Primary Care Management Guidelines

Hearing Loss

These guidelines are to assist GPs to monitor and manage their patients in a primary care setting until clinical thresholds indicate that tertiary care is required. The clinical thresholds are defined in the guidelines, and may require diagnostic support from a local optometrist or ophthalmologist. Providing a detailed diagnostic report will assist with the triage of your referral into the most appropriate clinic, within clinically appropriate timeframes.

IMMEDIATE REFERRAL (Please discuss all urgent referrals with our **Eye Admitting Officer** by calling switchboard 9929 8666)

- **Sudden significant hearing loss (within 72 hours) with uncertain or no clear evidence of middle ear effusion should be treated as a medical emergency with immediate (same day) referral to the Eye and Ear Emergency Department.**
- **Any hearing loss associated with cranial nerve involvement, cerebellar signs or symptoms should be treated as a medical emergency and referred immediately.**

Primary Care Management

Take a history of the hearing loss, including duration, unilateral/bilateral, any associated otological and/or neurological symptoms or signs.

Assess if the patient is only requiring hearing aids.

- Gradual symmetrical hearing loss due to age related hearing loss. Refer to Hearing Aid Primary Care Management Guideline for further details.

Hearing aids can be obtained in the community provided no previous or current ENT conditions are requiring ongoing management or investigation.

- A list of hearing aid providers can be found at Home (audiology.asn.au), many of which provide government subsidised hearing aids under the Office of Hearing Services (OHS).

Referral to community-based audiology

- An audiologist will aid in diagnosing the degree of hearing loss, confirm middle ear pathology if suspected, highlight whether hearing aids will be of benefit and uncover if further specialist investigation is required.

Middle ear effusion can be managed by the GP with watchful waiting. Refer if middle ear effusion persistent beyond 6 weeks.

- Most effusions resolve spontaneously. No therapeutic interventions have been shown to expedite recovery. Persistent unilateral effusion not associated with recent upper respiratory tract infection will need exclusion of post-nasal space lesion through referral.

Wax impaction can be managed by the GP with wax softening drops (commercially available or olive oil) provided there is no suspicion of otitis externa or tympanic membrane perforation.

- 2-3 drops of 3% Hydrogen Peroxide daily can help with stubborn cerumen impaction with a weekly review.

When to refer to the Eye and Ear

- Resolution of middle ear pathology is not successful
- Unilateral sensorineural hearing loss, or bilateral sensorineural loss greater than expected for age (presbycusis)
- No resolution of middle ear effusion following 6 weeks for bilateral effusion, or 2 weeks for unilateral effusion (in adults)
- Wax remains impacted despite softening/loosening methods
- Community based audiologist requires otological clearance prior to hearing aid fitting
- Previous middle ear surgery such as mastoidectomy requires annual otological review. This should be arranged if these reviews have lapsed

Information to include on the referral letter

- Copy of recent audiogram, if available.
- Description of onset of hearing loss and in which ear(s)
- Description of functional impact of hearing loss.
- Description of any associated otological/neurological symptoms.
- Any medication used for treating symptoms.
- Previous hearing aid use and their success/failure

More information

Return to our Primary Care Management Guidelines
Go to our Referral Guidelines
Factsheets for GPs on what services optometrists can provide, optometrists scope of practice and how to find a local optometrist.
Information on the Australian College of Optometry and services they provide.