

## WMUH Direct Access Tinnitus Clinic Referral Criteria

Tinnitus is a very common presenting complaint, and a significant number of patients can have the necessary investigations and treatments through the Audiology Team. This direct access tinnitus clinic aims to manage the problem in a timely and cost-effective pathway, which is distinct from routine ENT out-patient clinic.

### Referral Criteria:

- Adults 18 years of age and over.
- Subjective tinnitus (audible to patient only)
- Bilateral Tinnitus (not associated with Sensorineural Hearing Loss due to occupation noise exposure).
- Present for the majority of the time during the day and/or night, or the majority of days during a week.
- Persistent for more than four weeks.
- Affects activities of daily living (e.g. sleep disturbance, ability to concentrate at work) or quality of life (e.g. anxiety, depression).
- Please **check that the ears are free from wax** (earwax can cause tinnitus, and additionally will impair assessment in Tinnitus clinic)

### Exclusion Criteria:

Patients with any of the following criteria **should not be referred to Direct Access Tinnitus Clinic**. Consider referral to ENT Clinic or urgent ENT Clinic (see ENT Clinical Guidelines and referral criteria)

- Patients under 18 years of age
- Unilateral tinnitus
- Pulsatile tinnitus
- “Tinnitus” described as a “popping”, “clicking” or “cracking” noise (Eustachian Tube Dysfunction)
- Objective tinnitus (audible to patient, and clinician upon auscultation of head or neck)
- Unilateral or asymmetrical hearing loss
- Sudden onset ( $\leq 7$  days) hearing loss or deterioration in hearing (refer to urgent ENT clinic)
- Rapidly progressive ( $\leq 90$  days) hearing loss or deterioration of hearing
- Transient hearing loss that is not associated with upper respiratory tract infection/inflammation
- Abnormal auditory perceptions (dysacusis or distortion of hearing)
- Dizziness, vertigo, balance disorder, or other unexplained neurological symptoms
- Otalgia affecting either ear (earache  $> 7$  days, in the 90 days prior to assessment)
- Ear discharge other than wax from either ear (in the 90 days prior to assessment)
- Complete or partial obstruction of the ear canal preventing examination of the tympanic membrane.
- Abnormal appearance of the ear canal or tympanic membrane (e.g. earwax, ear discharge, otitis externa, tympanic membrane perforation).