Department of Defense Hearing Center of Excellence

DHA Practice Recommendation:

Tinnitus Care and Referral

Edition: 1

Date: September 2022

UNCLASSIFIED

DHA Practice Recommendation: Overview and Disclaimer

DHA Practice Recommendations (PRs) are developed by experts utilizing the best information available at the time of publication. In some instances, some recommendations are expert opinion provided to users in the absence of definitive, well-designed and executed randomized control trials. DHA's PRs provide the field with an authoritative source of carefully synthesized clinical information. They are intended to assist clinical care teams with real-time decision making based on best available evidence.

While the DHA sponsors this PR, its endorsement of the findings and recommendations are limited to validation of expert opinion and compiled evidence of the sponsoring Subject Matter Expert (SME) body. This PR should be used to augment the practitioner's best clinical judgment. It may not account for local or structural conditions (i.e., resourcing, staffing, equipment, or Health Protection Conditions) impacting clinical decision making in the field by the practitioner.

DHA PRs are separate and distinct from jointly developed Department of Veterans Affairs (VA) / DoD Clinical Practice Guidelines that are the product of rigorous, systematic literature review and synthesis. In contrast, DHA PRs provide the MHS practitioner with a synopsis of relevant clinical evidence tailored to the military medicine setting and TRICARE beneficiary population.

DHA PRs provide standardized evidence-informed guidelines that MHS practitioners should refer to when addressing patients with specific clinical conditions. Clinical practitioners must be mindful of the emergence of supervening clinical evidence published in the academic press, not yet incorporated into the guideline.

This guideline is not intended to define a standard of care and should not be construed as such, nor should it be interpreted as prescribing an exclusive course of management for said condition or disease process. Variations in practice will inevitably and appropriately occur when clinicians consider the needs of individual patients, available resources, and limitations unique to an institution or type of practice. Every healthcare professional making use of this guideline is responsible for evaluating the appropriateness of applying it in the setting of any particular clinical situation.

This guideline is not intended to represent TRICARE policy. Further, inclusion of recommendations for specific testing and/or therapeutic interventions within this guide does not guarantee coverage of Private Sector Care. Additional information on current TRICARE benefits may be found at www.tricare.mil or by contacting the regional TRICARE Managed Care Support Contractor.

Practice Recommendations for Tinnitus Care and Referral

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No Previous Editions	

Purpose:

This PR emphasizes the various presentations of tinnitus, which presents as an internal sound (e.g., humming, ringing, buzzing) that is heard in the head or ears. While there is no treatment, tinnitus can be managed. Clinical recommendations outline the escalating indications and specialty referrals for evaluation, intervention, and support.

Clinical Management:

A single-page printout of the information below is provided at the Attachment.

- **Primary tinnitus** is contained within the auditory pathways and is the most common type of tinnitus.
- **Secondary tinnitus** is caused by underlying conditions in the head or neck.[1]

Table 1. CLINICAL RECOMMENDATIONS

Primary Tinnitus	How Often	Symptoms/Duration	Clinical Implications
Spontaneous (transient ear noise)	Random	Sudden tone in one ear, usually accompanied by sense of ear fullness and hearing loss. All symptoms resolve within 2-3 minutes.	Normal physiological event experienced by almost everyone.[1] **Recommended action**: No referral indicated. Reassure patient this is normal and not a sign of pathology. Document the encounter.
Temporary	Follows tinnitus-inducing event—usually noise exposure but also some medications and chemicals	May accompany temporary change in hearing—can be a warning sign that temporary hearing loss has occurred. Can last 1 or more days.[1]	Indicates possible damage to inner ear. **Recommended action**: Educate the patient about hearing conservation (e.g., use hearing protection, reduce exposure to hazardous noise, get periodic hearing test). Document the encounter.
Occasional	Less than weekly	Lasts at least 5 minutes	Referral not indicated unless there are otologic complaints **Recommended action**: Educate the patient about hearing conservation. Document the encounter.
Intermittent	At least weekly or as often as daily	Lasts at least 5 minutes	**Recommended action**: (1) Refer for clinical audiological exam and brief tinnitus assessment; (2) Counsel re: hearing conservation. Document the encounter.
Constant	Always audible in quiet	Continuous sound	**Recommended action**: Same as for Intermittent tinnitus.

