

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:

- **Sudden:** the hearing loss comes on over a period of 3 days or less.
- **Sensorineural:** This means that the area of the hearing problem is within the hearing receptors, nerves or brain.
- **Hearing loss:** You will have a reduced ability to hear which may be partial or complete, and temporary or permanent.

Each year about 20 out of 100,000 people get SSNHL. It is usually experienced on one ear rather than both. The hearing loss can be mild to a total loss of hearing in the affected ear.

What are the symptoms?

As well as hearing loss, other symptoms include:

- hearing sounds that are not 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 do we diagnose it?

The sudden change in hearing may be obvious to you. It may only feel like a muffling of your hearing to begin with. This should be checked as quickly as possible. Your health care provider (GP/specialist) will ask about your medical history and complete an examination. Routine blood tests and X-rays are not often needed. You should have a hearing test (audiogram). You might be offered an MRI scan of your inner ear later after diagnosis (see page 3).

What is the cause of the problem?

The cause of SSNHL is not always obvious. Often the condition cannot be medically explained (idiopathic). This is the case in most of our patients. No cause is found in most people who have it worldwide as well. 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 can be causing your symptoms?

- Blocked or reduced passage of sound (conductive hearing loss). For example, from ear wax blockage, outer ear infection, glue ear.
- Inflammation of 1 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 on its own is 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 for example swimming if you are advised to keep your ear dry. 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 have an increase in their hearing. Patients with dizziness at the time of onset of SSNHL have a low chance of recovery.

We are not sure why hearing does come back in some people and not in others. Some believe it is because of swollen nerves going back to their normal size over time. This lets them work better. The reason for recovery is not well understood.

It 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 hearing outcome is 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.
- you get treatment quickly.

Often, the greatest recovery in hearing will happen 1 to 2 weeks after the start. Some patients may have improvement over 12 months.

How is it treated?

- Around 5 in every 10 people with sudden sensorineural hearing loss may recover some of their hearing without treatment.
- We offer **steroids** as first treatment. Your doctor will talk to you about having steroids as a tablet or an injection into the ear, or both. Steroids are most likely to be helpful if given soon after the start of hearing loss. They rarely give a benefit when given later.
- **Anti-viral medicines** are sometimes given in case there may be a viral infection. There is not enough science to support this benefit in treating sudden hearing loss.
- We may offer **rescue therapy** (often steroids injected through the ear drum) for people with only small improvement after first 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.
- Antibiotics are not recommended for SSNHL.

What are the side effects of each treatment?

Side effects are different for each treatment. Common side effects of steroid tablets may include:

- increased anxiety,
- pain,
- dizziness,
- raised blood sugar,
- raised blood pressure,
- depression,
- insomnia,

These usually only last for the time you are taking the medicine. You should talk with your doctor about the 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.

Will I need more testing?

SSNHL can happen when there is a non-cancerous (benign) tumour on the balance (vestibular) nerve. This is rare. These tumours are called vestibular schwannomas. They can press on the hearing nerve causing 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 1 of these is found you will be referred to a specialist centre for further treatment.

What else can I expect?

Sudden hearing loss can be frightening and may cause feelings like embarrassment, frustration, and anxiety. Individual or group counselling can help. We can offer rehabilitation when hearing loss continues. This includes counselling and devices to boost your hearing such as hearing aids.

Will better treatments be available in future?

People are still researching in this area. Evidence to improve current treatments may happen. Research companies are trying to develop new treatments for patients with idiopathic SSNHL.

What if my hearing does not fully recover?

If the hearing loss does not fully recover, we can boost hearing with different methods like hearing aids. Your doctor will offer you this if you have other treatments or not. You may continue to have tinnitus even if hearing recovers or not. Tinnitus management, including relaxation and distraction techniques, can help to reduce the awareness of tinnitus.

Can it happen again?

It is possible to have more than 1 episode of SSNHL in the same or the other ear. This is even if you have not had full recovery after the first episode. The treatment would be the same. There could be a different condition or cause. You may need more tests to find this out.

Contact details and more information

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

- 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/>

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.

To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

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If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net

We are a research hospital and you may be asked to take part in research