



Rationale

In 2013–14, ear problems constituted 3.6 out of every 100 general practice consultations.¹ Of the 3.6 per 100 encounters, 0.8 of these encounters were due to acute otitis media/myringitis, and 0.8 were due to ear wax problems. In addition, 5% of medical specialist referrals were to an ear, nose and throat specialist.

Around 10% of Australians have complete or partial hearing loss.² Effective assessment and appropriate management of individuals presenting with symptoms related to the ears or nose is an important part of general practice.

The early detection of hearing loss in children is critical for the development of speech and therefore is a crucial role for general practitioners. Around 3.5 out of every 1000 children below the age of 14 years have some hearing impairment.^{3,4} The National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) 2008 reported that 1 in 10 Aboriginal and Torres Strait Islander children aged 4–14 years experienced an ear or hearing problem.⁵

The overall prevalence rates of hearing loss in Australian adults are 26.3% for males 15 years and over, 17.1% for females 15 years and over, and 21.6% for the adult population. This equates overall to more than one in four men and more than one in five Australian adults who have hearing loss.^{3,4}

Around 60% of adults with hearing loss are males, which is attributed to greater workplace noise exposure for men than women. Approximately half of hearing-impaired people are in the working age population (15–64 years), and 74% of people over the age of 70 years have some hearing loss.^{3,4}

The level of ear disease and hearing loss among Aboriginal and Torres Strait Islander peoples, particularly among children and young adults, remains higher than for the general Australian population.⁵ Otitis media, particularly in suppurative forms, is associated with hearing impairment, which affects language development and can cause learning difficulties in children. Permanent hearing loss can occur when not adequately treated and followed up. Otitis media was about 2.8 times more common for Aboriginal and Torres Strait Islander peoples than for non-Indigenous people.⁶ Otitis media can affect Aboriginal and Torres Strait Islander babies within weeks of birth, and a high proportion of children will have chronic suppurative otitis media throughout their developmental years.⁷

Related contextual units

DB16 Individuals with disabilities

References

1. Britt H, Miller GC, Henderson J, et al. General practice activity in Australia 2013–14. General practice series no. 36. Sydney: Sydney University Press, 2014. Available at <http://ses.library.usyd.edu.au/handle/2123/11882> [Accessed 11 November 2015].
2. Australian Bureau of Statistics. Year book Australia, 2012. Health status. Cat. no. 1301.0. Canberra: ABS, 24 May 2012. Available at www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1301.0~2012~Main%20Features~Health%20status~229 [Accessed 10 November 2015].
3. Access Economics. Listen hear! The economic impact and cost of hearing loss in Australia. Canberra: Access Economics, 2006.
4. Senate Community Affairs References Committee. Hear us: Inquiry into hearing health in Australia. Canberra: Senate Community Affairs Committee Secretariat, 2010. Available at www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2008-10/hearing_health/report/index [Accessed 10 November 2015].
5. Australian Bureau of Statistics. Australian Aboriginal and Torres Strait Islander health survey: First results, Australia, 2012–13. Cat. no. 4727.0.55.001. Canberra: ABS, 2014. Available at www.abs.gov.au/ausstats/abs@.nsf/Lookup/4727.0.55.001main+featurees802012-13 [Accessed 10 November 2015].
6. Thomson N, MacRae A, Burns J, et al. Overview of Australian Indigenous health status, April 2010. Perth: Australian Indigenous HealthInfoNet, 2010.
7. Closing the Gap Clearing House (Australian Institute of Health and Welfare and Australian Institute of Family Studies). Ear disease in Aboriginal and Torres Strait Islander children. Resource sheet no. 35. Canberra: AIHW; Melbourne: AIFS, 2014. Available at www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our_publications/2014/ctgc-rs35.pdf [Accessed 10 November 2015].

Useful ear and nose medicine resources and tools

State and territory services for hearing-impaired people, with information on service access including Auslan interpreters:

- Vicdeaf, www.vicdeaf.com.au
- Deaf Society of New South Wales, www.deafsocietynsw.org.au
- ACT Deafness Resource Centre, www.actdrc.org.au/actdrc/help
- WA Deaf Society, www.wadeaf.org.au

Glossary

Clinical skills in assessment of ear and nose complaints include:

- techniques for visualisation of tympanic membrane in young, uncooperative children
- Rinne/Weber tests for hearing loss assessment
- removal of foreign bodies from ears and nose
- identification of Little's area and management of anterior and posterior epistaxis
- cauterising the anterior nose with silver nitrate
- appropriate use of an auroscope (otoscope) and other equipment, such as tuning forks, in the assessment of hearing
- Valsalva manoeuvre and pneumatocopy for the detection of ear drum movement
- identifying non-aural causes of ear pain – for example, dental causes, including unerupted wisdom teeth, TMJ pain, referred pain from throat or neck (eg tonsillitis, facial neuralgia, angina pectoris)
- manage ear and nose emergencies such as herpes zoster (Ramsay Hunt syndrome), acute barotrauma, ruptured tympanic membrane, acute epistaxis, sudden hearing loss.