Tinnitus Guidance for GPs

This document was created by the British Tinnitus Association (BTA) to support GPs who see patients with tinnitus.

Tinnitus Red Flags

Firm indications that a patient with tinnitus should be referred onwards include:

- **Pulsatile tinnitus**
- **Tinnitus in association with significant vertigo**
- **Unilateral tinnitus**
- **Tinnitus in association with asymmetric hearing loss**
- **Tinnitus causing psychological distress**
- **Tinnitus in association with significant neurological symptoms and/or signs**

Although many tinnitus patients do not fit into any of these imperative categories, clinicians involved in tinnitus care are firmly of the opinion that all patients with the symptom should at the very least receive an audiological assessment. Local factors will determine whether this is undertaken in primary or secondary care.

At Any Point In Time Around 10 Percent of the Population Experience Tinnitus

Both sexes are equally affected and although tinnitus is more common in the elderly, it can occur at any age, including childhood. The perceived sound can have virtually any quality—ringing, whistling, and buzzing are common—but more complex sounds also can be described.

Most Tinnitus Is Mild

In fact it is relatively rare for it to develop into a chronic problem of life-altering severity. The natural history of tinnitus in most patients is of an acute phase of distress when the problem begins, followed by improvement over time. But for a minority of patients, the distress is ongoing and very significant, and they will require specialist support.

Underlying Pathology Is Rare, But Be Vigilant

In many cases, tinnitus is due to heightened awareness of spontaneous electrical activity in the auditory system that is normally not perceived. It can, however, be a symptom of treatable and significant otological pathology, such as a vestibular schwannoma or otosclerosis.

Tinnitus Can Be Associated With A Blocked Sensation

For reasons that are not clear, tinnitus and sensorineural hearing loss can give rise to a blocked feeling in the ears despite normal middle ear pressure and eardrum mobility. Otoscopy and, if available, tympanometry can exclude Eustachian tube dysfunction. Decongestants and antibiotics are rarely helpful.

Giving a Negative Prognosis Is Actively Harmful

It is all too common to hear that patients have been told nothing can be done about tinnitus. Such negative statements are not only unhelpful, but also tend to focus the patient's attention on their tinnitus and exacerbate distress. A positive attitude is generally helpful, and there are many constructive statements that can be made about tinnitus, such as "Most tinnitus lessens or disappears with time;" "most tinnitus is mild;" "tinnitus is not a precursor of hearing loss."

There Is No Direct Role For Drugs

Although they can be used to treat associated symptoms such as vertigo, insomnia, anxiety or depression, there are no conventional or complementary medications shown to have specific tinnitus ameliorating qualities. In addition, there is anecdotal suggestion that repeatedly trying unsuccessful therapies worsens tinnitus.

Referral Routes For Tinnitus Patients

Referral routes vary and depend on local protocols and commissioning, but in the majority of cases referrals are directed to ENT or audiology services. Common sense dictates that when there are possibilities of self-harm or of psychological crisis, then urgent mental health support is indicated.

Tinnitus Is More Common In People With Hearing Loss

Tinnitus prevalence is greater amongst people with hearing impairment, but the severity of the tinnitus correlates poorly with the degree of hearing loss. It also is quite possible to have tinnitus with a completely normal pure tone audiogram.

Hearing Aids Are Helpful If There Is Associated Hearing Loss

Straining to listen can allow tinnitus to emerge or, if already present, to worsen. Correcting any hearing loss reduces listening effort and general-

ly reduces the level of the tinnitus. Hearing aids are useful even if the hearing loss is relatively mild and at a level where aids would not normally be considered. Some modern hearing aids have sound therapy devices incorporated within the aid specifically for tinnitus patients. Department of Health guidelines have emphasized the value of audiometry in a tinnitus consultation, and this is the definitive basis for decisions about hearing aid candidacy. If in doubt, refer for an audiological opinion. In our view, all people who describe tinnitus deserve an audiological assessment. Decisions on when to start using a hearing aid and what sort to use are up to the individual patient and audiologist.

Avoiding Silence Is Helpful

Having continuous, low level, unobtrusive sound in the background can reduce the starkness of tinnitus. Sounds can be quiet, uneventful music, a fan, or an indoor water feature. Alternatively, there are inexpensive devices that produce environmental sounds and these are particularly useful at bedtime.

Self-Help Is Often Effective

The BTA provides comprehensive information on tinnitus and common sense advice on managing symptoms. It also has a network of tinnitus support groups around the country.

The BTA also has produced a new online resource aimed specifically at patients who have recently developed tinnitus and want some simple, clear information and advice: Take on Tinnitus, takeontinnitus.co.uk includes facts, tips, exercises, and videos that give patients ideas for self-management.

Please do pass on the details of the Take on Tinnitus website to your tinnitus patients, so that we can help you provide the support they need in the early stages of tinnitus management. We know from the calls we receive, that when early help is given by GPs and secondary services, patients manage their tinnitus more effectively.

Further Information

If you would like further copies of this document or any other of the BTA's leaflets please contact us:

British Tinnitus Association
Ground Floor, Unit 5
Acorn Business Park
Woodseats Close, Sheffield S8 0TB
Website: tinnitus.org.uk

British Tinnitus Association
Registered charity no: 1011145
Company limited by guarantee no: 2709302
Registered in England

This document has been written by:

Professor David Baguley NIHR Biomedical Research Unit in Hearing, University of Nottingham

Mr. Don McFerran Consultant ENT Surgeon, Essex County Hospital, Colchester

David and Don are co-authors, with Laurence McKenna, of the self-help book "Living with tinnitus and hyperacusis" (Sheldon Press, 2010)

General Practitioners Urged to Become Tinnitus-Aware

Almost every person with troublesome tinnitus knows the story first-hand. You develop a new sound in your ears. You think it will go away after a short while and, when it doesn't, you consider talking to your family physician about it. You may or may not have done extensive research online, much of which is misleading (as is most health care advice online) and even downright frightening. When you finally make the appointment and mention that you have this annoying sound that just-won't-stop, you hear the phrase that is almost a rally cry for those with tinnitus: "I'm sorry, there's nothing that can be done. You will just have to live with it."

For millions of people with tinnitus around the world, this story is far too familiar. Organizations such as the American Tinnitus Association, the British Tinnitus Association, and other national and local associations and support groups work tirelessly to raise awareness of tinnitus among healthcare providers. In February 2017, the British Tinnitus Association released advice for general practitioners, including a two-page handout that may be downloaded via PDF or requested in print from BTA online at www.tinnitus.org.uk. The handout is specifically targeted to GPs, who see hundreds of different conditions each week and need guidance that is concise, easy to reference, and provides specific advice for patients and options for treatment.

The guidance document is reprinted with permission from the British Tinnitus Association. It includes advice for recognizing tinnitus, what to communicate to patients—including the dangers of negative counseling, what can be done by patients themselves, and when to refer for treatment. BTA invites readers to distribute the article to GPs in their area and spread the word about tinnitus to family physicians who are frequently the first to encounter patients experiencing troublesome sounds associated with tinnitus.