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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



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

**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**

**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