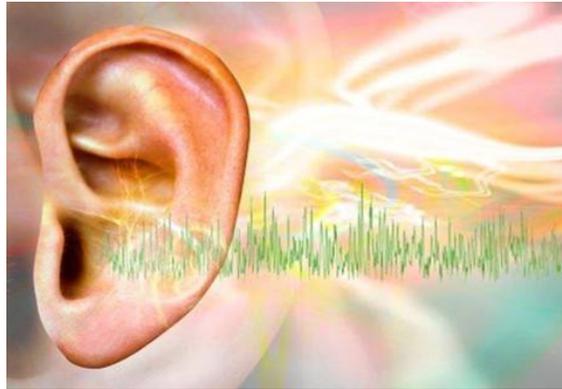




Canadian Hard of Hearing Association
Association des malentendants canadiens

Communication Strategy

Tinnitus



NOTE: *The information provided on tinnitus is NOT a substitute for medical advice. If you suspect you have tinnitus or your tinnitus changes you should always seek the help of a medical professional and see your doctor first.*

INTRODUCTION

Tinnitus is a medical term and is defined as the perception of sound when there is no external sound present. It is pronounced either ti-NIGHT-us or TIN-i-tus, both pronunciations are correct. Tinnitus is frequently referred to as ‘ringing in the ears’, but this is misleading as tinnitus can also include numerous other sounds such as buzzing, hissing, roaring, whistling, pure tones, etc. It can be heard in one ear, both ears or in the head. Tinnitus can be intermittent or constant with multiple sounds and the perceived loudness or intensity can range from mild to shatteringly severe.

It is believed that approximately 10% of people live with persistent tinnitus. Tinnitus is more common in people who have a hearing loss or other ear problems, but it can also be found in people with normal hearing. Most people find it does not really affect them, while some find it to be moderately annoying and others feel that it greatly impairs their quality of life.

Some of the common problems that people with tinnitus experience include:

- Increased difficulty in understanding speech
- Reduced ability to concentrate
- Negative thoughts
- Feeling of depression
- Frequent mood swings
- Increase tension and irritability
- Fatigue
- Insomnia

CLASSIFICATION, TYPES OF TINNITUS

Objective Tinnitus: This type of tinnitus can be heard by others and it originates in the middle ear cavity behind the eardrum (less common). Often the tinnitus is only in one ear and is usually a result of either abnormal blood flow or muscular spasms or twitching. In some cases this type of tinnitus can be medically or surgically treated and your family physician will refer you to the appropriate specialist (i.e. otolaryngologist, cardiologist, etc.)

Subjective Tinnitus: This is the most common. In this type of tinnitus the sound(s) can only be heard by the person with tinnitus and it can originate anywhere along the auditory pathway.

THE EXPERIENCE OF TINNITUS

The experience of tinnitus is different for everyone. Sounds may be intermittent or constant and occur in one ear or both or in the head. There may be multiple sounds or even a constant prevalent sound with others that occur intermittently.

Some examples would include:

- buzzing
- hissing
- ringing

- clear tones
- roaring
- sizzling
- crickets
- humming
- ocean
- clicking
- whistling
- pounding
- static
- power wires or transformer noises
- music

POSSIBLE CAUSES OF TINNITUS

Objective Tinnitus: Is much less common than subjective tinnitus, but your doctor or the appropriate medical specialist can usually identify the cause and may be able to treat and cure the condition.

- Vascular – there are a variety of sounds such as pulsing, humming and these are associated with a number of vascular conditions such as fistulas, aneurysms, vascular stenosis, hypertension, etc.
- Patulous Eustachian Tube – usually synchronous with your breathing and improves when you lie down.
- Muscular – associated with abnormal muscular contractions and may occur as clicking sounds.

Subjective Tinnitus: Is by far the most common type of tinnitus and the exact cause is unknown. What is known is that tinnitus itself is not a disease or illness, but rather a symptom. There are a number of theories of possible causes, but it is generally agreed that tinnitus results from some type of change, either mental or physical and they are not necessarily related to hearing. In the majority of the cases of subjective tinnitus, the cause is not known.

