

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Guideline scope

### Tinnitus: assessment and management

The Department of Health and Social Care in England has asked NICE to develop guidance on assessment and management of tinnitus.

The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual](#).

This guideline will also be used to develop the NICE quality standard for tinnitus.

## 1 Why the guideline is needed

### Key facts and figures

Tinnitus is the perception of sounds in the ears or head that do not come from an outside source. It is not a disease or illness, but a symptom, usually generated within the auditory system. Tinnitus is often described as a ‘ringing in the ears’, but can also be perceived as a buzzing, humming, grinding, hissing, whistling or other type of sound. Tinnitus can be associated with problems with concentration, listening, anxiety and depression, all of which which can have an impact on the person’s activities of daily living and social interactions.

The type and severity of tinnitus varies from person to person, and there is no single treatment that works for everyone. Research on existing and possible new treatments continues. In [Commissioning services for people with hearing loss](#) (2016) NHS England reports that ‘It is estimated that between 10 percent and 15 percent of adults will have tinnitus, with 3 percent of adults likely to require a clinical intervention for their tinnitus.’ Recent study data show the cost of tinnitus treatment to the NHS to be £750 million per year.

## **Current practice**

Management of tinnitus is usually tailored to the person's symptoms, although there are no standardised tools or procedures for assessing the symptoms of tinnitus. Currently there are a range of strategies available to manage tinnitus, such as psychological support or sound therapy (using sound generators, with or without hearing aids), many of which can be used in combination. Although most people with tinnitus are offered strategies to manage their symptoms, access to treatment, particularly psychological interventions, is more variable. This guideline aims to standardise assessment and management of tinnitus.

## **2 Who the guideline is for**

This guideline is for:

- healthcare professionals providing NHS-commissioned services
- social care practitioners
- commissioners of health and social care services
- people using services, their families and carers, and the public.

It may also be relevant for:

- private sector or voluntary organisations
- people working in related services.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#).

### ***Equality considerations***

NICE has carried out an [equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

The guideline will look at inequalities relating to profound hearing loss, learning disability, cognitive impairment and sound sensitivities such as hyperacusis (intolerance to everyday sounds that causes significant distress and affects day-to-day activities).

### **3 What the guideline will cover**

#### **3.1 *Who is the focus?***

##### **Groups that will be covered**

- Children, young people and adults with suspected or confirmed tinnitus.

#### **3.2 *Settings***

##### **Settings that will be covered**

The guideline will cover all settings where NHS-commissioned care is provided.

#### **3.3 *Activities, services or aspects of care***

##### **Key areas that will be covered**

We will look at evidence in the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas.

- 1 Assessing tinnitus.
  - Identifying symptoms and features that need further investigation and specialist treatment.
  - Tests of tinnitus, such as tinnitus sound matching.
- 2 Further investigations.
  - Assessing hearing.
  - Assessing psychological impact.
  - Assessing quality of life.
  - Imaging such as ultrasound, CT and MRI.
- 3 Managing tinnitus.

- Providing information (including information on self-management strategies).
- Hearing aids.
- Sound therapy using a sound generator or combination device (a sound generator with a hearing aid), or a tinnitus neuromodulation device.
- Counselling.
- Combined counselling and hearing aids.
- Combined counselling and sound therapy using a sound generator or combination device (sound generator with a hearing aid).
- Psychological therapies for the management of tinnitus.
- Betahistine dihydrochloride.

Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by the evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual patients.

### **Areas that will not be covered**

- 1 Managing hearing loss without tinnitus.
- 2 Managing underlying health conditions causing tinnitus.
- 3 Managing comorbid conditions such as depression and anxiety.
- 4 Managing sound sensitivities (such as hyperacusis) without tinnitus.

