NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Hearing loss (adult onset): Assessment and management

Topic

The Department of Health in England has asked NICE to produce a guideline on the assessment and management of adult onset hearing loss.

This guideline will also be used to develop the NICE quality standard for hearing loss (adult onset).

For more information about why this guideline is being developed, and how the guideline will fit into current practice, see the context section.

Who the guideline is for

- Healthcare professionals in primary, secondary and tertiary care
- People using services, their family members and carers, and the public.
- Social care professionals

It may also be relevant for:

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:

- 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 people with disabilities and people with speech and communication difficulties.

1 What the guideline is about

1.1 Who is the focus?

Groups that will be covered

- Adults aged 18 and over, including those with pre-18 onset but who present in adulthood
- Deaf-blind people
- Adolescents (aged 18–25)
- People with unilateral hearing loss

Special consideration will be given to:

- People with disabilities, including:
  - physical disabilities
  - learning disabilities
  - dementia

Groups that will not be covered

- Adults with congenital hearing loss

1.2 Settings

Settings that will be covered

- Primary, secondary and tertiary care
- Community settings where NHS care is provided

1.3 Activities, services or aspects of care

Key areas that will be covered

1 Assessment and treatment in primary care
- Clinical assessment that can be carried out in primary care
Identifying treatable causes of hearing loss and management in primary care

Early recognition of hearing loss that requires urgent referral to a specialist

Appropriate referral and assessment

- Who should be referred for specialist assessment (audiovestibular medicine or ENT)
- Assessment in audiology (community or secondary care settings) and secondary medical care

Management

- What are the appropriate management strategies for individuals with hearing loss
- Treatment and management of sudden onset sensorineural hearing loss
- When should people with hearing loss be given two hearing aids rather than one
- How and when to monitor/follow up patients given hearing aids
- Clinical and cost-effectiveness of different types of hearing aids
- Continuing appropriate use of devices
- Information, support and initial management advice for patients, families and carers

Areas that will not be covered

1. Organisation and delivery of diagnostic services for hearing loss
2. Tinnitus (without hearing loss)
3. Vertigo (without hearing loss)
4. Acute temporary hearing loss caused by traumatic head injuries, for example perforated tympanic membranes or middle ear effusions
5. Management of disease processes underlying hearing loss

1.4 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 social services (PSS) perspective, as appropriate.

1.5 Key issues and questions

Key questions will be drafted prior to scope consultation, once the key clinical areas have been confirmed.

The key questions may be used to develop more detailed review questions, which guide the systematic review of the literature.

1.6 Main outcomes

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

1. Health-related quality of life
2. Positive predictive value of symptoms and signs
3. Diagnostic accuracy of tests
4. Adverse events
5. Hours of hearing aid use

2 Links with other NICE guidance, NICE quality standards, and NICE Pathways

2.1 NICE guidance

NICE guidance that will be incorporated unchanged in this guideline

- Cochlear implants for children and adults with severe to profound deafness (2009) NICE technology appraisal guidance [TA166]
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 hearing loss:

- 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

NICE guidance in development that is closely related to this guideline

NICE is currently developing the following guidance that is closely related to this guideline:


2.2 NICE Pathways

NICE Pathways bring together all NICE guidance and associated products on a topic in an interactive flow chart.

When this guideline is published, the recommendations will be incorporated into a new pathway on hearing loss. Other relevant guidance will also be added to the pathway, including:

- Cochlear implants for children and adults with severe to profound deafness (2009) NICE technology appraisal guidance (TA166)
- Auditory brain stem implants (2005) NICE interventional procedure (IPG108)

An outline of the new pathway, based on the scope, is included below. It will be adapted and more detail added as the recommendations are written during guideline development.
3  Context

3.1  Key facts and figures

Hearing loss is a major health issue that affects over 11 million people in the UK. It is estimated that, by 2035, there will be more than 15.6 million people with hearing loss in the UK – a fifth of the population. According to the World Health Organisation (WHO), by 2030 hearing loss will be in the top 10 disease burdens in the UK, above cataracts and diabetes.

It is estimated that that, in 2013, the UK economy lost more than £24.8 billion in potential output because people with hearing loss were unable to work. Research shows that hearing loss doubles the risk of developing depression and increases the risk of anxiety and other mental health issues, and that hearing aids may reduce these risks. There is also evidence suggesting that mild hearing loss is associated with the risk of developing dementia, with
moderate hearing loss associated with three times the risk, and severe
hearing loss five times the risk.

Evidence shows that there is an average of a 10-year delay in people seeking
help for their hearing loss, and that when people eventually do seek help GPs fail to refer 45% of those reporting hearing loss to NHS hearing services.

In England, NHS England has developed the Action Plan on Hearing Loss to produce and enforce national commissioning guidance, to ensure that consistent, high-quality services are available, and to intervene if services do not improve.

3.2 Current practice

The investigation and management pathways for patients with hearing loss vary and many patients face delay and/or inappropriate management. The main referral pathway for an adult with hearing loss who meets the national ‘direct referral’ criteria set out by the British Academy of Audiology is direct from GP to audiology services. For those who do not meet these criteria, referral is directly to ENT or audiovestibular medicine.

Difficulties in hearing can arise from simple problems such as occlusive ear wax, which can be dealt with in primary care, through to potentially life-threatening conditions, such as auto-immune disease, which need specialist medical care. Currently in primary care, the identification of treatable causes of hearing loss such as occlusive ear wax and infections is not robust, leading to some patients waiting a long time to see a specialist when the matter could have been resolved in primary care.

Initial assessment involves patient history, otoscopy, pure tone audiometry and tympanometry. It may also include clinic-based assessment of ability to understand speech in a noisy environment, and self-report measures related to the disability.

Audiology services are provided in a number of NHS settings. For some parts of England this is via the ‘Any Qualified Provider’ (AQP) scheme, which
means patients have a choice of service providers ranging from traditional audiology services to new High Street providers.

Management pathways vary locally once hearing loss is identified. In general, if hearing aids are recommended, patients are offered one for each ear unless there are reasons that this is inappropriate. However, in some areas patients are not offered NHS hearing aids when they might conceivably benefit, while others are offered one hearing aid when they need two, or given two when they have difficulty maintaining the use of one. In some situations patients are given hearing aids when strategies to improve hearing and listening would be more useful. In many cases hearing aids are tried but discontinued because the patient cannot cope and has not had the support to enable them to cope.

The impact of these variations on the assessment and management pathways for hearing loss may not only be financial. For some, delay can adversely affect their prognosis. Therefore identifying the correct route of referral is highly important.

3.3  **Policy, legislation, regulation and commissioning**

**Policy**

Any qualified provider (AQP) scheme

**Legislation, regulation and guidance**


4  **Further information**

This is the draft scope for consultation with registered stakeholders. The consultation dates are 29 March to 26 April 2016.

The guideline is expected to be published in May 2018.

You can follow progress of the [guideline](https://www.nice.org.uk/guidance).
Our website has information about how NICE guidelines are developed.