Some possible causes of subjective tinnitus may include but are not limited to:

- Otolological – related to the ear.
 - noise induced hearing loss
 - presbycusis – aging
 - middle, inner ear or sinus infections
 - otosclerosis
 - Meniere’s disease
 - cerumen or ear wax
- Medications or Drugs – some may cause or aggravate your tinnitus. Consult with your doctor about this possibility
- Metabolic Disorders
 - thyroid disorders
 - diabetes
 - renal insufficiencies
 - severe anemia
 - vitamin deficiencies
- Dental
 - TMJ – temporomandibular joint disorders, associated with joint disorder with the jaw. You should see a dentist or an oral surgeon
- Neurological
 - head trauma
 - Multiple Sclerosis
 - Meningitis
 - tumours (very rare)
- Psychological
 - anxiety
 - depression
 - **STRESS!**

MANAGING TINNITUS....SOME POINTS TO REMEMBER

- **Tinnitus is a symptom, not a disease and it is not life threatening.** However, in rare cases, the underlying cause may be. Thus, you should always see your doctor if you think you have tinnitus or if your tinnitus changes.

- **Tinnitus usually does not get worse. You may have fluctuations, but it does not get worse overall.** When you first experience tinnitus, you will naturally be worried and very aware of the sound. However, most people find their tinnitus does seem to settle down after this initial period. It is like walking into a room with a noisy air conditioner or fan. Initially you are aware of how loud and noisy it is, but after a while you stop noticing as much. This is often referred to as *habituation*. People with progressive hearing loss may experience an increase in their perception of the sound as they are hearing less environmental sounds.
- **Be wary of a hopeless diagnosis or a doctor’s advice like, “There’s nothing you can do about tinnitus. You just have to go home and get used to it.”**
- **Although there is no cure for tinnitus, there are a many things people can do to manage the impact that tinnitus has on their lives.**

THE FIRST STEPS TOWARDS TAMING TINNITUS

- **Try Not to Give Tinnitus All Your Attention**
 - Many people say they notice the tinnitus less when they are doing something. Keep yourself occupied in activities that will shift your attention from the tinnitus...but don’t overdo it. Some of these should be activities you enjoy such as listening to music, reading, sports, hobbies, etc.
- **Relax**
 - Learning to relax is probably one of the most useful things you can do to help yourself. Tinnitus can often be an emotional barometer for many as stress can be a major aggravator or ‘trigger’ of tinnitus.
 - Your attitude towards tinnitus matters. Try not to create negative forecasts for your tinnitus such as “This is hopeless”. Remember, counting on a better outcome will help you create one.
- **Establish Sleep Patterns and Get a Good Night’s Sleep**

- A large number of people with tinnitus have difficulty with sleep. This is likely due to the quietness of the bedroom which allows you to give the tinnitus all of your attention and makes the noise more noticeable. It is no secret that chronic sleep problems leave people exhausted, irritable, stressed and anxious. All of these are triggers that can aggravate your tinnitus, making it even more difficult to sleep, resulting in a vicious cycle of insomnia.
- Some ideas to help improve your sleep include:
 - Develop a regular sleep pattern. Get up at the same time every morning. This will help set your internal clock.
 - Avoid naps as this will disrupt your internal clock.
 - Try to avoid caffeine, high levels of salt, nicotine and alcohol in the evenings.
 - Develop regular routines before bedtime and make a point of winding down. For example, making lunch for tomorrow, brushing your teeth, reading a book while lying in bed.
 - Go to bed only when you are good and tired.
 - The bedroom should be a place for relaxation, pleasure and sleep. Work, study, eating should be elsewhere in your home.
 - Use sound conditioners or maskers to help you relax and distract you from the tinnitus.
 - You may need to consult with your family doctor about a sleep medication to help you with your insomnia. This is only for the short term and you should continue to work towards developing better sleep habits using the suggestions listed above.
- If you do not fall asleep within 20 to 30 minutes. Don't just lie there. Get up, move to another room and do something relaxing (read, watch a little TV...nothing too exciting) until you begin to feel more tired and then go back to bed.
- **Learn What Triggers or Aggravates Your Tinnitus and, If Possible, Avoid Them.**
 - There are a number of triggers that may cause fluctuations or aggravate a person's tinnitus. However, many people with tinnitus do not have any known cause or trigger for their tinnitus.

