

PATIENT INFORMATION

TINNITUS

WHAT IS TINNITUS?

Tinnitus is a subjective experience where one hears a sound when no external physical sound when no external physical sound is present. Some call it "head noises," "ear ringing" or "buzzing," or use similar terms to describe it.

WHAT CAUSES TINNITUS?

There are many causes. Many problems with the ear have tinnitus associated with it as a symptom. Problems ranging in severity from overproduction of wax to ear infections can produce tinnitus. One of the most common causes of tinnitus is exposure to excessively loud sounds either on the job (musicians, carpenters, pilots) or recreationally (shooting, chain saws, loud music). Sometimes problems not associated with the ear can cause tinnitus, such as disorders of the cervical vertebrae (neck) or the temporomandibular (jaw) joint. It's important to note that more than 200 prescription and non-prescription drugs list tinnitus as a potential side effect.

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 to seek medical help. Some patients, however, seek no treatment in the mistaken belief that nothing can be done to help them.

IS IT ASSOCIATED WITH HEARING LOSS?

In most cases, tinnitus is associated with some hearing loss. For example, those who have been exposed to excessively loud sounds may have a high frequency hearing loss. Usually their tinnitus will be identified as a high pitched tone in the region of the hearing loss. In some cases tinnitus is present where there is no loss of hearing.

DOES TINNITUS MEAN THAT ONE IS GOING DEAF?

No, 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. Tinnitus does not *cause* hearing loss, and hearing loss does not *cause* tinnitus, although the two often exist together.

WHAT MAKES TINNITUS WORSE?

1. **Loud noise.** Tinnitus patients should avoid loud sounds and protect their ears at all costs! Power tools, guns, motorcycles, noisy vacuum cleaners, etc. should be used *only with ear protection* - ear plugs and/or ear muffs.
2. **Alcohol** (or recreational drugs). These have been found to exacerbate tinnitus in some individuals.
3. **Caffeine.** Coffee, tea, chocolate, and cola drinks can increase tinnitus.
4. **Nicotine.** Quit smoking. The vascular effects of nicotine are associated with an increase of tinnitus.

5. **Drugs.** Aspirin, quinine, some antibiotics, and many other drugs have been associated with causing tinnitus or making tinnitus worse. If you are prescribed any new medications, always inform your physician of your tinnitus and discuss the drug options. A substitute medication or dosage may be available that won't affect your tinnitus.
6. **Stress.** Many people notice a reduction in the volume of their tinnitus when they are able to control their stress levels.

WHAT TREATMENTS ARE AVAILABLE FOR TINNITUS?

Initially each tinnitus sufferer may need to be examined by an audiologist or an otolaryngologist. The purpose of the examination is to determine if there is a medical condition causing tinnitus for which treatment could be prescribed. It is important to note that unilateral (one-sided) tinnitus is of particular concern and may need a specialized evaluation. If that is not the case, patients might then consider non-medical treatments such as masking or relaxation therapies for relief.

It is important to remember that a natural remission can occur, perhaps coinciding with the start of a new treatment or spontaneously with no treatment at all.

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

1. **Amplification.** 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, often a hearing aid will help. The hearing aid renders the patient capable of hearing ambient environmental noises instead of the tinnitus.
2. **Masking.** For many years, tinnitus maskers have been used to relieve tinnitus. The units, resembling hearing aids, present a selected band of noise to the patient's ear. This external masking sound is perceived as a more pleasant sound than the internal tinnitus sound. A "tinnitus instrument" is a combination unit that includes both a hearing aid and a masker. Sometimes effective masking can be produced by the use of bedside maskers, commercial and custom-made audio tapes and even FM radio static. Masking will work for some patients, but it is impossible to predict in advance of testing and trial which patients can be helped with this treatment. Masking does not seem to damage hearing when used over long periods of time.
3. **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.
4. **Drug Therapy.** Many drugs have been investigated as possible relief agents for tinnitus. These drugs have included anticonvulsant drugs, tranquilizers, anti-anxiety drugs, and antihistamines. For some patients, these drugs are partially effective in helping them cope with the tinnitus.

HOW CAN I LEARN MORE ABOUT TINNITUS AND FIND HELP?

Call or write:

American Tinnitus Association:

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