### **Related NICE guidance**

#### ***Published***

- [Suspected cancer: recognition and referral](#) (2015, updated 2017) NICE guideline NG12
- [Micropressure therapy for refractory Meniere's disease](#) (2012) NICE interventional procedure guidance 426
- [Balloon dilation of the Eustachian tube](#) (2011) NICE interventional procedure guidance 409

- [Generalised anxiety disorder and panic disorder in adults: management](#) (2011) NICE guideline CG113
- [Depression in adults: recognition and management](#) (2009, updated 2016) NICE guideline CG90
- [Depression in children and young people: identification and management](#) (2005, updated 2017) NICE guideline CG28

### ***In development***

- [Hearing loss in adults: assessment and management](#) Publication expected May 2018
- [Adults with a lifelong or very severe hearing or visual impairment: health and social care support](#) Publication date to be confirmed

### **NICE guidance about the experience of people using NHS services**

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to tinnitus:

- [Medicines optimisation](#) (2015) NICE guideline NG5
- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- [Service user experience in adult mental health](#) (2011) NICE guideline CG136
- [Medicines adherence](#) (2009) NICE guideline CG76

## **3.4 Economic aspects**

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services (PSS) perspective, as appropriate.

### **3.5 Key issues and draft questions**

While writing this scope, we have identified the following key issues and draft questions related to them:

- 1 Assessing tinnitus.
  - 1.1 Which symptoms and features should prompt onward referral for further investigation?
  - 1.2 Which symptoms and features should prompt onward referral for specialist treatment?
  - 1.3 What is the most clinically and cost-effective method of assessing tinnitus?
- 2 Further investigations.
  - 2.1 What is the clinical and cost effectiveness of hearing tests for people with tinnitus?
  - 2.2 What is the most clinically and cost-effective method of assessing the psychological impact of tinnitus?
  - 2.3 What is the most clinically and cost-effective method of assessing quality of life related to tinnitus?
  - 2.4 What is the clinical and cost effectiveness of ultrasound to investigate the cause of tinnitus?
  - 2.5 What is the clinical and cost effectiveness of CT to investigate the cause of tinnitus?
  - 2.6 What is the clinical and cost effectiveness of MRI to investigate the cause of tinnitus?
- 3 Managing tinnitus.
  - 3.1 What information should be provided to people with tinnitus, including information on self-management strategies?
  - 3.2 What is the clinical and cost effectiveness of hearing aids for people with hearing loss and tinnitus who are not offered hearing aids for their hearing loss alone?
  - 3.3 What is the clinical and cost effectiveness of sound therapy using a sound generator?

3.4 What is the clinical and cost effectiveness of sound therapy using a combination device (a sound generator with a hearing aid) for people with hearing loss and tinnitus?

3.5 What is the clinical and cost effectiveness of sound therapy using a tinnitus neuromodulation device?

3.6 What is the clinical and cost effectiveness of counselling?

3.7 What is the clinical and cost effectiveness of counselling together with hearing aids for people with hearing loss and tinnitus who are not offered hearing aids for their hearing loss alone?

3.8 What is the clinical and cost effectiveness of counselling together with sound therapy?

3.9 What is the clinical and cost effectiveness of counselling together with sound therapy using a combination device (a sound generator with a hearing aid)?

3.10 What is the clinical and cost effectiveness of psychological therapies for tinnitus, including cognitive behavioural therapy and mindfulness?

3.11 What is the clinical and cost effectiveness of betahistine dihydrochloride?

The key issues and draft questions will be used to develop more detailed review questions, which guide the systematic review of the literature.

### **3.6 Main outcomes**

The main outcomes that may be considered when searching for and assessing the evidence are:

- change in subjective perception, including severity and intrusiveness of tinnitus
- change in the impact of tinnitus on quality of life, activities of daily living and sleep
- change in depressive symptoms or depression scores
- change in anxiety symptoms or anxiety scores

- adverse effects.

## **4 NICE quality standards and NICE Pathways**

### **4.1 NICE quality standards**

**NICE quality standards that will use this guideline as an evidence source when they are being developed**

Tinnitus. Publication date to be confirmed.

### **4.2 NICE Pathways**

[NICE Pathways](#) bring together everything we have said on a topic in an interactive flowchart. When this guideline is published, the recommendations will be included in the NICE Pathway on tinnitus (in development).

