History

1. The characteristics of the tinnitus should be noted. Is the noise pulsatile, in one ear, both ears or in the head? Is the noise constant or intermittent and how often does it occur if intermittent?
2. Listen carefully to how troublesome the patient finds the tinnitus and the effect it has on their life.
3. Take a history, looking particularly for any triggers around the onset of the tinnitus and when the tinnitus started to become annoying. This may include noise exposure, head injury, changes in medication or increased levels of stress. Do a medication review looking for possible ototoxicity.
4. Check for any other associated symptoms including deafness, dizziness, hyperacusis, otalgia and otorrhoea.

Examination

1. Otoscopic examination of the ears should be performed to exclude wax, infections and otitis media with effusion: treat accordingly.
2. Check blood pressure and perform routine bloods if clinically indicated. Various metabolic abnormalities may be associated with tinnitus, including hypo- and hyper-thyroidism, hyperlipidemia, anaemia, vitamin B12 or zinc deficiency.
3. Check cranial nerves.
4. Auscultate ears, head and neck in cases of pulsatile tinnitus to exclude a bruit.
5. Use a visual analogue scale of 0 to 10 to assess how severe and how annoying the tinnitus is and its effect on the patient’s life.

Advice

Many patients will just require information and reassurance, especially if the tinnitus is bilateral with no associated symptoms and not troublesome. A simple explanation that tinnitus is very common and reassurance that it usually improves and is unlikely to get worse will be invaluable.

Negative counselling such as “There is nothing that can be done to help you” and “You will just have to learn to live with it” should be avoided. It will worsen the patient’s feelings toward their tinnitus and add to their distress.
Offering advice about using sound enrichment, especially sounds of nature, relaxation, stress reduction techniques, leisure activities and increased socialisation will be helpful. Ear protection should be advised if the patient is exposing themselves to excessive noise.

Individual judgement about the use of nocturnal sedatives should be made if insomnia is present. Underlying anxiety and depression may also require treatment and screening using the Hospital Anxiety and Depression Scale, the PHQ-9 or the GAD-7 may prove useful.

The British Tinnitus Association has a very useful website (www.tinnitus.org.uk) and a tinnitus helpline with trained counsellors. A local tinnitus support group may exist in your area.

**Referral to a tinnitus clinic**

Unilateral tinnitus and pulsatile tinnitus should be referred for further investigation. Also, any unilateral, rapidly deteriorating or asymmetrical hearing loss should be referred for further investigation.

Patients with associated hearing loss will benefit from hearing aids and those with dizziness may require further specialist treatment.

Any cases with distressing or moderate-severe tinnitus should also be referred for assessment. Modern tinnitus management therapies will be effective for most.

**Further reading**

- The British Tinnitus Association – Top Tips for GPs booklet ([click here](#))
- Map of Medicine – Tinnitus ([click here](#))

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- With special thanks to the General Practitioners at Aintree Park Group Practice for their valuable feedback.

January 2012