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.

26 The guideline will look at inequalities relating to people with disabilities and
27 people with speech and communication difficulties.

28 1 What the guideline is about

29 *1.1 Who is the focus?*

30 **Groups that will be covered**

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

36 Special consideration will be given to:

37 • People with disabilities, including:
38 – physical disabilities
39 – learning disabilities
40 – dementia

41 **Groups that will not be covered**

42 • Adults with congenital hearing loss

43 *1.2 Settings*

44 **Settings that will be covered**

45 • Primary, secondary and tertiary care
46 • Community settings where NHS care is provided

47 *1.3 Activities, services or aspects of care*

48 **Key areas that will be covered**

49 1 Assessment and treatment in primary care
50 – 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

2 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

3 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

83 whether this is an area that should be prioritised for economic modelling and
84 analysis. We will review the economic evidence and carry out economic
85 analyses, using an NHS and personal social services (PSS) perspective, as
86 appropriate.

87 *1.5 Key issues and questions*

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

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

92 *1.6 Main outcomes*

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

95 1 Health-related quality of life
96 2 Positive predictive value of symptoms and signs
97 3 Diagnostic accuracy of tests
98 4 Adverse events
99 5 Hours of hearing aid use

100 2 Links with other NICE guidance, NICE quality
101 standards, and NICE Pathways

102 *2.1 NICE guidance*

103 **NICE guidance that will be incorporated unchanged in this guideline**

104 Cochlear implants for children and adults with severe to profound deafness
105 (2009) NICE technology appraisal guidance [TA166]

106 Auditory brain stem implants (2005) NICE interventional procedure [IP108]

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

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

111 - Patient experience in adult NHS services (2012) NICE guideline CG138
112 - Service user experience in adult mental health (2011) NICE guideline
113 CG136
114 - Medicines adherence (2009) NICE guideline CG76

115 **NICE guidance in development that is closely related to this guideline**

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

118 - Diagnostic Services: Organisation and Delivery. NICE guideline.
119 Publication expected November 2017.

120 ## *2.2 NICE Pathways*

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

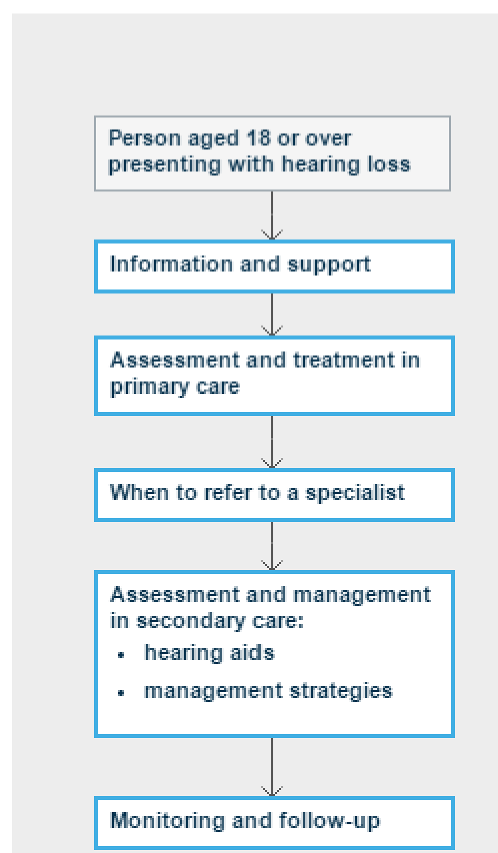
123 When this guideline is published, the recommendations will be incorporated
124 into a new pathway on hearing loss. Other relevant guidance will also be
125 added to the pathway, including:

126 Cochlear implants for children and adults with severe to profound deafness
127 (2009) NICE technology appraisal guidance (TA166)

128 Auditory brain stem implants (2005) NICE interventional procedure (IPG108)

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

Hearing loss overview



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

146 moderate hearing loss associated with three times the risk, and severe
147 hearing loss five times the risk.

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

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

155 *3.2 Current practice*

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

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

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

173 Audiology services are provided in a number of NHS settings. For some parts
174 of England this is via the 'Any Qualified Provider' (AQP) scheme, which

175 means patients have a choice of service providers ranging from traditional
176 audiology services to new High Street providers.

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

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

190 *3.3 Policy, legislation, regulation and commissioning*

191 **Policy**

192 Any qualified provider (AQP) scheme

193 **Legislation, regulation and guidance**

194 Action Plan on Hearing Loss. NHS England and Department of Health, 2015

195

196 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.

Our website has information about how NICE guidelines are developed.

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