Other relevant advice products will also be added, including:

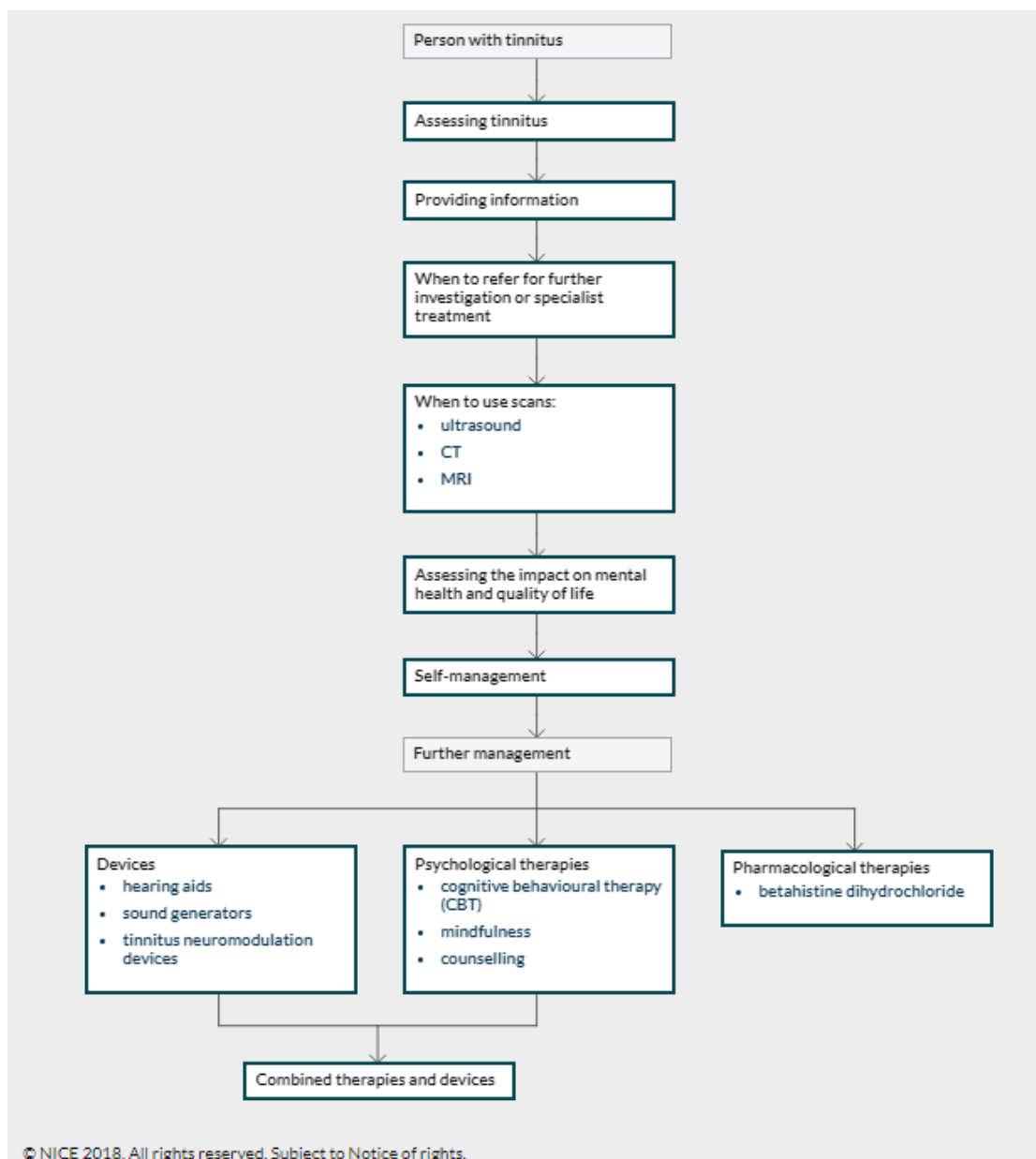
- Acoustic CR Neuromodulation for adults with chronic subjective tonal tinnitus (2014) NICE medtech innovation briefing 5.
- Tinnitus (2017) NICE clinical knowledge summary.

An outline based on this scope is included below. It will be adapted and more detail added as the recommendations are written during guideline development.

Links will be added to and from relevant NICE Pathways, for example the NICE Pathways on [ear, nose and throat conditions](#) and hearing loss (in development).



## Tinnitus overview



## 5 Further information

This is the final scope, which takes into account comments from registered stakeholders during consultation.

The guideline is expected to be published in March 2020.

You can follow [progress of the guideline](#).

Our website has information about [how NICE guidelines are developed](#).

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