

Sudden Sensorineural hearing loss & psychological health



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Estimates of idiopathic sudden sensorineural hearing loss (ISSNHL) incidence range from 5-20 per 100,000 persons per year. Defined as a hearing loss $>30\text{dB}$ in ≥ 3 frequencies occurring within 3 days, ISSNHL may be accompanied with aural fullness, tinnitus and vertigo.

Suspected aetiologies include genetic causes, viral infections, autoimmune diseases and vascular insults, although a lack of good diagnostic tools results in the majority of cases being defined as idiopathic. ISSNHL generally occurs unilaterally, but after the initial insult patients are at an increased risk of ISSNHL in the contralateral ear and ipsilateral relapse. The rapid onset of ISSNHL has significant psychological health effects.

Patients may mourn their previous lifestyle given a limited adjustment period. The rapid change in communication and psychological wellness can impact on relationships and social support systems, leading to isolation and depression. This strain on support systems is exacerbated by misunderstanding of the pathology, the relative rarity of ISSNHL and poor understanding of hearing loss in general. The uncertainty associated with aetiology and outcomes may also foster feelings of helplessness and worry about the future.

Tinnitus and vertigo are the strongest predictors of negative effects on quality of life after ISSNHL; 34% of patients report a form of persistent vertigo that impacts daily life. Approximately 40% of patients experience bothersome tinnitus, and report significantly greater psychological distress and a higher rate of depression compared to those without tinnitus. A correlation between the degree of hearing recovery after ISSNHL and the severity of depressive symptoms has been identified in a recent study.

Urgent referral to an Ear Nose and Throat specialist is needed in cases of suspected ISSNHL. The greatest recovery is seen after a course of oral corticosteroids administered within the first 2 weeks of symptom onset. The likelihood of hearing recovery varies with the severity of hearing loss.

Long term rehabilitation options look at treating the symptoms of ISSNHL. Monitoring of hearing is recommended at 2, 6 and 12 months to document recovery and guide aural rehabilitation (hearing aids or cochlear implants). Physiotherapy may be required for vestibular rehabilitation, and a structured tinnitus management program may be required for persistent tinnitus distress.

Psychological referrals are underutilised, but may be an important part of the adjustment process and may influence the success of other rehabilitation programs.