Table 2. RECOMMENDED REFERRALS (follow local MTF guidelines, if applicable)

Symptoms—Tinnitus plus:	Refer to:	Urgency:
ANY of the below • Suicidal ideation • Obvious behavioral health problems	Behavioral Health or Emergency Care	**Stat** if suicidal ideation
ANY of the below • Facial palsy • Physical trauma	Emergency Care or Otolaryngology (ENT)	**Stat**
ANY sudden hearing loss (e.g., unexplained, associated with loud noise; patient may report "fullness" or "water in the ear")	Audiology and ENT	**Within 24 hours**, ENT treatment may need to start immediately.[2]
ANY of the below • Symptoms suggest **secondary** tinnitus (e.g., tinnitus that pulses with heartbeat)[1] • Vestibular symptoms, ear pain, drainage, or malodor	ENT	Urgency determined by Primary Care Provider & ENT; consult discussion is warranted to clarify urgency.
ALL of the below • Symptoms suggest **primary** tinnitus (bilateral or unilateral) • No ear pain, drainage, or malodor • No vestibular symptoms • No unexplained sudden hearing loss or facial palsy	Audiology (refer to Table 1)	Non-urgent referral Most people with tinnitus also have hearing loss— they should have their hearing tested.[1]

Give patients a message that is accurate and leaves a sense of hope about living with tinnitus.

- There is no drug treatment for tinnitus, and no vitamin or herb has been found to be any more effective than placebo.[1]
- Tinnitus should not worsen unless the individual is exposed to loud noise, ototoxic drugs, or ototoxic chemicals.[1]
- Sound enrichment is often helpful; in some cases hearing aids or specialized devices may be able to help.[1]
- Learning coping skills can improve quality of life with tinnitus; patients may benefit from Cognitive Behavioral Therapy (CBT).[1]
- Progressive Tinnitus Management (PTM) should be recommended if available. (see ncrar.research.va.gov -or- hearing.health.mil).[3]

References

1. Tunkel DE, Bauer CA, Sun GH, et al. Clinical practice guideline: tinnitus. *Otolaryngol Head Neck Surg*. 2014;151(2 Suppl):S1-S40. doi:10.1177/0194599814545325
2. Chandrasekhar SS, Tsai Do BS, Schwartz SR, et al. Clinical Practice Guideline: Sudden Hearing Loss (Update). *Otolaryngol Head Neck Surg*. 2019;161(1_suppl):S1-S45. doi:10.1177/0194599819859885
3. Henry JA, Zaugg T, Myers P, et al. Adult tinnitus management clinical practice recommendation. *Department of Veterans Affairs.* 2015. https://www.ncrar.research.va.gov/Documents/TinnitusPracticeGuidelines.pdf

Authors and Affiliations

Amy Boudin-George, AuD, CCC-A
Acting Branch Lead
Clinical Care, Rehabilitation, and Restoration Branch
DoD Hearing Center of Excellence (HCE), J-9, Defense Health Agency (DHA)
amy.n.boudin.civ@mail.mil

Erin Cesario, BA, CCRC
Regional Research Administrator
zCore Contract Support, Research Coordination Branch (RCB)
DoD HCE, J-9, DHA

Catherine Edmonds, AuD, CCC-A
Clinical Audiologist
Bay Pines VA Hospital

Gabriela Esquivel, MA
Research Assistant
zCore Contract Support, RCB
DoD HCE, J-9, DHA

