

# ONE PCN 10 MINUTE CLINIC PODCAST SHOW NOTES; TINNITUS

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Tinnitus can be a very frustrating problem for both patients and healthcare professionals. Some people with tinnitus have significant distress and a reduced quality of life that is sometimes not recognised by clinicians. Fortunately many cases of tinnitus can be treated – or its impact significantly reduced - and there are a number of management techniques that can help including sound therapy, stress reduction and treating any underlying causes. In this 10 minute clinic podcast we take a quick look at this common problem, how to evaluate it and when to refer a patient for specialist assessment.

### References and resources

[How we can help - Tinnitus UK](#)

[Tinnitus - NHS](#)

[Tinnitus | New England Journal of Medicine](#)

[Recent Updates on Tinnitus Management - PubMed](#)

[Joint Strategic Needs Assessment Guidance](#)

[Overview | Tinnitus: assessment and management | Guidance | NICE](#)

[A review of tinnitus - PubMed](#)

[A multidisciplinary European guideline for tinnitus: diagnostics, assessment, and treatment | HNO](#)

[Overview | Hearing loss in adults: assessment and management | Guidance | NICE](#)

[Protect your hearing - RNID](#)

[Tinnitus guidance for GPs - Tinnitus UK](#)

### Take home points

- Tinnitus is defined as the perception of a sound without a corresponding external source
- In most people with tinnitus some degree of hearing loss is present
- Up to 10% of the adult population will have tinnitus at some point in their lifetime.

- The incidence of tinnitus increases progressively with age. It affects 5% of people aged 20-30 years and 12% of people over the age of 60
- Risk factors include hearing loss, old age, noise exposure, and smoking

- Many cases of tinnitus have no identifiable cause.
- The Weber and Rinne tests can be used in primary care settings to distinguish between conductive and sensorineural hearing loss.
- Tuning fork tests are not diagnostic.
- Patients with tinnitus and hearing loss should be referred to an audiologist for a specialist hearing assessment.
- People with primary tinnitus have symmetric sensorineural hearing loss. People with secondary tinnitus usually have conductive hearing loss or unilateral sensorineural hearing loss
- Red flag symptoms include focal neurological deficit, severe vestibular symptoms, sudden onset hearing loss, pulsatile tinnitus and unilateral hearing loss.
- Hearing therapy is a key part of tinnitus management

- Relaxation techniques or relaxing background music can distract or mask tinnitus in some people
- Tinnitus-retraining therapy is no longer recommended.
- No medication has sufficient evidence to recommend them for routine use in treating tinnitus.
- Patients with tinnitus – especially those who use headphones or earphones regularly – should be advised about noise-induced hearing loss and how to prevent it.

