / sleep medication if indicated. Review any exacerbating medications
- 2.4.5 Pre-Treatment Ax**

2.5 Rehabilitation & Review
 Consider requirement to review based on treatment prescribed and / or patient reported failure to improve

3.0 Specialist Assessment
 History: Clarification & expansion of primary assessment plus psychosocial history
 Examination: Clinical examination of ear, nose & throat, neuro-otological, plus general clinical examination as required
 Procedure: Wax removal

Metric
3.6 Escalation thresholds & decision aids
 Lack of diagnosis/ poor response to earlier interventions

3.7 Red Flags
 Intra-cranial pathology
 Extreme distress

3.1 Dx thresholds
 Wax free patient
 No clear diagnosis

3.2 Diagnostics (Dx) Specialist Audiology Services

- 3.2.2 Audiological Ax**
 Behavioural & electrophysiological. +/- vestibular as required
- 3.2.3 Imaging**
 MRI
 CT
 MRI / MRA
 US
- 3.2.4 Other diagnostics**
 Patient specific blood tests

3.3 Tx thresholds
 Questionnaires to Assess level of tinnitus distress

3.4 Definitive Treatments (Tx)

- 3.4.1 Information & reassurance**
 More detailed evidence based reassurance & advice - consider information prescription
- 3.4.2 Active monitoring self help**
 Tinnitus tactics - relaxation & sound enrichment
- 3.4.3 Physical & psych.**
 Hearing aids, assistive listening devices, sound generators/ enrichment. Counselling/ CBT
- 3.4.4 Medication**
 Antidepressants / sleep medication, if indicated. Review any exacerbating medications
- 3.4.5 Pre-treatment Ax**
 As required
- 3.4.6 Invasive Tx**
 Surgical intervention for otological pathologies

3.5 Rehabilitation, Review & QOL measurement
 Tinnitus inventory & psychological scales

4.0 Supra Specialist Assessment
 History: Clarification & expansion of specialist assessment
 Assessment: requirement for complex investigations pt risk v pt benefit & for otological / neuro-otological / neuro surgical intervention
 Psychosocial history & comorbidities

4.1 Decision aids/ Dx thresholds
 Risk v benefit of diagnostic choice

4.2 Diagnostics (Dx)

- 4.2.1 Vestibular assessment tests**
 As clinically indicated
- 4.2.2 Complex audiological / behavioural, electrophysiological tests**
 As clinically indicated
- 4.2.3 Imaging**
 MRI
 CT
 MRI / MRA
 US
 Angiography for objective bruit
- 4.2.4 Other Diagnostics**
 If not undertaken in Specialist Assessment Dx

4.3 Treatment thresholds & decision aids
 Questionnaires to Assess level of tinnitus distress

4.4 Definitive Treatments (Tx)

- 4.4.1 Information & reassurance**
 Explanation of symptoms, tests & diagnosis, with information & support
- 4.4.2 Active monitoring self Help**
 Condition specific monitoring - Annual MRI for tumours managed conservatively
- 4.4.3 Physical & psych. therapy**
 Extreme distress pts are counselled by expert +/- CBT & mental health services
- 4.4.4 Medication**
 Consider off label prescription risk / benefits to pts & pt expectation
- 4.4.5 Preop. Assess.**
- 4.4.6 Invasive Tx**
 Surgery for otological & neuro-otological conditions +/- neuro-radiological intervention, +/- radiotherapy

4.5 Rehabilitation, Review & QOL measurement
 Tinnitus inventory & psychological scales