



AAO-HNSF Clinical Practice Guideline: Sudden Hearing Loss March 2012

What is sudden hearing loss and why is it important?

- Sudden hearing loss (SHL) is a frightening symptom that often prompts an urgent or emergent visit to a physician.
- The guideline primarily focuses on idiopathic sudden sensorineural hearing loss (ISSNHL) in adult patients (aged 18 and over). Prompt recognition and management of ISSNHL may improve hearing recovery and patient quality of life (QOL).
- ISSNHL affects 5 to 20 per 100,000 population, with about 4000 new cases per year in the United States.

Why is the sudden hearing loss guideline newsworthy?

- This is the first evidence based guideline on sudden hearing loss in the United States
- The guideline's recommendations should improve diagnostic accuracy, facilitate prompt intervention, decrease inappropriate variations in management, reduce unnecessary tests and imaging procedures, and improve hearing and rehabilitative outcomes for impacted patients.

What is the purpose of the sudden hearing loss guideline?

- To provide clinicians with evidence-based recommendations in evaluating patients with SHL, with particular emphasis on managing ISSNHL.
- The guideline is intended for all clinicians who diagnose or manage adult patients (18 and over) who present with SHL.
- The guideline was developed by a multidisciplinary panel representing the fields of otolaryngology, otology, neurotology, neurology, family medicine, emergency medicine, audiology, nurse practitioners, and consumer advocacy groups.

What are the newsworthy points made in the guideline?

1. Prompt and accurate diagnosis is important:
 - a. Sensorineural ('nerve') hearing loss should be distinguished clinically from conductive ('mechanical') hearing loss.
 - b. Unusual presentations such as bilateral SSNHL, recurrent SSNHL, or focal neurological findings may represent definable underlying disease and should be managed accordingly.
 - c. The diagnosis of ISSNHL is made when audiometry confirms a 30 decibel hearing loss at three consecutive frequencies and an underlying condition cannot be identified by history and physical exam.
2. Unnecessary tests and treatments should be avoided:
 - a. Routine head/brain CT scans, often ordered in the ER setting, are not helpful and expose the patient to ionizing radiation.
 - b. Routine, non-targeted, laboratory testing is not recommended.
 - c. The following should not be routinely prescribed: antivirals, thrombolytics, vasodilators, vasoactive substances, or antioxidants to patients with ISSNHL.
3. Retrocochlear workup should be performed in all patients with ISSNHL, regardless of hearing recovery.

4. Initial therapy for ISSNHL may include corticosteroids.
 - a. Corticosteroids may be delivered systemically or via intratympanic application.
 - b. Hyperbaric oxygen, currently not FDA-approved for this indication, may be offered.
5. Doctors should offer IT steroid perfusion when patients have incomplete recovery from ISSNHL after failure of initial management.
6. Follow-up and counseling is important:

About the AAO-HNS

The American Academy of Otolaryngology—Head and Neck Surgery (www.entnet.org), one of the oldest medical associations in the nation, represents about 12,000 physicians and allied health professionals who specialize in the diagnosis and treatment of disorders of the ears, nose, throat, and related structures of the head and neck. The Academy serves its members by facilitating the advancement of the science and art of medicine related to otolaryngology and by representing the specialty in governmental and socioeconomic issues. The organization’s vision: “Empowering otolaryngologist-head and neck surgeons.”