

# Managing sudden onset hearing loss

Ear, Nose & Throat (ENT)

Information for Patients

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## Introduction

You or your family member have been diagnosed with a condition called sudden sensorineural hearing loss (SSNHL). The name of the condition is a description of what happens. SSNHL is not fully understood. Broken down into parts, “sudden” as it comes on in 3 days or less; “sensorineural” means the area of the hearing problem is within the hearing receptors, nerves or brain; and “hearing loss” means a reduction in the ability to hear which may be partial or complete, and temporary or permanent.

Each year about 20 people per 100,000 experience SSNHL. It is usually experienced on one side. The hearing loss can range from mild to a total loss of hearing in the affected ear.

## What are the symptoms?

As well as hearing loss, other symptoms may include:

- hearing sounds that aren't there (tinnitus).
- a spinning sensation (vertigo).
- pressure in the ear or a feeling that your ear is full of something (aural fullness).

SSNHL is a major condition which can affect peoples' lives. Research shows links with emotional distress, depression, difficulties at work and social interaction.

## How is sudden hearing loss diagnosed?

The sudden change in hearing may be obvious to you, but it may only feel like a muffling of your hearing initially. It should be checked as quickly as possible. Your health care provider (GP/ specialist) will take a history and complete an examination. Routine blood tests and X-rays are not usually needed, but a hearing test (audiogram) should be done. You might be offered an MRI scan of your inner ear eventually (see page 3).

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or call 111 for non-emergency medical advice**

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## What is the cause of the problem?

The cause of sudden sensorineural hearing loss (SSNHL) is not always obvious. This is called idiopathic, meaning it cannot be medically explained. This is the case in most of our patients with SSNHL. A cause is not found in most people who have it worldwide either. Reported causes of SSNHL include infections and ear diseases; trauma (including noise-induced); pressure changes or head trauma; problems in the blood or blood vessels (vascular or haematological); and new growths.

## What else could it be or what else could happen?

- Blocked or reduced passage of sound (conductive hearing loss) e.g. from ear wax blockage, outer ear infection, glue ear.
- Inflammation of one of the balance nerves or balance and hearing system (vestibular neuronitis or labyrinthitis).
- Meniere's disease.
- Migraine affecting the hearing system (cochlear migraine).
- Non-cancerous (benign) growth on the hearing/ balance nerve (vestibular schwannoma) (see page 3).

Many people worry if the hearing loss is a symptom of a stroke. Although there may be similarities, SSNHL is usually not caused by a stroke.

## How can I help myself?

Protect the hearing you still have by caring for your ears. Avoid loud noises and use hearing protection when needed. Avoid activities that risk an ear infection and take extra care of your surroundings. You should attend all appointments and tests available to you.

## Can this happen to my family?

Although some kinds of hearing loss run in families, this is not the case with SSNHL. It cannot be passed from person to person.

## Will my hearing come back?

Around half of patients with SSNHL may recover some amount of their hearing within 2 weeks. Those who recover half of their hearing in the first 2 weeks have a better chance of getting more of their hearing back. Patients with only small or no improvement within the first 2 weeks are unlikely to get any noticeable increase in their hearing. Patients with dizziness at the time of onset of SSNHL have a poorer chance of recovery.

As we are not sure of the cause, we are also not sure of why hearing comes back or why it does so in some people and not others. Some believe it is as a result of swollen nerves going back to their normal size over time, which lets them work better.

Reasons for recovery are poorly understood and may depend on age, degree of hearing loss, presence of vertigo, treatment received, time between start of hearing loss and treatment, or other factors. About half of our patients may find their hearing improves without treatment.

The outcomes are better if:

- the hearing loss comes with tinnitus.
- the hearing loss does not come with vertigo.
- the hearing loss is felt to be mild or medium in degree.
- treatment is received quickly.

The hearing loss is worse for low pitched sounds than high pitched sounds.

Often, the greatest recovery in hearing will occur 1 to 2 weeks after the start, however, some patients may have an improvement over a 12 month period.

## How is sudden hearing loss treated?

Many treatments have been suggested for SSNHL. Waiting for it to improve on its own with planned check-up appointments is an alternative to treatment with medicines, as between 33% to 66% of patients may recover hearing on their own. This can be checked with repeat hearing tests. Based on current research, clinicians may offer steroids as a first treatment. Your doctor will talk to you about whether to have the steroids as a tablet or an injection into the ear, or both. Steroids are most likely to be helpful if given within weeks of the start of hearing loss, but can rarely give a benefit when given later. Although anti-viral medicines are sometimes given in case there may be a viral infection, there is not enough science to support their benefit in treating sudden hearing loss. Antibiotics are not recommended for SSNHL. Clinicians may offer rescue therapy (usually steroids injected through the ear drum) for people with only small improvement after initial treatment. The benefits of medicines may include faster and greater return of hearing. There can also be side effects from treatments which must be considered before deciding from the options available.

## What are the side effects of each treatment?

Side effects vary with each treatment type. Common side effects of steroid tablets may include increased anxiety, pain, dizziness, raised blood sugar, raised blood pressure, depression, or insomnia. These usually only last for the time you are taking the medicine. You should have a conversation with your doctor about the specific side effects of your treatment and how the treatment may react with any other health problems you may have, such as diabetes or high blood pressure.

## Is there additional testing needed with SSNHL?

Although rare, SSNHL can happen when there is a non-cancerous (benign) tumour on the balance (vestibular) nerve. These tumours are called vestibular schwannomas and can press on the hearing nerve leading to worsening hearing loss, or balance problems. In some cases they can even press on the brain. Your doctor may refer you for magnetic resonance imaging (MRI) tests to look for these tumours. If one of these is found, an operation is often not needed.

## What else can I expect?

Sudden hearing loss can be frightening and may cause embarrassment, frustration, anxiety, insecurity, loneliness and depression. Individual or group counselling can help.

Rehabilitation can be offered when hearing loss continues. This includes counselling and devices to boost your hearing such as hearing aids.

## Will better treatments be available in future?

Research is ongoing in this area and evidence to improve current treatments may come to light. Based upon recent discoveries in the ways that sensorineural hearing loss occurs, research companies are trying to develop new treatments for patients with idiopathic SSNHL.

## What if my hearing doesn't fully recover?

If the hearing loss doesn't fully recover after looking at all treatment options, there are ways to boost hearing with various methods such as hearing aids. This should be offered by your doctor whether or not you have other treatments.

Tinnitus can also continue to be present, whether hearing recovers or not. Tinnitus management, including relaxation and distraction techniques, can help to help reduce the awareness of tinnitus.

## Can it happen again and if so what would happen?

It is possible to have more than 1 episode of SSNHL in the same or the other ear, whether or not there is full recovery after the first episode. The treatment would be largely the same, although it could indicate that there is a different condition or cause, so further tests may be needed.

## Further information and support

- Royal National Institute for Deaf People (RNID): <https://rnid.org.uk/>
- Hearing Link: <https://www.hearinglink.org/your-hearing/sudden-sensorineural-hearing-loss>
- NHS: <https://www.nhs.uk/conditions/hearing-loss/>
- National Association of Deafened People (NADP): <http://www.nadp.org.uk/>

## Contact details

Ear, Nose & Throat (ENT) Clinic: Tel: 0300 3031 573 (ext 5318) - Monday to Friday, 9am to 5pm.

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