

NEW hearing loss (adults): diagnosis

Action/referral pathways NICE NG98, 2018 (updated 2023); info on steroids BJGP 2020;69:144, possible causes from BMJ 2018;361:k2219

Most people with hearing loss simply need referral for hearing aids. Before doing this:

- Rule out wax and otitis externa as causes.
- Does the patient need an ENT referral?

Assessing NEW hearing loss

Ask about:

- Duration of symptoms.
- Are symptoms unilateral or bilateral? (asymmetrical symptoms may point towards vestibular schwannoma)

Examination:

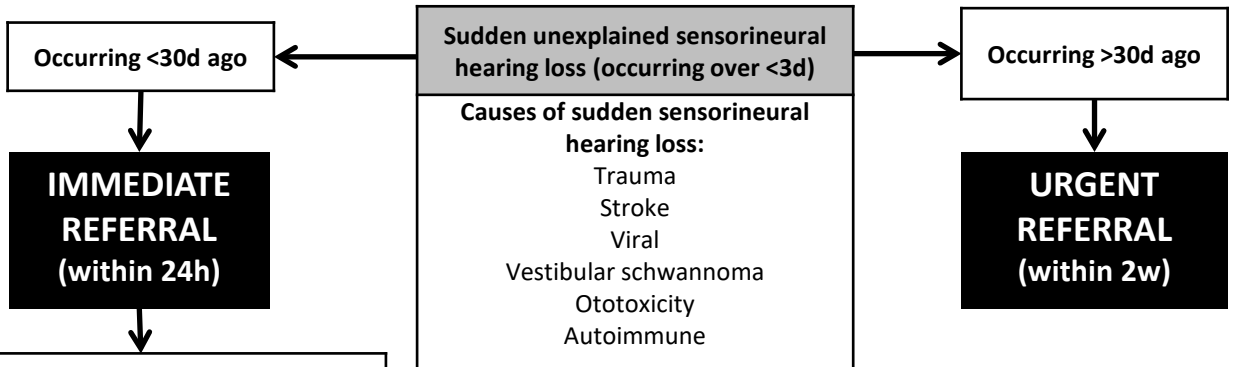
- Otoscopy to rule out other causes for sudden deafness. In sudden sensorineural hearing loss, examination will usually be normal.
- Hearing assessment: Weber's test will localise to the non-deaf ear in sudden sensorineural hearing loss (and to the deaf ear in conductive deafness).

No tuning fork? A small study of 74 patients found that the vibration of a smart phone placed on the patient's scalp instead of a tuning fork showed 97% agreement with the official tuning fork test, and the authors suggest that we can use our phones to perform this test if we cannot find the right equipment in our clinic!

Management of NEW hearing loss

- Follow pathways on the next page, except for sudden-onset sensorineural hearing loss, when the pathway below should be followed.

Management of SUDDEN sensorineural hearing loss: requires immediate/urgent referral



If recent onset, steroids may save hearing

Best given within 48h; unlikely to be effective after 14d. These patients are being referred within 24h so this is likely an ENT decision. If used, prednisolone 1mg/kg to a maximum of 60mg for 7 days (unless contraindicated) (BJGP 2020;69:144)

Removing wax

- Use electronic irrigation, micro-suction or manual removal. Do NOT manually syringe.
- Before irrigation: softeners (no one is clearly better than another) can be used for up to 5 days, or immediately before irrigation.
- If irrigation unsuccessful: use softeners again or instill water into canal for 15 mins before re-irrigating.
- If second attempt unsuccessful: refer to specialist ear care service.

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NEW hearing loss (adults): referral

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For the few who do need ENT referral, follow the pathways below and make sure their hearing aid referral is not forgotten once investigations are complete!

IMMEDIATE REFERRAL (within 24h)

Sudden (over <3d) unexplained sensorineural hearing loss occurring LESS THAN 30d ago If recent occurrence, steroids may save hearing (see previous page)	Unilateral hearing loss with ipsilateral altered facial sensation/droop	Immunocompromised person with new hearing loss, otalgia and otorrhoea, not responding to treatment within 72h
	Trauma Stroke Viral Vestibular schwannoma Ototoxicity Autoimmune	Stroke (refer stroke team) Viral infection Vestibular schwannoma

URGENT REFERRAL (within 2w)

Sudden (over <3d) unexplained sensorineural hearing loss occurring MORE THAN 30d ago	Rapid unexplained worsening hearing (over 4–90d)	Chinese/south-east Asian origin with hearing loss and middle ear effusion not associated with URTI
	Trauma Stroke Viral Vestibular schwannoma Ototoxicity Autoimmune	Cholesteatoma Ototoxicity Vestibular schwannoma Autoimmune

ROUTINE REFERRAL if new hearing loss with...

(to ENT/audio-vestibular medicine/specialist audiology services for investigations)

Tinnitus (unilateral, pulsatile, changed)	Hearing loss that is not attributable to age	Hyperacusis (everyday noise is painful)	Vertigo recurrent/doesn't resolve
UNILATERAL Meniere's Vestibular schwannoma PULSATILE Vascular tumours, aneurysm Benign intracranial hypertension Carotid atherosclerosis Brainstem pathology CHANGING Anxiety/stress	UNILATERAL/ASYMMETRICAL Chronic suppurative OM Otosclerosis Vestibular schwannoma Tumour: cerebellopontine or internal auditory meatus FLUCTUATING Meniere's	Meniere's Dehiscent superior semi-circular canal (loss of bone)	Meniere's Dehiscent superior semi-circular canal (loss of bone)

Consider ENT referral if new hearing loss with...

Middle ear effusion in absence of/persists after URTI	Discharge persistent/recurrent	Ear pain persistent	Abnormal appearance or obstruction
Allergic rhinitis Chronic sinus disease Tumour of nasopharynx	Allergy Foreign body Otitis externa Cholesteatoma	Furuncle Chronic otitis externa Tumour: external auditory canal or nasopharynx	Furuncle Perforation Chronic otitis externa/media Tumour: external auditory canal Cholesteatoma

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