Tinnitus Management

Tinnitus (“TIN-a-tus” or “tin-EYE-tus”), more commonly referred to as “ringing in the ears” or “head noise,” has been experienced by almost everyone at one time or another. It is defined as the perception of sound in the head when no external sound is present. In addition to “ringing,” head noises have been described as hissing, roaring, pulsing, whooshing, chirping, whistling, and clicking. Ringing and head noises can occur in one ear or both ears, and they can be perceived as occurring inside or outside the ear. Tinnitus can accompany a hearing loss. It can also exist independent of a hearing loss.

What should I do?

Since tinnitus is a symptom of a problem, the first thing you should do is to try to find out the underlying cause. You should have a medical examination with special attention given to checking factors associated with tinnitus such as blood pressure, kidney function, medications/drug intake, diet and allergies, emotional stress, noise exposure, and diseases involving the auditory system. Tinnitus can be associated with conditions that occur at all levels of the auditory system. Some of these conditions are impacted wax (external ear); ear infection, middle ear tumors, otosclerosis, vascular problems (middle ear); Meniere’s disease, ototoxic medications, circulation disorders, noise-induced hearing loss (inner ear); and, at the central level, eighth nerve and other tumors, migraine, and epilepsy.

Should I see an audiologist?

Your hearing should be evaluated by an audiologist certified by the American Speech-Language-Hearing Association to determine whether a hearing loss is present. Since tinnitus can be associated with a number of conditions that may occur at any level of the auditory system, an audiologic evaluation can yield extensive information regarding the cause and options for treatment.

Can tinnitus actually be measured?

Tinnitus cannot be measured objectively. Instead, the audiologist relies on information you provide in describing the tinnitus. The audiologist will ask you questions such as:

- Does the sound have a pitch to it? High pitch? Low pitch?
- How loud does it seem? Does it seem loud or soft?
- Does the sound change or fluctuate?
- Do you notice conditions that make the tinnitus worse (e.g., when drinking caffeinated beverages, when taking particular medicines, or after exposure to noise)?
- Does the tinnitus effect your sleep? Your work? Your ability to concentrate?
- How annoying is it? Extremely so? Not terribly bothersome?

In discussing your answers to these questions, the audiologist can give you information to increase your understanding of your tinnitus. Understanding what is happening is often relief in itself.

Knowing the cause of your tinnitus is also relief instead of having to live with the uncertainty of the condition. When your tinnitus is “demystified,” your stress level (which can make tinnitus worse) is frequently reduced, and you have a feeling of greater control and hope. You can “take charge” by anticipating, preventing, and changing situations that make your tinnitus worse.

How is tinnitus treated?

The most effective treatment for tinnitus is to eliminate the underlying cause. Because tinnitus can be a symptom of a treatable medical condition, medical or surgical treatment may correct the tinnitus.

Unfortunately, in many cases the cause of tinnitus cannot be identified, or medical or surgical treatment is not the appropriate course of action. In these cases, the tinnitus itself may need to be treated.

Drug therapy, vitamin therapy, biofeedback, hypnosis, electrical stimulation, relaxation therapy, counseling, habituation therapies, and tinnitus maskers are among the many forms of management available. Audiologists and otolaryngologists routinely collaborate in identifying the cause and providing treatment. A treatment that is useful and successful for one person may not be appropriate for another.
What is a tinnitus masker?
Tinnitus maskers look like hearing aids and produce sounds that "mask," or cover up, the tinnitus. The masking sound acts as a distraction and is usually more tolerable than the tinnitus. It is an external noise that some people find preferable to the sound in their heads. The characteristics of the tinnitus (pitch, loudness, location, etc.) that you describe for the audiologist determine what kind of masking noise might bring relief. If you have a hearing loss as well as tinnitus, the masker and the hearing aid may operate together as one instrument. Like all other treatments for tinnitus, maskers are useful for some, but not all, people. As with a hearing aid, a careful evaluation by an audiologist will help determine whether a tinnitus masker will help you.

Are there assistive devices that can help me?
Based on how you describe your tinnitus to the audiologist, there are devices that can be very helpful. For example, most people with tinnitus say that it is worse at night or in a quiet environment. Sound machines that provide a steady background of comforting noise are useful. Fish tanks, fans, low-volume music, indoor waterfalls, etc., can also be helpful.

Should I join a self-help group?
Tinnitus can be very debilitating because it can be difficult to describe, predict, and manage. Often a self-help group promotes feelings of hope and control. Members of the group share strategies that they have found to be successful in dealing with their tinnitus. Your audiologist can also connect you with a self-help group in your area. For additional information, contact the American Tinnitus Association by calling 800-634-8978 or visiting their Web site at www.ata.org for a group near you.