Tinnitus Pathway

History:

- Unilateral, bilateral or pulsatile tinnitus
- Hearing loss
- Loss of balance or co-ordination
- Noise exposure
- Ototoxic medication
- Systemic precipitants

Associated complications:

- Reduced social interaction
- Insomnia
- Anxiety or depression
- Suicide- very rare

Red Flag- Urgently refer to ENT:

- Sudden or fluctuating hearing loss (within 90 days)
- Pulsatile tinnitus (usually vascular)
- Unilateral tinnitus (acoustic neuroma)

Examination

- BP
- Middle and outer ear for (Wax, foreign bodies, perforation, erythema, effusion or mass)
- Assess if tinnitus is objectively audible using stethoscope
- Cranial nerves
- Cerebellar signs

Red Flag -Urgently refer to Neurology:

- Unexplained neurological symptoms
- Signs suggestive of brainstem compression
- Signs suggestive of raised intracranial pressure

Investigations and initial management

Audiogram: referral to audiology -especially adults over 50 years complaining of persistent tinnitus

Blood tests (if history suggests):

- FBC, U&Es, LFTs
- ESR
- Lipid profile

Manage any abnormalities identified:

- Ear wax
- Foreign Body
- Otitis media
- Systemic or psychiatric illness

Advice on self-management

- Avoiding silent environments
- Enriching background noise e.g. music/ relaxing sounds
- Maintaining hearing aid hygiene
- Using support groups (British Tinnitus Association)
- Provide written information about Tinnitus

Consider Referral to Secondary care

Referral to ENT clinic if :-

- Tinnitus described as a crackling, popping, or clicking noise
- Persistent otalgia or aural discharge, affecting either ear (90 days)
- Vertigo
- Patients under the age of 50
- Wax not managed in surgery

Otherwise consider referral to Tinnitus clinic for :-

- Discussion about the problem
- Hearing test
- Tinnitus mechanism explained
- Individual treatment plan

Hearing aid, relaxation therapies, sound therapy, sleep Mx, CBT, MHAT

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