

# SUDDEN SENSORINEURAL HEARING LOSS

INFORMATION FOR PATIENTS, CARERS AND DOCTORS



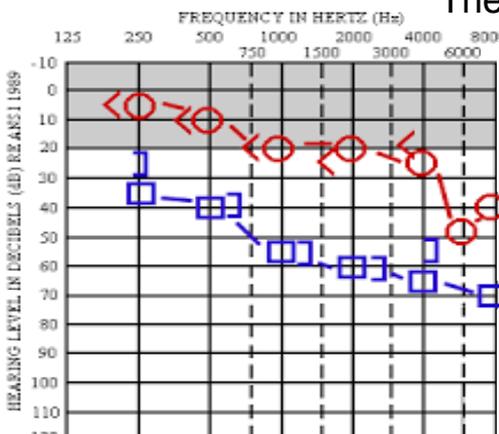
## SUDDEN SENSORINEURAL HEARING LOSS

Intended audience

This brief educative tool will be of benefit to patients, their carers and treating doctors to aid discussion and common understanding. The information contained within this document is general and should not be considered medical advice. Please consult your doctor should you have concerns about sudden hearing deterioration. Doing so promptly is important to facilitate the best prospects of recovery.

### Sudden Sensorineural Hearing Loss

An occurrence of Sudden Sensorineural Hearing loss (SSHL) can be distressing for the affected individual. Patients often report they had a sudden loss most often in one ear when waking in the morning, associated with tinnitus in about 70% of cases and some mild disequilibrium. There is usually an absence of pain, discharge, vesicles or neurological signs.



The typical definition of SSLH is a sensorineural deterioration of 30 decibels across 3 adjacent frequencies (*i.e. not wax occlusion or middle ear infection which are conductive in nature*). It is most commonly unilateral but can be bilateral.

Audiologists note individuals with long standing asymmetric hearing levels have

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tendencies for the ears to equalize to equivalent levels of impairment (*sensorineural equalization*). As such a sudden change might also be a natural progression of the underlying pathology as have been observed over many decades of clinical experience. Simple enquiry may elucidate prior asymmetric hearing levels.

The causation of sudden sensorineural hearing loss is rarely determined and successive studies are not agreed as to the most effective treatment protocol, although steroids appear to be the first line treatment, given promptly after an episode, within 24-48 hours, as per the RVEEH clinical advisory (see download link). Categories of causation have been characterised as autoimmune, vascular, neurologic, trauma/toxin and infections, both viral and bacterial.

General Practitioners may wish to speak with an ENT specialist to obtain expert guidance on the best and current course of intervention. A high priority appointment within 72 hours with an ENT, mediated by the GP, is desirable.

Some studies suggest that up to 65% of patients will experience recovery of their hearing with or without treatment so it is difficult to ascertain if the intervention has any material impact. It is however better to intervene than do nothing.

Audiology can assist chart the extent of deterioration should prior records exist and to chart the progress of recovery. If no recovery is evident the Audiologist can assist with amplification refinements or propose a hearing aid fitting to assist with the communicative deficit.

## MORE INFORMATION

Please to continue to download our PDF in which further valuable links from medical practitioners and patients are available.

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## Further Information:

The Royal Victorian Eye and Ear Hospital (RVEEH) – Clinical Practice Guidelines. Sudden Sensorineural Hearing Loss.

[https://www.eyearandear.org.au/content/Document/CPG/Sudden%20Sensorineural%20Hearing%20Loss%20\(SSNHL\)%20Clinical%20Practice%20Guideline.pdf](https://www.eyearandear.org.au/content/Document/CPG/Sudden%20Sensorineural%20Hearing%20Loss%20(SSNHL)%20Clinical%20Practice%20Guideline.pdf)

## **Healthline – Sudden Sensorineural Hearing Loss**

<https://www.healthline.com/health/sensorineural-deafness>

reviewed by Suzanne Falck, MD.

## **Australian Family Physician – Sudden Onset Hearing Loss**

Royal Australian College of General Practitioners

<https://www.racgp.org.au/afp/2013/september/sudden-onset-hearing-loss/>

Sudden Hearing Loss – Medscape

<https://emedicine.medscape.com/article/856313-overview>

Patient Information Page: <https://vestibular.org/menieres-disease>

## **Concerns or Questions**

Please feel free to contact ACE Audiology