NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Tinnitus: assessment and management

The Department of Health in England has asked NICE to develop guidance on assessment and management of tinnitus.

The guideline will be developed using the methods and processes outlined in Developing NICE guidelines: the manual.

This guideline will also be used to develop the NICE quality standard for tinnitus.

1 Why the guideline is needed

Key facts and figures

Tinnitus is the perception of sounds in the ears or head that do not come from an outside source. It is not a disease or illness, but a symptom, usually generated within the auditory system. Tinnitus is often described as a 'ringing in the ears', but can also be perceived as buzzing, humming, grinding, hissing, whistling or another type of sound. The type and severity of tinnitus varies from person to person, and there is no single treatment that works for everyone. Research on possible new treatments continues.

Tinnitus occurs in approximately 6 million people in the UK (10% of the population). It can affect people of any age, although it is most common in those aged over 65. Around 1% of the population has tinnitus that severely affects quality of life. Severe tinnitus can be very distressing and may be associated with insomnia and/or depression. Recent study data show the cost of tinnitus treatment to the NHS to be £750 million per year.
Current practice

Management of tinnitus is usually tailored to the person’s symptoms, although there are no standardised tools or procedures for assessing the symptoms of tinnitus. Currently there are a range of strategies available to manage tinnitus, such as psychological support or sound therapy (using sound generators, with or without hearing aids), many of which can be used in combination. Although most people with tinnitus are offered strategies to manage their symptoms, access to treatment, particularly psychological interventions, is more variable. This guideline aims to reduce unwarranted variation in assessment and management of tinnitus.

2 Who the guideline is for

People using services, their families and carers, and the public will be able to use the guideline to find out more about what NICE recommends, and help them make decisions.

This guideline is for:

- Healthcare professionals in primary or secondary care, commissioners and providers (of relevant services).
- Social care practitioners.
- Commissioners of health and social care services.

It may also be relevant for:

- Private sector or voluntary organisations.
- People working in related services.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive.

Equality considerations

NICE has carried out an equality impact assessment during scoping. The assessment:

NICE guideline: Tinnitus draft scope for consultation (23 November to 21 December 2017)
lists equality issues identified, and how they have been addressed
• explains why any groups are excluded from the scope.

The guideline will look at inequalities relating to profound hearing loss and learning disability

3 What the guideline will cover

3.1 Who is the focus?

Groups that will be covered
• Children over 5, young people and adults with suspected or confirmed tinnitus.

Specific consideration will be given to people with tinnitus and hyperacusis, profoundly deaf people with tinnitus and those with cognitive difficulties.

3.2 Settings

Settings that will be covered
All settings where NHS-commissioned care is provided.

3.3 Activities, services or aspects of care

Key areas that will be covered
We will look at evidence in the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas.

1 Assessing tinnitus.
   – Identifying symptoms and features that need further investigation and specialist treatment.
   – Objective tests of tinnitus, such as tinnitus sound matching.

2 Further investigations.
   – Assessing hearing.
   – Assessing psychological impact.
   – Assessing quality of life.
– Radiological investigations such as ultrasound, CT and MRI.

3 Managing tinnitus
– Self-management.
– Providing information.
– Hearing aids.
– Sound therapy using sound generators or combination devices (a sound generator with a hearing aid), or tinnitus reprogramming devices.
– Psychological therapies.
– Counselling.
– Combined sound therapy and counselling therapy.
– Betahistine dihydrochloride.
– Gingko biloba.
– Antidepressants.
– Anxiolytics.

Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by the evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine’s summary of product characteristics to inform decisions made with individual patients.

Areas that will not be covered

1 Managing hearing loss without tinnitus.
2 Managing the underlying health conditions causing tinnitus.
3 Managing comorbid conditions such as depression and anxiety.
4 Managing hyperacusis without tinnitus.

