

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.

26 **Current practice**

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

36 **2 Who the guideline is for**

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

40 This guideline is for:

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

45 It may also be relevant for:

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

48 NICE guidelines cover health and care in England. Decisions on how they
49 apply in other UK countries are made by ministers in the [Welsh Government](#),
50 [Scottish Government](#), and [Northern Ireland Executive](#).

51 ***Equality considerations***

52 NICE has carried out an [equality impact assessment](#) during scoping. The
53 assessment:

- 54 • lists equality issues identified, and how they have been addressed
55 • explains why any groups are excluded from the scope.

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

58 **3 What the guideline will cover**

59 **3.1 *Who is the focus?***

60 **Groups that will be covered**

- 61 • Children over 5, young people and adults with suspected or confirmed
62 tinnitus.

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

65 **3.2 *Settings***

66 **Settings that will be covered**

67 All settings where NHS-commissioned care is provided.

68 **3.3 *Activities, services or aspects of care***

69 **Key areas that will be covered**

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

- 72 1 Assessing tinnitus.
73 – Identifying symptoms and features that need further investigation and
74 specialist treatment.
75 – Objective tests of tinnitus, such as tinnitus sound matching.
76 2 Further investigations.
77 – Assessing hearing.
78 – Assessing psychological impact.
79 – Assessing quality of life.

- 80 – Radiological investigations such as ultrasound, CT and MRI.
- 81 3 Managing tinnitus
- 82 – Self-management.
- 83 – Providing information.
- 84 – Hearing aids.
- 85 – Sound therapy using sound generators or combination devices (a
- 86 sound generator with a hearing aid), or tinnitus reprogramming
- 87 devices.
- 88 – Psychological therapies.
- 89 – Counselling.
- 90 – Combined sound therapy and counselling therapy.
- 91 – Betahistine dihydrochloride.
- 92 – Gingko biloba.
- 93 – Antidepressants.
- 94 – Anxiolytics.

95 Note that guideline recommendations for medicines will normally fall within

96 licensed indications; exceptionally, and only if clearly supported by the

97 evidence, use outside a licensed indication may be recommended. The

98 guideline will assume that prescribers will use a medicine's summary of

99 product characteristics to inform decisions made with individual patients.

100 **Areas that will not be covered**

- 101 1 Managing hearing loss without tinnitus.
- 102 2 Managing the underlying health conditions causing tinnitus.
- 103 3 Managing comorbid conditions such as depression and anxiety.
- 104 4 Managing hyperacusis without tinnitus.

105 **Related NICE guidance**

- 106 • [Adults with a lifelong or very severe hearing or visual impairment: health](#)
- 107 [and social care support](#) Publication date to be confirmed
- 108 • [Hearing loss in adults: assessment and management](#) Publication expected
- 109 May 2018

- 110 • [Depression in children and young people: identification and management](#)
111 (2017) NICE guideline CG28
- 112 • [Depression in adults: recognition and management](#) (2016) NICE guideline
113 CG90
- 114 • [Micropressure therapy for refractory Meniere's disease](#) (2012) NICE
115 interventional procedure guidance 426
- 116 • [Balloon dilation of the Eustachian tube](#) (2011) NICE interventional
117 procedure guidance 409
- 118 • [Generalised anxiety disorder and panic disorder in adults: management](#)
119 (2011) NICE guideline CG113

120 **NICE guidance about the experience of people using NHS services**

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

- 124 • [Medicines optimisation](#) (2015) NICE guideline NG5
- 125 • [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- 126 • [Service user experience in adult mental health](#) (2011) NICE guideline
127 CG136
- 128 • [Medicines adherence](#) (2009) NICE guideline CG76

129 **3.4 Economic aspects**

130 We will take economic aspects into account when making recommendations.
131 We will develop an economic plan that states for each review question (or key
132 area in the scope) whether economic considerations are relevant, and if so
133 whether this is an area that should be prioritised for economic modelling and
134 analysis. We will review the economic evidence and carry out economic
135 analyses, using an NHS and personal social services (PSS) perspective, as
136 appropriate.

137 **3.5 Key issues and questions**

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

141 1 Assessing tinnitus.

142 1.1 Which symptoms and features should prompt onward referral for
143 further investigation?

144 1.2 Which symptoms and features should prompt onward referral for
145 specialist treatment?

146 1.3 What is the most clinically and cost-effective method of assessing
147 tinnitus?

148 2 Further investigations.

149 2.1 What is the clinical and cost effectiveness of hearing tests for people
150 with tinnitus?

151 2.2 What is the most clinically and cost-effective method of assessing
152 the psychological impact of tinnitus?

153 2.3 What is the most clinically and cost-effective method of assessing
154 quality of life related to tinnitus?

155 2.4 What is the clinical and cost effectiveness of ultrasound to
156 investigate the cause of tinnitus?

157 2.5 What is the clinical and cost effectiveness of CT to investigate the
158 cause of tinnitus?

159 2.6 What is the clinical and cost effectiveness of MRI to investigate the
160 cause of tinnitus?

161 3 Managing tinnitus.

162 3.1 What are the most clinically and cost-effective self-management
163 strategies?

164 3.2 What information should be provided to people with tinnitus?

165 3.3 What is the clinical and cost effectiveness of hearing aids for people
166 with hearing loss and tinnitus?

