

Medicine for Managers

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Tinnitus

Ten percent of adults suffer from tinnitus and, of those, one in ten suffers severe effects on the quality of life experiencing depression, anxiety, stress and sleep deprivation. Tinnitus is in fact any sound which can be 'heard' by the sufferer but which arises from within the body rather than from an outside source. Noise may buzz, grind, hum, whistle, hiss or sizzle. It may be ringing in the ears

Much of the characteristics and associated features of tinnitus are poorly understood. For many it may be the presence of a sound which may be distracting or of which they are barely aware.

Sometimes the sound is not noticed because it is the same as machinery or car noise. Yet others find that they only hear tinnitus when there is little or no other sound.

Other patients find that the presence of tinnitus results in other sounds feeling painfully loud even though they may be in the normal range, for example a television. The name of this phenomenon is **hyperacusis**.

Tinnitus may be positional. Sometimes, for example, people are unaware of tinnitus when standing but it becomes apparent if they lie down, a feature which can cause

great difficulty at night. A few sufferers experience a pulsatile tinnitus which takes the form of a rhythmic thumping which occurs in time with the pulse.

It is thought to be an awareness of blood flow near the ear(s), especially if there is

narrowing of the artery secondary to arterial thickening (atherosclerosis).

So, what causes tinnitus? Well, it is difficult to

answer the question.

What is known is that the noises are associated with certain types of pathology. It often starts when someone develops hearing loss and it can be eased by restoring the ability to hear using a hearing aid.

Other factors may be the development of ear-wax in the ear, chronic middle ear infection and sometimes disorders of the

Sufferers can get advice and support from the:

British Tinnitus Association

www.tinnitus.org.uk

0800 018 0527

inner ear such as Menièrè's disease. In some tiredness or stress are potent stimulators and sometimes it gets worse for a period if the sufferer is exposed to loud noise. Some people present with tinnitus as a first sign of worsening depression.

Diagnosis is usually made by the history. The GP will undertake an examination of the ear in case there is a simple pathology which is easy to treat and resolve. In cases where it is severe or where there are other features, the patient may undergo an MRI scan.

If the hearing is poor, referral to an audiologist may be useful to make a more detailed assessment and see whether aids will help. Often, however, everything appears normal and the tinnitus is just there. Many people live with it and it ceases to intrude on their lives over time.

For some people there are more focused approaches. For patients with depression or anxiety, cognitive behavioural therapy may provide an effective treatment by helping the patient to learn to tolerate the problem through acceptance.

Tinnitus counselling can also be of benefit by learning how to cope with the condition and to live with it more effectively. The service is usually provided by audiologists and hearing therapists.

Sound therapy may be valuable by replacing or masking the sound of tinnitus

or used as a form of distraction therapy. Sound generators are available which produce soft and natural sounds which are designed to be soothing. They can be used by the bed at night to distract whilst attempting to go to sleep.

Many people simply find their own way of managing the condition.

They recognise that activities, sounds, postures simply relaxation may cause the sounds to subside or make them less noticeable.

Interestingly there are even some people who do not realise that they have tinnitus and assume that the noises that they hear are normal, or part of everyday living.

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