Treatment/Management

Belfast Health and Social Care Trust
caring supporting improving together

Patient presents with tinnitus

Treat any obvious underlying cause:

- Wax
- Otitis externa/media
- TMJ dysfunction
- Related medications

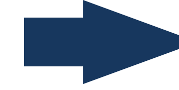
Address any underlying mental health issue: anxiety, depression, insomnia and stress

Listen - be empathetic.

Use positive constructive statements.

Provide information about tinnitus:

- What is it?
- What may make it worse: stress, loud noise, lack of sleep
- Safe listening practices for example noise protection.
- The impact of tinnitus on quality of life
- Discuss the use of sound therapy including use of tinnitus sound support apps



Signpost to RNID who offer tinnitus support services:
Tinnitus - RNID

Signpost to British Tinnitus Association for self-help information:
www.tinnitus.org.uk

Tinnitus Category — Refer To

Tinnitus Category	Refer To
Tinnitus associated with sudden onset of unilateral tinnitus – consider extra auricular causes e.g. CVA/ intracranial pathology dependent on symptoms and signs. Please refer to appropriate service	APPROPRIATE NEUROLOGY SERVICE
New tinnitus associated with significant, sudden sensorineural hearing loss, less than 30 days from onset. If suspected start one week **Prednisolone** of 1mg/kg up to a max of 60mg per day for7 days with reducing dose from day 8 along with PPI cover of high dose Prednisolone with PPI	RAPID ACCESS ENT
Tinnitus that is: • Pulsatile • Persistent Unilateral	URGENT ENT
Tinnitus where: • THI score is >56 indicating moderate disturbance • Hearing loss is also noted • Referral to Audiology should be with bilateral tinnitus with or without hearing loss and in the absence of wax/infection/perforation	AUDIOLOGY
Tinnitus associated with high risk of suicide	ACUTE MENTAL HEALTH TEAM

When to consider referral and to who

THI score

- It is useful to complete THI and send with CCG referral.

Tinnitus Handicap Inventory Questionnaire (starkeypro.com)

Tinnitus Advice