



Now Hear This

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Tinnitus a Significant Problem With Many Possible Treatments

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ALTON, IL – Tinnitus is a noise (e.g. buzzing, ringing or roaring) in one or both ears or in the head when there is no external sound present.

According to the National Institutes of Health, 40 million Americans – approximately 13 percent of the population -- experience tinnitus of some type. An estimated 7 million to 10 million suffer from severe, annoying or troublesome tinnitus symptoms. Males and females are afflicted in equal proportions. Although tinnitus is most prevalent between the ages of 40 and 70 years, it also affects children -- perhaps more than is commonly known.

Tinnitus is typically categorized as either objective or subjective. Objective tinnitus, or somatosounds, refers to sounds generated by the body that are heard by the patient and may be audible to the physician. Among the causes of objective tinnitus are vascular abnormalities, neuromuscular disorders and eustachian tube dysfunction. Objective tinnitus is less common than subjective tinnitus and often affects younger patients.

Subjective tinnitus refers to an auditory sensation, usually the perception of noise heard only by the patient. Sometimes described as an auditory phantom perception, it is not audible to a physician. When all cases are considered together, subjective tinnitus is far more common.

The characteristics of tinnitus are multiple and highly varied among patients. Common descriptions of tinnitus sounds are buzzing, ringing, roaring, cricket sounds and hissing, although many other types of sounds or combinations of sounds are reported. The

tinnitus may be constant or inconsistent in its intensity, frequency or presence. Some patients experience pulsatile tinnitus. The tinnitus sometimes is perceived as extremely loud.

The exact physiologic causes of tinnitus are not known at this time. There are, however, several likely sources, such as exposure to loud sounds; injury to the head or neck; ear infections; wax or any foreign object in the ear canal; middle ear disorders; Meniere's disease; age-related changes in the inner ear; certain types of ear tumors; certain disorders (e.g., hypo- or hyperthyroidism, Lyme disease or fibromyalgia); jaw misalignment; cardiovascular disease; exposure to ototoxins (including chemotherapy), and/or the use of some prescription and nonprescription drugs. A few tinnitus patients may have other coincidental complaints such as TMJ (temporomandibular joint, i.e. the jaw) symptoms, headaches, hyperacusis (difficulty tolerating everyday sounds) and muscle spasms.

In all cases, tinnitus should be initially viewed as a symptom. The cause of the symptom should be sought by thorough history, a physical examination and appropriate diagnostic studies. It is important to rule out medically treatable diseases that include tinnitus as a symptom before proceeding with the non-medical management. Thus, it is important for tinnitus patients to undergo a full otologic/neurotologic examination. Furthermore, when the diagnostic work-up fails to show any evidence of medically or surgically treatable disease (this is the outcome in the vast majority of cases) the information can be extremely valuable in counseling patients and reviewing the treatment/management options.

There is no universal treatment for patients with tinnitus. However, many treatment options are available such as hearing aids, tinnitus maskers, tinnitus retraining therapy (TRT) and Zen therapy. A newly integrated scientific approach referred to as the Zen therapy for tinnitus management combines the use of counseling, amplification, fractal tones, relaxation strategies, sleep management and many elements associated with TRT and Cognitive Behavioral Therapy (CBT) for an individualized, comprehensive management program. It is important to note that these options do not work for everyone and do not work to the same degree for each individual patient. This is why it is important to discuss your particular tinnitus situation with a qualified health professional.

If you are a patient experiencing tinnitus, the first step is to see an audiologist for a complete hearing evaluation. You may be referred to see an ear, nose and throat specialist as a part of the diagnostic work-up. Through the combined expertise of audiology, otology and a primary care physician, the functional goals of these often complex patients can be achieved.

Dr. T.K. Parthasarathy, Ph.D, FAAA, is a certified clinical audiologist with offices at the Better Hearing Clinic, Suite 103 of Medical Office Building A of Alton Memorial Hospital. Contact Dr. Parthasarathy at 618-433-7961 for additional details about tinnitus and for setting up an appointment. All patients 50 and older are eligible for a FREE complete hearing evaluation.