Royal Cornwall Hospitals
NHS Trust

Hearing Therapy Hyperacusis Standard Operating Procedure

V1.0

August 2025

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1. Introduction

Hyperacusis is a condition whereby patients have a reduced tolerance and increased sensitivity to specific sounds and sound levels that are not normally regarded as loud. With hyperacusis, people may experience sounds other people consider normal as uncomfortable, unbearably loud, painful or even frightening. The loudness may be mildly annoying or so intense that it causes affected people to struggle with balance or experience panic. Other symptoms may include tinnitus, such as ringing in the ears. Treatment for Hyperacusis involves counselling and Auditory Desensitization. The Hearing Therapy department offers counselling and a procedure of Auditory Desensitisation for Hyperacusis.

2. Purpose of this Standard Operating Procedure (SOP)

2.1. This document outlines the procedure to be undertaken by clinical practitioners assessing and treating patients with hyperacusis.

2.2. Referrals come from ENT and GP or Any Qualified Providers (AQP). This is not formally assessed as a subjective condition. However, referral criteria were set for GP and AQP providers to undertake Khalfa Hyperacusis questionnaire (appendix 3 Link) with patients scoring >28. Audiology can refer directly, via Maxims, to the service without completing the Khalfa questionnaire.

3. Ownership and Responsibilities

3.1. Role of the Managers

Both the Audiology Service Manager and the Audiology Clinical Lead are responsible for:

- Cascading this SOP to the team.
- Ensuring the SOP is followed by all staff.

3.2. Role of Individual Staff

Audiology staff are responsible for making referrals to the Hearing Therapy (HT) team and noting any appropriate symptoms.

- Hearing Therapy team to follow procedure as per standards and practice outlined in section 4 below.

4. Standards and Practice

Hearing Therapy will use a combination of counselling and an auditory desensitisation process, which has been shown to be effective in most patients with Hyperacusis.

- The standard Hearing Therapy template ‘IMP 34’ in the Audiology software AuditBase must be completed (appendix 4).

- **Procedure for Auditory Desensitisation**

  - Auditory Desensitisation involves a process of fitting a sound generator to one or both ears (see below), in combination with counselling on how to use.

  - The sound generator is set up in quiet with the volume being a little louder than just audible for the patient. If tinnitus is present, the sound generator volume must be quieter than the tinnitus.

  - The patient is counselled on the use of the sound generator. To be effective, the generator is to be used for a minimum of six waking hours a day. The patient is counselled that the time can be split into sessions during the day – for example: three sessions of two hours per day.

  - The patient will be counselled on the importance to avoid silence and to encourage the use of the generator when in quiet situations. The patient will also be counselled strongly against the use of ear plugs/defenders when in the presence of sound, as this can exacerbate the patient's auditory sensitivity.

  - The patient is counselled to increase the volume of the sound generator by one click after one month of use. This should be a comfortable level and if tinnitus is present, below the level of tinnitus.

  - Review of the patient's progress will be carried out between 8-12 weeks after beginning treatment with a follow up appointment by the Hearing Therapist, booked by the HT team.

  - The patient will be counselled that the duration of treatment by use of the sound generator varies. However, sustained benefit is not expected in less than 2 weeks of use and may take as long as 12 months. When the patient's auditory sensitivity has improved, they are counselled to stop regular use of the sound generator, however they can keep the device and resume the treatment if the sensitivity returns at any time.

5. Dissemination and Implementation

This document will be shared with the whole Audiology team.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Subjective/qualitative responses of treatment from patient using Likert 1-10 scale. Has 'IMP 34' in AuditBase been completed appropriately.
Lead	Audiology Clinical Lead or delegated Adult Lead.
Tool	Audit.
Frequency	Bi-annual.
Reporting arrangements	Report to the Clinical Lead/Audiology Service Manager.
Acting on recommendations and Lead(s)	Clinical Lead/Audiology Service Manager and Hearing Therapy Lead will decide on any appropriate action that needs to be undertaken.
Change in practice and lessons to be shared	All changes from lessons learned are to be identified and shared with the Hearing Therapy and Audiology teams. Lessons will also be shared with any relevant stakeholders. Required changes to practice will be identified and actioned by the Clinical or Hearing Therapy Lead within three months and distributed as above.

7. Updating and Review

Three-year review of procedures.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Hearing Therapy Hyperacusis Standard Operating Procedure V1.0
This document replaces (exact title of previous version):	New Document.
Date Issued/Approved:	August 2025.
Date Valid From:	August 2025.
Date Valid To:	August 2028.
Author/Owner:	Demelza Wake, Audiology Clinical Lead.
Contact details:	01872 253744
Brief summary of contents:	Hyperacusis Standard Operating Procedure (SOP).
Suggested Keywords:	Hyperacusis/sensitivity to sound.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Audiology Governance, Specialist Services and Surgery (SSS) Senior Management Team, Care Board and Policy Review Group Meetings.
Manager confirming approval processes:	Ian Moyle-Browning Head of Nursing (HoN), Specialist Services and Surgery.
Name of Governance Lead confirming consultation and ratification:	Michele Reed.
Links to key external standards:	None required.
Related Documents:	None required.
Training Need Identified:	No.

