



EAR, NOSE & THROAT CONSULTANTS OF NEVADA

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TINNITUS

COMMON QUESTIONS & FACTS ABOUT TINNITUS

WHAT IS IT? Tinnitus is a subjective experience where one hears a sound when no external physical sound is present. Some call it "head noises", "ear ringing", or use similar terms to describe it. Tinnitus can be a hiss, ring, roar, buzz, or cricket sound.

WHAT DOES THE WORD TINNITUS MEAN? The word is of Latin origin and it mean to "tinkle or to ring like a bell" It has two pronunciations, both correct: "tin-NYE-tus" or TINN-in-tus"

WHAT CAUSES IT? There are many causes; indeed almost everything that can go wrong with the ear has tinnitus associated with it as a symptoms. Problems ranging in severity from wax impinging on the eardrum to acoustic tumors can produce tinnitus. Most ear pathologies have tinnitus associated with them. One of the most common causes of tinnitus is exposure to excessively loud sound either on the job (musicians, carpenter, pilots) or recreationally (shooting, chainsaw, loud music, etc.) Sometimes problems not associated with the ear can cause tinnitus. Examples of non-auditory causes are disorders of the cervical vertebrae (neck) and temporomandibular joint disorders, jawbone).

DO MANY PEOPLE SUFFER FROM TINNITUS? Yes. It is currently estimated that 50 million American adults have tinnitus to some degree. Of that number 12 million have it severely enough to seek medical help. During an average year patients with severe tinnitus may spend more money seeking help and treatment than they do for all their other health conditions.

IS IT ASSOCIATED WITH HEARING LOSS? Sometimes, tinnitus is associated with some hearing loss. For example, those who have been exposed to excessively loud sounds may have a hearing loss for the high-pitched tones. Usually their tinnitus will be identified as a high-pitched tone in the frequencies of the hearing loss. Tinnitus can be perceived as being in the ears or in or around the head and can have one or a variety of different sounds such a ringing, hissing or roaring. In some cases tinnitus is present where there is no hearing loss and for which there is no discernible reason. Tinnitus is an indication that there has been some kind of damage to the hearing mechanism, but it does not mean the patient will become deaf.

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WHAT MAKES TINNITUS WORSE?

The most common reasons for aggravating ones tinnitus are:

1. Stress. It is important to reduce stress as much as possible in order to better cope with tinnitus.
2. Loud Sounds. Tinnitus patients about encourage to go overboard in protecting their ears from loud sound. Chainsaw, guns, motorcycles, noise vacuum cleaners, etc., should be used only with ear protection either earplugs or earmuffs or both.
3. Excessive use of alcohol or so called recreation drugs. Many tinnitus patients find that following the use of alcohol their tinnitus will be increased.
4. Caffeine. Tinnitus patients are asked to give up all forms of caffeine for a one-month period to determine whether or not caffeine had an adverse effect on their tinnitus. Caffeine is found in coffee, tea, soft drinks and chocolate.
5. Nicotine. Tinnitus patients are asked to give up smoking because of the vascular effects of nicotine.
6. Aspirin, Advil and some antibiotics. Many medications have a side effect on the ears and tinnitus. Always inform your physician of your tinnitus, because a substitute medication or a different dosage may be available which won't affect your tinnitus. Ask your doctor about potential side effect of all your medications.

WHAT TREATMENTS ARE AVAILABLE FOR TINNITUS?

Several forms of treatment are currently available and several other experimental approaches hold promise for the future. These include:

1. Amplification. It has been known for some time that the use of hearing aids can reduce or even eliminate some forms of tinnitus. If a patient has a hearing loss and the tinnitus is in the medium or low pitches, often a hearing aid will help. The hearing aid renders the patient capable of hearing ambient environmental noise instead of the tinnitus.
2. Bedside maskers. (such as recorded music, a clock radio, or a fan) can be used while going to sleep. Bedtime is often one of the worse times for tinnitus as it is quiet. These help drown out tinnitus.
3. Ear Level Masking. Since 1977, tinnitus maskers have been used to relieve tinnitus. These units, which look like hearing aids, present a band of noise to the patient's ear. The idea is that the masking sound is a more pleasant substitute for the tinnitus sound. Also used for masking is the "tinnitus instrument" a combination unit that includes both a hearing air and a masker.
4. Biofeedback. Biofeedback is a relaxation process that has been very successful in the control of tension headaches. It is also effective in teaching one how to handle or cope with stress. Since stress seems to worsen tinnitus, being able to control stress and tension can be very helpful in coping with tinnitus. Drug Therapy. Many drugs have been investigated as possible relief agents for

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tinnitus. These drugs have included "anticonvulsant drugs", tranquilizers, anti-anxiety drugs and antihistamines.

5. For some patients, these drugs are partially effective in helping them to cope with the tinnitus. It is also well established that Lidocaine will offer complete or partial relief for large number of patients. However, because this drug must be administered intravenously and its effect is not lasting, it is not a good drug to treat these symptoms. Research continues in an attempt to identify a drug that can be administered orally and have a comparable effect to lidocaine without serious side effects. It is hoped that a more permanent treatment will be forthcoming in this area.
6. Dental Treatment. Dental treatment for temporomandibular joint (TMJ) problems associated with tinnitus has been effective for some who suffer from this dual problem. Symptoms of damage to this joint, which is located just in front of the ear, included tinnitus and ear pain.
7. Counseling, Behavioral modeling, cognitive therapy, patient education and support groups have been shown to be useful for many patients who are having trouble coping with tinnitus.
8. Cochlear Implants. Currently these implants are meant for people with no usable hearing. Some of these patient report improvement in the tinnitus. Research is ongoing to determine whether a type of implanted stimulus can be devised that will be safe and effective for people with normal hearing tinnitus.
9. Other. Additionally some patients have found help through hypnosis or acupuncture. People who are suffering from tinnitus and who have not been helped by conventional methods are sometimes driven to seek any form of treatment that holds out hope. Some tinnitus sufferers seeking help through non-medical interventions have tried one or more unproven remedies, even when well intentioned. It usually is a waste of time. Remember, unproven remedies may appear to work simply because they are tried at the beginning of a natural remission.

IS THERE AN OPERATION FOR TINNITUS?

Patients sometimes report that following successful surgical treatment for ear pathologies their tinnitus will also disappear. However, this is not always the case. Many patients inquire about possibility of severing the hearing nerve to inquire tinnitus but this procedure has not proven successful. Destruction of the hearing mechanism will often tinnitus still present or worse.

Websites: www.medlineplus.gov
www.mayoclinic.com/health/tinnitus
www.ata.org

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