

Child, young person or adult presents to primary care with tinnitus

At all stages of care:

Provide tinnitus support and information tailored to the need of the individual

Assessment of tinnitus:

- Assess their experience of tinnitus, including any concerns and its impact
- Be alert to signs of anxiety and depression and psychological well-being
- Assess quality of life
- Assessment of symptoms and features for onward referral
- Assessment of symptoms and features for further investigation

Management plan

Betahistine^{*1}

Immediate referral (24 hours)

Refer people to be seen within a maximum of 24 hours, in line with local pathways, if they have tinnitus associated with any of the following:

- high risk of suicide
- sudden onset of significant neurological symptoms and/or signs (for example facial weakness).
- sudden hearing loss (over a period of 3 days or less) within the past 30 days (in line with the NICE guideline on hearing loss)

Urgent referral (2 weeks)

Refer people to be seen within 2 weeks, in line with local pathways, if they have tinnitus associated with any of the following:

- distress affecting mental well-being (including distress that limits their daily activities) despite tinnitus support at first point of contact with primary or community care services
- acute uncontrolled vestibular symptoms (e.g. vertigo)
- sudden (over a period of 3 days or less, more than 30 days ago) or rapidly progressing hearing loss (over a period of 4 to 90 days) (in line with the NICE guideline on hearing loss)

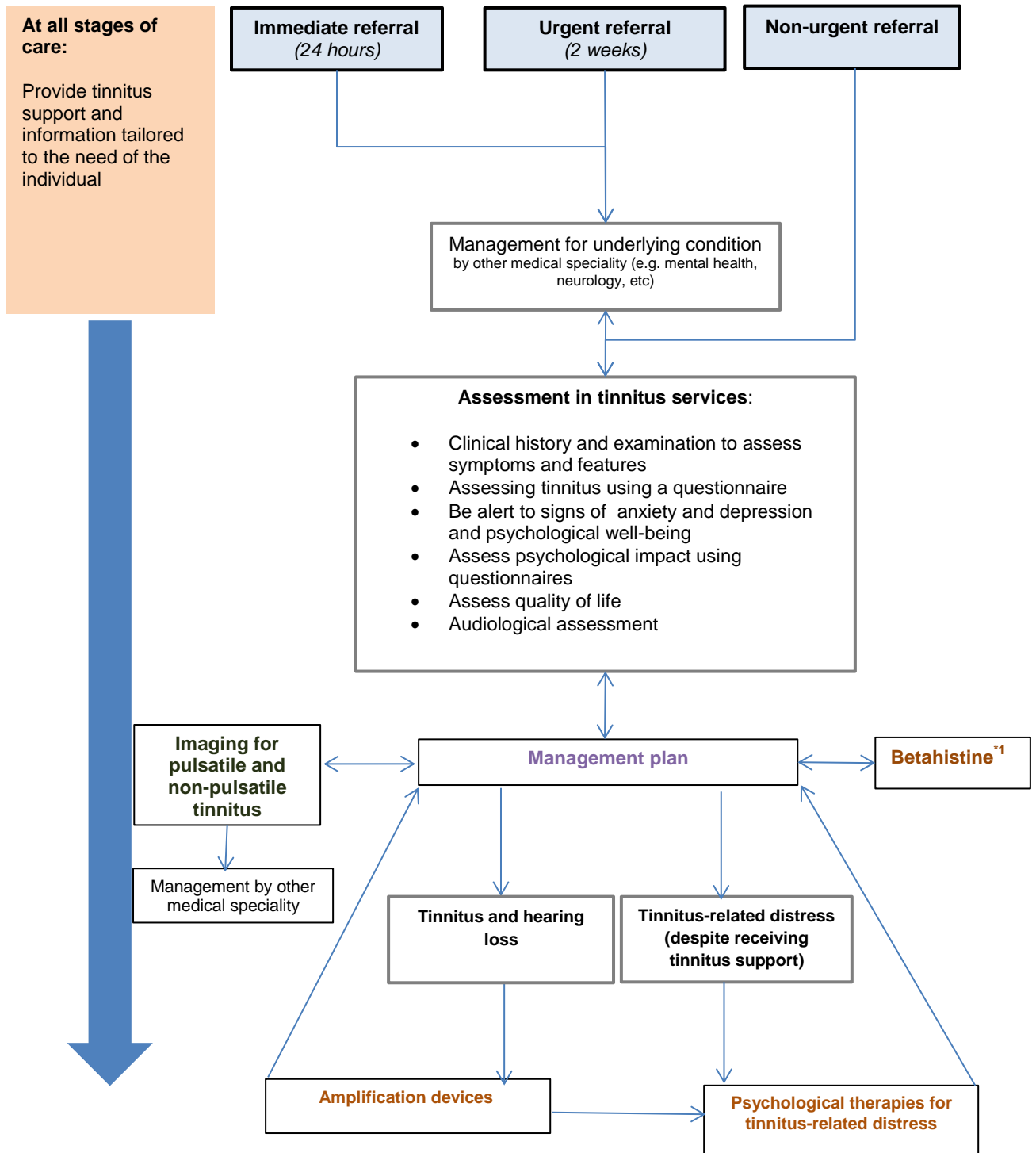
Non-urgent referral

Refer people to the local tinnitus service if they have any of the following:

- Tinnitus that bothers them despite tinnitus support at first point of contact with primary or community care services
- persistent objective tinnitus
- persistent pulsatile tinnitus
- persistent unilateral tinnitus
- tinnitus associated with unilateral or asymmetric hearing loss (in line with the NICE guideline on hearing loss)

* Advise patients that the limited evidence available shows no clinical effectiveness and some harms for the use of betahistine for managing tinnitus

¹ At the time of publication [(month, year) to be added at publication], betahistine only had a UK marketing authorisation for the treatment of vertigo, tinnitus and hearing loss associated with Ménière's disease. It did not have a UK marketing authorisation for tinnitus not caused by this disease. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the General Medical Council's Prescribing guidance: prescribing unlicensed medicines for further information.



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