The management of adult hearing loss in primary care

BRITISH SOCIETY OF OTOLOGY

ENTUK

Useful history/Examination to include in referral

History:

- Hearing loss onset (gradual/sudden), ear discharge, ear pain, dizziness/vertigo, tinnitus, ear itching
- Associated coryzal/nasal symptoms
- Personal history or family history of previous hearing or ear problems
- Previous ENT operations
- Comorbidities (including autoimmune, immunosuppressive conditions, diabetes mellitus)
- Lifestyle (smoking history, swimmer, loud noise exposure)
- Drug history (make note of ototoxic medications - aminoglycosides, NSAIDs, loop diuretics)

Examination:

Otoscopy, tuning fork tests (Weber & Rinne's), cranial nerves, neck palpation, anterior rhinoscopy (your otoscope works when for this, just remember to ask patient to not breathe out, as this will mist up your lenses)

For patients with a predominant symptom of hearing loss

Does both the ear drum and ear canal look normal?

Yes

If you have a tuning fork and you can confidently confirm there is a conductive hearing loss, then switch and follow the guidance discussing when to refer as per "Glue ear adults" on the right of the page. If you don't have a tuning fork OR you can't confidently say there is a conductive hearing loss then continue flow chart down to sudden onset hearing loss below.

Is the hearing loss sudden onset (patient going from normal hearing to noticeable hearing loss within 3 days).

Yes

Speak to on-call ENT – If they are unable to see patient today start Prednisolone 60mg OD +/- PPI protection

No

Are they on ototoxic medications e.g. NSAIDs, Loop diuretics?

Yes

Stop Ototoxic medications, switch to alternatives if still needed, if hearing doesn't recover refer to ENT

No

Have they had an URTI in last 2months

Yes

If hearing loss hasn't settled 2months after URTI has resolved

No

Is the hearing loss unilateral with no other symptoms?

Yes

Refer routinely to ENT

No

Is the patient over 55, with bilateral gradual hearing loss and no other symptoms?

Yes

Refer to Audiology for assessment +/- hearing aid fitting if desired.

No

Is the wax blocking more than 80% of the ear canal or is the wax pushed up against the ear drum?

Yes

- Treat with regular olive oil for 2 weeks or sodium bicarbonate for 5 days,
- If no improvement consider ear syringing (but not if history of middle ear disease or perforation), if no improvement after syringing refer to ENT
- If ear syringing contraindicated or not available refer for microsuction.

No

Where is the problem?

The ear canal

What is the main problem?

Brown discharge /Wax

Lumps in ear canal

Lumps in the ear canal don't normally cause hearing loss,

- If painful speak to ENT on-call
- If not painful please go back to start and follow pathway for a normal looking ear.

White discharge/otitis externa or ear canal swelling

Any concerning symptoms:
1) Otitis externa has spread on to Pinna (outer ear).
2) Are they are unwell/septic
3) Or painful otitis externa in a patient who is frail/diabetic/immunocompromised
4) Any CNS signs: Confusion, reduced GCS, double vision, cranial nerve problems.

Yes

Speak to ENT oncall

No

Is there any of the following pain, itching, canal swelling or has there been pain that has now resolved

Yes

Has the pain resolved

Yes

If the pain now resolved but they still have discharge in ear Then treat as acute otitis media with perforation, see below

- Swab ear first then.
- Then treat with combination oral and topical antibiotics and water precaution advice (See top right of page)
- Refer if persistent or patient develops any concerning symptoms (See above)

No

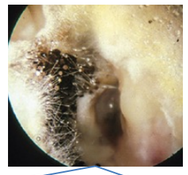
Is the ear canal swollen shut?

Yes

- Swab ear first
- Treat as per local guidelines for otitis externa. If unable to confirm if ear drum is intact, then consider oral antibiotics or ciprofloxacin drops.
- If 4 episode in a year refer

No

Are there fine hairs growing from the infection or black dots? (See picture below)



No

- Take a swab first
- consider if fungal otitis externa– use clotrimazole drops
- Refer if not settled in 2 weeks

Yes

Foreign body in ear canal

Speak to ENT oncall

No

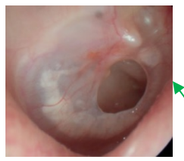
Can you see a perforation

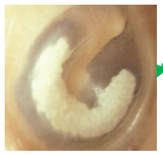
No

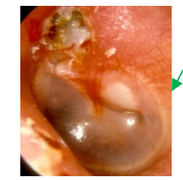
Routine referral

Yes

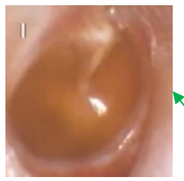
Treat as chronic otitis media – see box on right







The ear drum or middle ear



Whats the problem:

IF THE PATIENT HAS FACIAL NERVE PROBLEMS OR IS SEPTIC/UNWELL, OR HAS MASTOID TENDERNESS, OR HAS A HAEMOTYMPANUM – SPEAK TO ENT ONCALL OR SEND TO A+E

Glue ear adults – Ear pressure/fullness can just be a sign of hearing loss and is not diagnostic for glue ear. On examination the ear drum will be dull and the ear drum won't move on Valsalva. If you have a tuning fork available and are confident in how to use it, then there will be a conductive hearing loss. If you cannot confidently confirm the diagnosis as glue ear then restart the flow chart as a normal looking ear. If confident in diagnosis of glue ear, then refer high risk patients (smokers/over 40/south east Asian decent) 2WW to ENT, if low risk refer routinely to ENT.

Ear Perforation, refer if failure to heal at 3months

Tympanosclerosis – Discreet white patches on ear drum. This is scar tissue caused by previous perforations. Shouldn't affect hearing, if no other findings restart flow chart as a normal looking ear.

Chronic otitis media with perforation (Painless discharging ear with perforation)
- Swab ear first. Then treat with topical antibiotics. Advise water precaution advice – See above.
- Refer if persistent

Retracted Ear Drum – Refer routinely to ENT

Cholesteatoma
- Recurrent infections, foul smelling discharge
- Abnormal looking attic (upper ear drum):- perforation or retraction or squamous tissue in the attic, or is there wax which is only found in the attic, that wont clear with normal wax clearing methods.
- If worried about cholesteatoma then refer routinely to ENT.

WATER PRECAUTION ADVICE

- Avoid water going in ears
- tight fitting earplugs or cotton wool soaked in Vaseline for baths and showers,
- ensure hearing aid mould are dry

Other sources:
NICE Guideline [NG98]:Hearing loss in adults: assessment and management. 21June2018
https://cks.nice.org.uk/topics/hearing-loss-in-adults/management/management-in-primary-care/

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