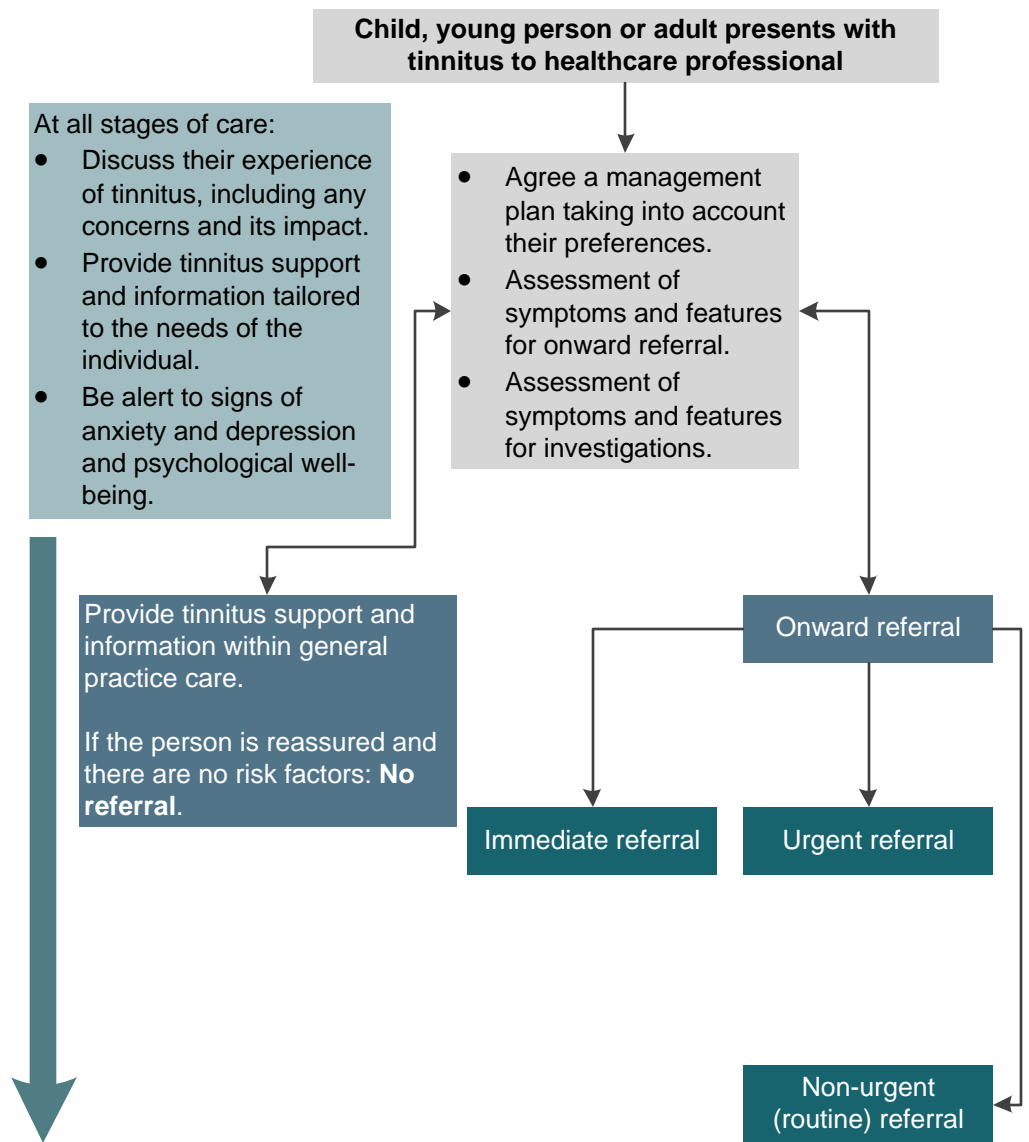


Tinnitus: assessment and management



Note: This algorithm provides a visual overview of the clinical recommendations in this guideline and is not a clinical pathway. It does not cover every aspect of care for people with tinnitus. Also refer to NICE guideline on hearing loss in adults (NG98).

Immediate referrals

Refer people immediately to a crisis mental health management team for assessment if they have tinnitus associated with a high risk of suicide. If needed, provide a safe place while waiting for the assessment.

Refer immediately, in line with the NICE guideline on suspected neurological conditions, people with tinnitus associated with:

- sudden onset of significant neurological symptoms or signs (for example, facial weakness), or
- acute uncontrolled vestibular symptoms (for example, vertigo), or
- suspected stroke (follow a local stroke referral pathway). For information about diagnosis and initial management of stroke, see the NICE guideline on stroke and transient ischaemic attack in over 16s.

Refer people to be seen within 24 hours, in line with the NICE guideline on hearing loss in adults, if they have tinnitus and have hearing loss that has developed suddenly (over a period of 3 days or less) in the past 30 days.

Recognise that assessment and management of the person's tinnitus may still need to continue following an immediate referral.

Urgent referrals

Refer people to be seen within 2 weeks for assessment and management if they have tinnitus associated with either of the following:

- Distress affecting mental wellbeing (for example, distress that prevents them carrying out their usual daily activities) even after receiving tinnitus support at first point of contact with a healthcare professional (see recommendation 1.1.1). Refer in line with local pathways.
- Hearing loss that developed suddenly more than 30 days ago or rapidly worsening hearing loss (over a period of 4 to 90 days). Refer in line with the NICE guideline on hearing loss in adults.

Non-urgent (routine) referrals

Refer people for tinnitus assessment and management in line with local pathways if they have any of the following:

- Tinnitus that bothers them despite tinnitus support at first point of contact with a healthcare professional (see recommendation 1.1.1).
- Persistent objective tinnitus.
- Tinnitus associated with unilateral or asymmetric hearing loss.

Consider referral for tinnitus assessment and management, in line with the NICE guideline on hearing loss in adults, if they have any of the following:

- Persistent pulsatile tinnitus.
- Persistent unilateral tinnitus.

Tinnitus: assessment and management

At all stages of care:

- Discuss their experience of tinnitus, including any concerns and its impact
- Provide tinnitus support and information tailored to the needs of the individual
- Be alert to signs of anxiety and depression and psychological well-being

