

GP ADVICE SHEET - TINNITUS

Identify and treat:

- Ear wax
- Head and neck infection
- OME
- Eustachian tube dysfunction
- Noise-induced hearing loss
- Hypertension
- Thyroid disorders
- Carotid artery stenosis
- Head injury/whiplash
- Chemical causes: caffeine, nicotine, aspirin, NSAIDs, quinine, loop diuretics, TCAs, aminoglycosides

Management:

MANAGEMENT OF TINNITUS

(where underlying cause not found)

- Chronic bilateral (likely benign, ENT referral generally not indicated, most cases will improve within 2 years)
 - obtain pure tone audiology
 - provide reassurance and patient information (see attached sheet)
 - consider referral to community audiologist for tinnitus retraining therapy
- Unilateral (see asymmetrical hearing loss guideline)
- Sudden acute onset (within the last 14/7)
 - phone consultant on call for advice
- Pulsatile
 - referral indicated where no underlying vascular cause identified

Information required in referral letter:

To help identify those patients with particularly severe conditions who warrant more urgent attention could you please ensure the following information is included in your letter:

- unilateral or bilateral tinnitus?
- onset (sudden or gradual?), duration?
- stable or worsening?
- any known precipitants?
- character of tinnitus? (eg. pulsatile?, intermittent or constant?)
- effect on daily activities and sleep?
- any vertigo?
- hearing loss? (arrange audiology if suspected and enclose result)
- aural discharge?
- appearance of TMs (remove wax if necessary) and ME space (?effusion/mass)
- hypertension or carotid bruits?
- cranial neuropathy or other neurological signs?