Lynn W. Henselman, PhD
Senior Health Care Consultant
Pharos Group Contract Support
DoD HCE, J-9, DHA

LaGuinn Sherlock, AuD, CCC-A, CH-TM
Research Audiologist
Hearing Conservation and Readiness Branch
U.S. Army Public Health Center
Walter Reed National Military Medical Center

Lt Col April Taylor, AuD
Deputy Division Chief
DoD HCE, J-9, DHA

Suheily Lovelace, PhD
Regional Research Administrator
zCore Contract Support, RCB
DoD HCE, J-9, DHA

Elsa Camou Granato, MPH
Senior Research Administrator
Regional Research Administrator
zCore Contract Support, RCB
DoD HCE, J-9, DHA

Khaya Clark, PhD
Regional Research Administrator
zCore Contract Support, RCB
DoD HCE, J-9, DHA
Veterans Administration (VA), Rehabilitation Research and Development (RR&D), National Center of Rehabilitative Auditory Research (NCRAR)

Carlos Esquivel, MD
Chief Medical Officer
DoD HCE, J-9, DHA

James Henry, PhD
VA RR&D Senior Research Scientist
NCRAR

Christine Kaelin, MBA
Program Manager
VA RR&D NCRAR

Paula Myers, PhD, CCC-A
Chief of Audiology Section
James A. Haley VA Hospital

Michele Spencer, AuD, CCC-A
Clinical and Occupational Audiologist
Kimbrough Ambulatory Care Center, Fort Meade

Emily Thielman, MS
Research Coordinator and Statistician
VA RR&D NCRAR

Tara Zaugg, AuD, CCC-A
Research Audiologist and Investigator
VA RR&D NCRAR

Statement of Authorship

All listed authors conceptualized the document, reviewed and revised the document critically for important intellectual content, and approved the final document submitted and agreed to be accountable for all work aspects. Dr. Amy Boudin-George will ensure questions related to accuracy or integrity of any part of the work are appropriately investigated and resolved.

Potential Conflicts of Interest

The authors declare no conflicts of interest.

Peer-Review

Audiology Clinical Community

Holly L. Burrows, Au.D
Chief, Audiology
Walter Reed National Military Medical Center
(as of review / approval on 29 March 2019)

COL Amy A. Blank, MS
Staff Audiologist DCS-PH & Audiology Consultant
Office of the Surgeon General
(as of review / approval on 21 August 2019)

BRANDON M. TOURTILLOTT, Lt Col, USAF, BSC, PhD, CCC-A
Chief, Operations
Engineering, Test, & Sustainment Branch (SG4T)
Air Force Medical Readiness Agency (AFMRA)
AF/SG Consultant for Audiology
(as of review / approval on 19 September 2019)

ENT Clinical Community

Curtis W. Gaball CAPT MC USN
Specializing in Facial Plastic & Reconstructive Surgery
Otolaryngology-Head and Neck Surgery
Specialty Leader for Navy Otolaryngology
(as of review / approval on 16 June 2019)

COL Scottie B. Roofe, MC
Otolaryngology/Head & Neck Surgery Consultant
Office of the Surgeon General
(as of review / approval on 25 September 2019)

Primary Care Clinical Community

Primary Care Clinical Community – Service Leads (2 July 2020)

Approved By

Paul R. Cordts

PAUL R. CORDTS, MD
Senior Executive Service
Deputy Assistant Director - Medical Affairs

11 September 2022

Date of Signature

TINNITUS: GUIDANCE FOR DOD PRIMARY CARE PROVIDERS

TINNITUS is internal sound (humming, ringing, buzzing, etc.) that is heard in the head or ears.

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- Progressive Tinnitus Management (PTM) should be recommended if available. (See: **ncrar.research.va.gov** -or- **hearing.health.mil**).

Created by the VA/DoD Tinnitus Working Group
Contact: dha.ncr.j-9.list.hce-clinical-care@mail.mil