- 167 3.4 What is the clinical and cost effectiveness of sound therapy using
168 combination hearing aids and sound generators for people with hearing
169 loss and tinnitus?
170 3.5 What is the clinical and cost effectiveness of sound therapy using
171 sound generators?
172 3.6 What is the clinical and cost effectiveness of sound therapy using
173 tinnitus reprogramming devices?
174 3.7 What is the clinical and cost effectiveness of psychological therapies
175 for tinnitus, including cognitive behavioural therapy and mindfulness?
176 3.8 What is the clinical and cost effectiveness of counselling?
177 3.9 What is the clinical and cost effectiveness of combined sound and
178 counselling therapy?
179 3.10 What is the clinical and cost effectiveness of betahistine
180 dihydrochloride?
181 3.11 What is the clinical and cost effectiveness of ginkgo biloba?
182 3.12 What is the clinical and cost effectiveness of antidepressants for
183 tinnitus?
184 3.13 What is the clinical and cost effectiveness of anxiolytics for tinnitus?

185 **3.6 Main outcomes**

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

- 188 1 Change in subjective tinnitus loudness.
- 189 2 Change in subjective tinnitus severity.
- 190 3 Change in depressive symptoms or depression scores.
- 191 4 Change in anxiety symptoms or anxiety scores.
- 192 5 Change in health-related quality of life.
- 193 6 Sleep.
- 194 7 Adverse effects.

195 **4 NICE quality standards and NICE Pathways**

196 **4.1 NICE quality standards**

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

199 None identified.

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

202 Tinnitus. Publication date to be confirmed.

203 **4.2 NICE Pathways**

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

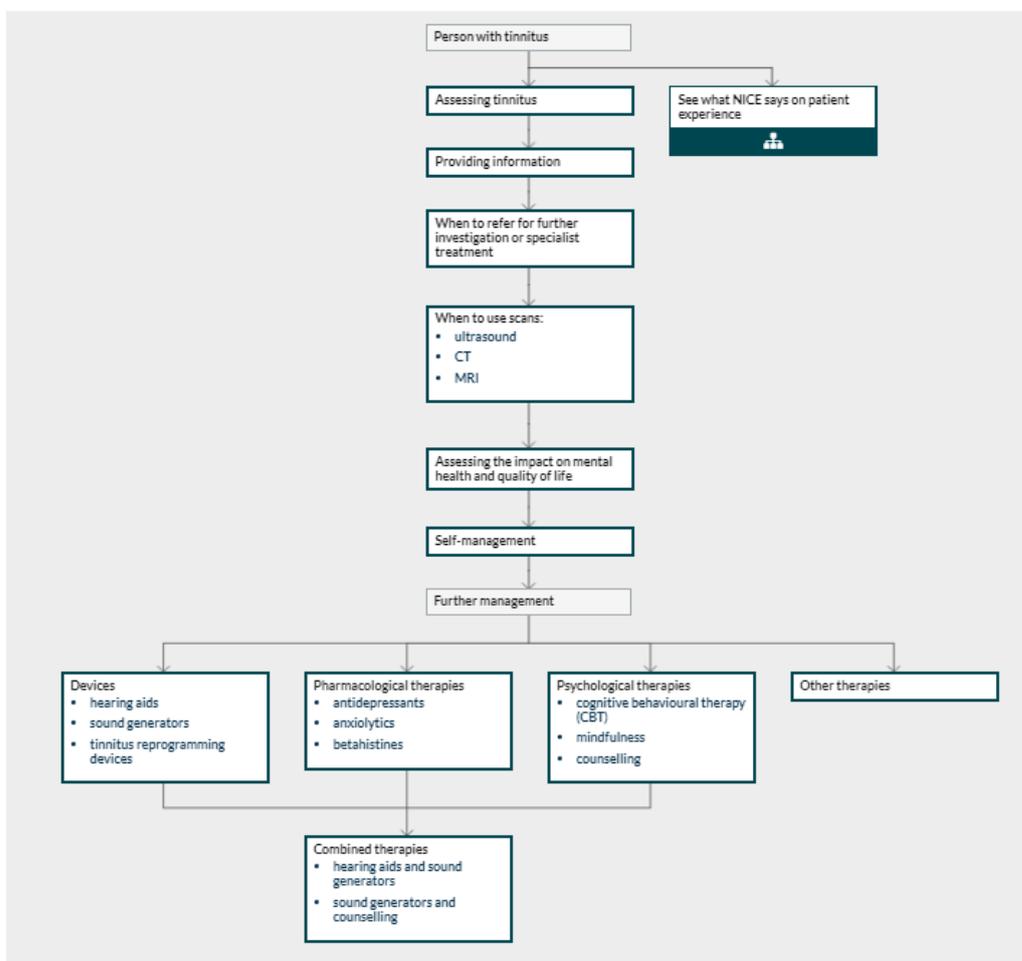
207 Other relevant advice products will also be added, including:

- 208 • Acoustic CR Neuromodulation for adults with chronic subjective tonal
209 tinnitus (2014) NICE medtech innovation briefing 5.
- 210 • Tinnitus (2010) NICE clinical knowledge summary.

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

214 Links will be added to and from relevant NICE Pathways, for example the
215 NICE Pathways on [ear, nose and throat conditions](#) and hearing loss (in
216 development).

Tinnitus overview



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219 5 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](#).

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