

WHAT IS TINNITUS

This plain language summary serves as an overview in explaining tinnitus and managing its symptoms. Tinnitus is a sensation of noise or ringing in the ears or head, when there is no real sound. Tinnitus (pronounced ten-ih-tus) affects 10-15 percent of adults in the United States. Some people experience tinnitus that goes away on its own. Other people have symptoms that last six months or longer and interfere with their life. The information in this summary is based on the 2014 Clinical Practice Guideline: Tinnitus. The guideline includes evidence-based research to support more effective diagnosis and treatment of tinnitus.



WHAT IS TINNITUS?

Tinnitus can be heard in one or both sides of the head. The noises can sound like they are either from within or outside the head. Tinnitus sounds can include ringing, roaring, buzzing, clicking, beating, whooshing, whistling, humming, or other noises. The person may "hear" their tinnitus all the time, or only in certain situations. Tinnitus can hurt a person's quality of life. Patients may experience symptoms at different levels of severity. Common patient complaints include difficulty sleeping, struggling to understand other's speech, depression, and problems focusing. These experiences could lead to problems with both work and family life.

WHAT CAUSES TINNITUS? ARE THERE RISK FACTORS?

There are two types of tinnitus: primary and secondary. Primary tinnitus has an unknown cause. It may or may not be linked with hearing loss. Secondary tinnitus has a specific known cause. It may be such things like impacted earwax, or diseases or pressure behind the eardrum. Secondary tinnitus can also be related to Meniere's disease or ear nerve conditions. Tinnitus can be caused by more unusual or serious conditions. Some of these rare conditions include tumors, heart problems, or blood vessel problems.

Tinnitus can be seen at any age, in males or females, and in all ethnic groups. Tinnitus occurs more frequently in males, the elderly, and non-Hispanic whites. There is a higher rate of tinnitus among military veterans. Tinnitus is also more likely to occur in people who are overweight, obese, or who have high blood pressure. Other risk factors include diabetes, high cholesterol, or anxiety disorder. Tinnitus is believed to be linked to long-term noise exposure. Exposure to noise, such as firearms or loud music, is also a risk factor.

WHAT CAN YOU DO?

You should seek medical care after you notice symptoms, which may help avoid misdiagnosis or delayed diagnosis. Tinnitus can be very upsetting, and it can even be associated with

depression and anxiety. Tell your doctor if you are having a strong emotional response to your tinnitus. Tinnitus patients commonly have trouble sleeping (insomnia). Lack of sleep can reduce the ability to pay attention. It can also lead to anger, frustration, and other negative emotions. Some patients develop a fear of being in noisy places. It is important to tell your doctor if symptoms are affecting your daily life.

HOW IS TINNITUS DIAGNOSED?

A doctor can diagnose tinnitus by reviewing your medical history and performing a physical exam. The examination may rule out other conditions. A doctor may look in the ears using a device called an otoscope (pronounced oh-toe-scope). This device allows for a good view inside the ear canal. Your doctor may also find other treatable conditions that are causing tinnitus. For example, earwax that is obstructing the ear canal can be removed. Fluid behind the eardrum can also be treated. Tinnitus frequently occurs in patients with hearing loss. Hearing tests are often done for people who have tinnitus.

WHAT TREATMENTS ARE AVAILABLE?

Tinnitus may improve on its own, especially when it is mild and has lasted for less than six months. When treatment is needed, patients benefit from individualized treatments to help manage their symptoms. Hearing aids can improve a patient's quality of life by correcting any hearing loss. Hearing aids can also make the tinnitus less noticeable. Patients who have upsetting tinnitus may benefit from counseling and/or medications. Cognitive behavioral therapy is a form of psychotherapy that may be helpful for patients trying to cope with upsetting tinnitus. Sound therapy is sometimes a good option. Smart phones, CD players, MP3 players, and radios can be used for sound therapy.

Studies show that products such as Ginkgo biloba, melatonin, or zinc do not help patients with tinnitus. Therefore, these types of over-the-counter products are not recommended for treatment. Research shows that ear medications injected through the eardrum do not improve

tinnitus. Studies also prove that treatments with magnetic stimulation do not improve the tinnitus. Therefore, these treatments are not recommended. There is not enough evidence to either recommend or discourage using acupuncture for treating tinnitus.

WHERE CAN I FIND HELP?

Tinnitus is a symptom, not a disease. There are a number of options that can be offered for your relief. Your doctor can provide information brochures and can suggest self-help books. Also, your doctor can describe counseling and therapy options to you. Your doctor can also explain how medication manages the problem. You may also be referred to support associations and specialists.

This plain language summary was developed from the 2014 AAO-HNSF Clinical Practice Guideline: Tinnitus. The multidisciplinary guideline development group represented the fields of otolaryngology-head and neck surgery, including pediatric and adult otolaryngologists, otologists/neurotologists, a geriatrician, a behavioral neuroscientist, a neurologist, an audiologist, a radiologist, a family physician, a psychiatrist, an internist, a psychoacoustician, an advanced nurse practitioner, a resident physician, and consumer advocates. Literature searches for the guideline were conducted up through April 2013. For more information on Tinnitus, visit <http://www.entnet.org/content/clinical-practice-guideline-tinnitus>

SOURCE

Tunkel DE, Bauer CA, Sun GH, et al. Clinical Practice Guideline: Tinnitus. *Otolaryngol Head Neck Surg.* 2014;151(S2):S1-S40