- Effectively managing tinnitus can involve a bit of detective work. When investigating possible triggers for your tinnitus it is important to not go “chasing a cure” and looking too closely. A trigger or aggravator of your tinnitus should be quite obvious and jump up and hit you in the face.
- Some possible things to be used in moderation or avoid include:
 - Loud noise
 - Complete quiet
 - Certain drugs or medications – always consult with your physician
 - Nicotine
 - Sodium
 - ASA
 - Alcohol
 - Caffeine
 - Quinine – used to treat malaria and is also in tonic water
 - Stress

TINNITUS THERAPY

Note: *Always consult with your doctor before beginning any therapy or treatment for your tinnitus. If you have a hearing loss, you should also consult with your audiologist.*

While there is NO CURE for tinnitus at this time, there are a number of therapies available for the treatment of tinnitus both conventional and alternative (or complementary). The conventional therapies are generally accepted practices by the health care professionals. There is little evidence that alternative or complementary treatments are effective for tinnitus, however some people have found them to be helpful. *If you choose to try an alternative therapy make certain you receive clearance from your family physician first.*

Conventional Therapies

- **Correcting Hearing Loss – Hearing Aids, Cochlear Implant, BAHA**

- If you have a hearing loss, your world is much quieter and you are not hearing many environmental sounds. This allows you to focus your attention on the tinnitus. Wearing hearing aids is *extremely* helpful in managing tinnitus. Using hearing aids also reduces your stress levels as it reduces the strain of trying to listen.
- **Biofeedback Therapy**
 - Attempts to change and reduce the body's automatic or involuntary responses to stress. This will reduce the perception of tinnitus by altering the body's physical responses to stress.
- **Cognitive Therapy**
 - Attempts to change your emotional response to tinnitus by reducing the stress and distraction associated with tinnitus. Remember your attitude matters. Sometimes you may need some guidance and counselling from a trained professional or an audiologist.
- **Drug Therapy**
 - There is no specific medication to treat tinnitus, but some medications may be needed to help with depression, anxiety and stress. Medications are best when used in combination with other therapies.
- **Sound Therapy Using Sound Conditioners and Maskers**
 - Tinnitus is most noticeable in quiet environments. Therefore the aim of sound therapy is to distract your attention from the tinnitus. A radio or television can sometimes provide enough background noise to mask the sound of tinnitus. Listening to gentle music or natural nature sounds can be helpful.
 - Some examples of sound conditioners and maskers include:
 - **Tinnitus masker** – an electronic device that looks like a hearing aid and produces noise to help mask tinnitus.
 - **Tinnitus instrument** – a combined hearing aid and masker for people with both hearing loss and tinnitus.

- **Commercial Sound Conditioners** – electronic devices which produce various sounds to provide relief from tinnitus. These are particularly helpful when trying to sleep at night. There are a wide variety of systems available today including some with speakers to be placed in the pillow.
- **Tinnitus Retraining Therapy**
 - A structured approach to managing tinnitus by using a combination of sound therapy and counselling to help retrain the way your brain responds to tinnitus sounds. The process trains the brain to reduce the priority of the tinnitus and you start to tune out the tinnitus and become less aware of it. This process is called *habituation*.

Alternative or Complementary Therapies – Beware of the “CURE” Claim

There is little evidence that alternative or complementary treatments are effective for tinnitus and the fact is not enough scientific evidence exists to make any judgment as to whether these are effective or not. Many people with tinnitus find themselves “chasing a cure” and often resort to alternative or homeopathic remedies. Some find a few to be helpful, while others find them all to be utterly useless.

Alternative therapies are not accepted by most health care professionals as an effective treatment for tinnitus. Many of them will not do you any harm if you choose to try them, but you must *always consult with your family doctor first to ensure they are not contra- indicated*.

Some examples of Alternative or Complementary Therapies include:

- **Acupuncture**
- **Craniosacral Therapy**
- **Hypnosis**
- **Herbal Remedies**
- **Vitamins**
- **Magnet Therapy**
- **Homeopathic Supplements**

Remember, you are not alone. Many people struggle with tinnitus, so look for support and understanding from others living with tinnitus. Consider joining a support group where you will find information, compassion, companionship and maybe even some new strategies to cope.