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/Audiology

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
August 2025	V1.0	New Document.	Demelza Wake, Audiology Clinical Lead.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Hearing Therapy Hyperacusis Standard Operating Procedure V1.0.
Department and Service Area:	Audiology, Hearing Therapy.
Is this a new or existing document?	New.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Demelza Wake, Audiology Clinical Lead.
Contact details:	01872 25 3744

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Clinical practitioners assessing and treating patients with hyperacusis.
2. Policy Objectives	To do effectively.
3. Policy Intended Outcomes	To consistently assess and treat patients.
4. How will you measure each outcome?	Monitoring of activity through competence checks.
5. Who is intended to benefit from the policy?	Patients with hyperacusis.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/groups:** Hearing Therapy Lead. Senior Hearing Therapist. Business and Governance Meeting
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Demelza Wake, Audiology Clinical Lead.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. Khalfa Hyperacusis Questionnaire [Link]

TPA Tinnitus Practitioners Association

MODIFIED Khalfa Hyperacusis Questionnaire (Khalfa et al, 2002)

Patient Name_____ Date_____

1.	Do you have trouble concentrating in a noisy or loud environment?	Yes	Sometimes	No
2.	Do you have trouble reading in a noisy or loud environment?	Yes	Sometimes	No
3.	Do you ever use earplugs or earmuffs to reduce your noise perception? (Do not consider the use of hearing protection during abnormally high exposure situations.)	Yes	Sometimes	No
4.	Do you find it harder to ignore sounds around you in everyday situations?	Yes	Sometimes	No
5.	Do you find it difficult to listen to speaker announcements (such as airport, airplanes, trains, etc.)?	Yes	Sometimes	No
6.	Are you particularly sensitive to or bothered by street noise?	Yes	Sometimes	No
7.	Do you "automatically" cover your ears in the presence of somewhat louder sounds?	Yes	Sometimes	No

F Subscale Total _____

8.	When someone suggests doing something (going out, to the cinema, to a concert, etc.), do you immediately think about the noise you are going to have to put up with?	Yes	Sometimes	No
9.	Do you ever turn down an invitation or not go out because of the noise you would have to face?	Yes	Sometimes	No
10.	Do you find the noise unpleasant in certain social situations (e.g., nightclubs, pubs or bars, concerts, firework displays, cocktail receptions)?	Yes	Sometimes	No
11.	Has anyone you know ever told you that you tolerate noise or certain kinds of sounds badly?	Yes	Sometimes	No
12.	Are you particularly bothered by sounds others are not?	Yes	Sometimes	No
13.	Are you afraid of sounds that others are not?	Yes	Sometimes	No

S Subscale Total _____

14.	Do noise and certain sounds cause you stress and irritation?	Yes	Sometimes	No
15.	Are you less able to concentrate in noise toward the end of the day?	Yes	Sometimes	No
16.	Do stress and tiredness reduce your ability to concentrate in noise?	Yes	Sometimes	No
17.	Do you find sounds annoy you and not others?	Yes	Sometimes	No
18.	Are you emotionally drained by having to put up with all daily sounds?	Yes	Sometimes	No
19.	Do you find daily sounds having an emotional impact on you?	Yes	Sometimes	No
20.	Are you irritated by sounds others are not?	Yes	Sometimes	No

E Subscale Total _____

Subscale Total _____

Appendix 4. Hearing Therapy template ‘IMP *3*4’ in AuditBase

Seen at:

Present at appt:

Check demographics:

Consent given to proceed with assessment & examination:

Room stocked and cleaned:

Referred By:

Reason for referral:

Significant ENT history, include MRI:

Current Audiogram (within past year) – Yes/No.

Other Health Problems (including depression etc):

Medication:

Employment:

Home life:

Social Activities/hobbies:

Start of sound sensitivity:

Location:

What sounds do you find uncomfortable?

How do these uncomfortable sounds affect you?

When did you last experience this?

Do you have tinnitus? Yes/No

If yes, please state location: - Bilateral/Right/Left:

Have you experienced any increase in stress or anxiety lately?

How are you coping with that?

Khalfa score = Scores greater than 28 seem to represent a strong auditory hypersensitivity (Khalfa et al).

Information given (specify):

Other Information given:

Onward referral: -

Treatment plan:

Letter to GP/Consultant of treatment plan: - No

Copy of IMP given: - No/Yes/Declined