Related NICE guidance

- [Adults with a lifelong or very severe hearing or visual impairment: health and social care support](#) Publication date to be confirmed
- [Hearing loss in adults: assessment and management](#) Publication expected May 2018
 Depression in children and young people: identification and management (2017) NICE guideline CG28
 Depression in adults: recognition and management (2016) NICE guideline CG90
 Micropressure therapy for refractory Meniere’s disease (2012) NICE interventional procedure guidance 426
 Balloon dilation of the Eustachian tube (2011) NICE interventional procedure guidance 409
 Generalised anxiety disorder and panic disorder in adults: management (2011) NICE guideline CG113

NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to tinnitus:

 Medicines optimisation (2015) NICE guideline NG5
 Patient experience in adult NHS services (2012) NICE guideline CG138
 Service user experience in adult mental health (2011) NICE guideline CG136
 Medicines adherence (2009) NICE guideline CG76

3.4 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal socials services (PSS) perspective, as appropriate.
3.5 **Key issues and questions**

While writing this scope, we have identified the following key issues, and draft questions related to them. The questions may be used to develop more detailed review questions, which guide the systematic review of the literature.

1 **Assessing tinnitus.**
   1.1 Which symptoms and features should prompt onward referral for further investigation?
   1.2 Which symptoms and features should prompt onward referral for specialist treatment?
   1.3 What is the most clinically and cost-effective method of assessing tinnitus?

2 **Further investigations.**
   2.1 What is the clinical and cost effectiveness of hearing tests for people with tinnitus?
   2.2 What is the most clinically and cost-effective method of assessing the psychological impact of tinnitus?
   2.3 What is the most clinically and cost-effective method of assessing quality of life related to tinnitus?
   2.4 What is the clinical and cost effectiveness of ultrasound to investigate the cause of tinnitus?
   2.5 What is the clinical and cost effectiveness of CT to investigate the cause of tinnitus?
   2.6 What is the clinical and cost effectiveness of MRI to investigate the cause of tinnitus?

3 **Managing tinnitus.**
   3.1 What are the most clinically and cost-effective self-management strategies?
   3.2 What information should be provided to people with tinnitus?
   3.3 What is the clinical and cost effectiveness of hearing aids for people with hearing loss and tinnitus?
3.4 What is the clinical and cost effectiveness of sound therapy using combination hearing aids and sound generators for people with hearing loss and tinnitus?

3.5 What is the clinical and cost effectiveness of sound therapy using sound generators?

3.6 What is the clinical and cost effectiveness of sound therapy using tinnitus reprogramming devices?

3.7 What is the clinical and cost effectiveness of psychological therapies for tinnitus, including cognitive behavioural therapy and mindfulness?

3.8 What is the clinical and cost effectiveness of counselling?

3.9 What is the clinical and cost effectiveness of combined sound and counselling therapy?

3.10 What is the clinical and cost effectiveness of betahistine dihydrochloride?

3.11 What is the clinical and cost effectiveness of ginkgo biloba?

3.12 What is the clinical and cost effectiveness of antidepressants for tinnitus?

3.13 What is the clinical and cost effectiveness of anxiolytics for tinnitus?

### 3.6 Main outcomes

The main outcomes that will be considered when searching for and assessing the evidence are:

1. Change in subjective tinnitus loudness.
2. Change in subjective tinnitus severity.
3. Change in depressive symptoms or depression scores.
4. Change in anxiety symptoms or anxiety scores.
5. Change in health-related quality of life.
6. Sleep.
7. Adverse effects.
4 NICE quality standards and NICE Pathways

4.1 NICE quality standards

NICE quality standards that may need to be revised or updated when this guideline is published

None identified.

NICE quality standards that may use this guideline as an evidence source when they are being developed

Tinnitus. Publication date to be confirmed.

4.2 NICE Pathways

NICE Pathways bring together everything we have said on a topic in an interactive flowchart. When this guideline is published, the recommendations will be included in the NICE Pathway on tinnitus (in development).

Other relevant advice products will also be added, including:


An outline based on this scope is included below. It will be adapted and more detail added as the recommendations are written during guideline development.

Links will be added to and from relevant NICE Pathways, for example the NICE Pathways on ear, nose and throat conditions and hearing loss (in development).
Further information

This is the draft scope for consultation with registered stakeholders. The consultation dates are 23 November to 21 December 2017.

The guideline is expected to be published in March 2020.

You can follow progress of the guideline.

Our website has information about how NICE guidelines are developed.