

# Tinnitus

## Primary Care Management Guidelines for GPs

These guidelines are to assist GPs to monitor and manage their patients in a primary care setting until clinical thresholds indicate that tertiary care is required. The clinical thresholds are defined in the guidelines, and may require diagnostic support from a local audiologist. Providing a detailed diagnostic report will assist with the triage of your referral into the most appropriate clinic, within clinically appropriate timeframes.

### Primary care management

Management	Rationale / Detail
<p>Check if there is an accompanying hearing loss or change in balance function</p> <p>Arrange formal Audiometric testing via local audiologist</p>	<p>If this is associated with a sudden hearing loss (the patient may not have noticed)</p> <p>Refer to Hearing Loss Primary Care Management Guideline.</p>
<p>Mild/incidental tinnitus &amp; bilateral non-pulsatile tinnitus, with no other accompanying hearing or balance symptoms, can be monitored by GP or managed in the community, initially via the local audiologist.</p>	<p>An audiologist can investigate any associated hearing loss and escalate management should suspicions or factors requiring ENT investigation be warranted</p>
<p>Wearing hearing aids if patients have a significant hearing loss</p>	<p>Can reduce the awareness of tinnitus as they amplify external sounds; thus, the awareness of tinnitus will be reduced by listening to natural sounds (ie: natural masking). Additionally, communication difficulties can lead to frustration, fatigue and stress, which can exacerbate the awareness of tinnitus. A hearing aid will assist their hearing, reduce stress and fatigue and therefore hopefully reduce the awareness of their tinnitus</p>
<p>Refer to dentist if TMJ dysfunction is suspected.</p>	<p>Poor alignment of the TMJ can result in perception of tinnitus</p>
<p>Wax impaction can result in tinnitus. This can be managed with wax softening drops (commercially available or olive oil) provided there is no suspicion of otitis externa or tympanic membrane perforation</p>	<p>2-3 drops of 3% Hydrogen Peroxide daily can help with stubborn cerumen impaction with a weekly review</p>
<p>The Tinnitus Association of Victoria (TAV) can provide additional information and support services</p>	<p><a href="http://www.tinnitus.org.au">http://www.tinnitus.org.au</a></p>

Management	Rationale / Detail
Consider involving psychology in managing any associated stressors/anxiety related issues	<p>These may exacerbate the tinnitus</p> <p>Offer a variety of therapies or treatment approaches to assist patients to learn to focus attention away from the tinnitus and reduce the associated stress. Some patients also have co-morbid mental health conditions and if this remains untreated tinnitus can continue to have an extreme psychological impact</p>

### When to refer to the RHH

- Recent onset unilateral, pulsatile, or disabling tinnitus
- Where rapid deterioration in hearing, balance or tinnitus occurs (Urgent attention is required with any rapid Deterioration).
- At the recommendation of local audiologist highlighting the clinical concerns along with previous Audiological report/results.
- If there is Tinnitus that appears to be associated with other cranial nerve involvement, or associated with cerebellar signs or symptoms.

### Information to include on the referral letter

- Copy of recent audiogram if available (to assist with triaging)
- Description of onset, duration and quality and onset of tinnitus
- Description of functional impact of tinnitus
- Description of any associated hearing/balance symptoms
- Description of any intervention and its effect
- Past history of middle ear disease/surgery

### ENT Clinic contact details

Address: Wellington Clinics, Level 11, 42 Argyle Street, Hobart, Tas. 7000

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Fax: 6234 9454

To contact ENT Registrar on-call phone RHH Switch on 6166 8308

Acknowledgement to the Royal Victorian Eye & Ear Hospital Primary Care Referral Guidelines

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