Suite 2101, 31a Lasso Road, Gregory Hills NSW 2557
Suite 102, 4 Hyde Parade, Campbelltown NSW 2560
P) 02 4625 1682 F) 02 4625 1032
www.macarthurent.com.au

MACARTHUR ENT

Tinnitus: Patient Information Handout

Prepared by Macarthur ENT, Gregory Hills and Campbelltown

What is Tinnitus?

Tinnitus refers to the perception of sound in the ears or head without an external source. It is a symptom, not a disease, and can vary from intermittent to constant. Common descriptions include ringing, buzzing, hissing, or humming sounds. While bothersome, tinnitus can often be managed effectively.

Tinnitus is most often the result of some damage somewhere within the auditory pathway. This damage can be minor, and people with essentially normal hearing may experience tinnitus. Conversely, severe hearing loss does not always cause significant tinnitus. Generally, however, more severe hearing loss can be associated with more severe tinnitus.

Tinnitus is a physical condition: sound is experienced even though no external physical noise is present. The word comes from Latin and is commonly pronounced “TIN-it-us”.

Types of Tinnitus

- Subjective tinnitus: the most common form, heard only by the patient.
- Pulsatile tinnitus: a rarer form that may arise from sound transmitted within the body and can be associated with vascular or other medical conditions.
- Transient ear noise: sudden brief ringing or whistling, often lasting about a minute. This is common and is not the same as chronic tinnitus.

What Causes Tinnitus?

Almost anything that affects the ear or hearing system can produce tinnitus as a symptom. Possible causes include:

1. Hearing loss: changes in the auditory system can alter neural activity and sound processing.
2. Noise exposure: repeated or prolonged exposure to loud sounds, such as machinery or concerts.
3. Medications: some medicines can exacerbate tinnitus, including high-dose aspirin, some anti-inflammatory medicines and aminoglycoside antibiotics.
4. Stressors: muscular, emotional, psychological, hormonal or metabolic stress can change tinnitus perception.
5. Other ear conditions: wax, middle-ear infection, Meniere’s disease or otosclerosis.
6. Jaw joint issues (TMJ): jaw-muscle tension or spasm can influence tinnitus.

Pathophysiology of Tinnitus

Following auditory damage, altered neural pathways may develop between the ear, brainstem and auditory cortex. These pathways interact with regions involved in neck and jaw movement and with the limbic system, which contributes to the stress response. This helps explain why stress, tension and attention can amplify tinnitus and create a feedback loop in which the brain focuses more strongly on the sound.

Tinnitus is real, not imaginary. It usually reflects altered activity somewhere in the hearing system, with the inner ear often involved.

Do Many People Experience Tinnitus?

Yes. Tinnitus is common worldwide. For most people it is mild, although it can be a significant problem for some. With time, commitment and professional support, the impact of tinnitus can reduce.

What Can Make Tinnitus Worse?

1. Loud noise: prolonged exposure may damage hearing and worsen tinnitus.
2. Stress and fatigue: these commonly amplify tinnitus. Relaxation, mindfulness or yoga may help.
3. Medications: some medicines can exacerbate tinnitus. Discuss concerns with your doctor rather than stopping prescribed medicines yourself.
4. Lifestyle factors: caffeine, alcohol, nicotine and poor sleep can worsen tinnitus in some people.

Initial Assessment and Red Flags

- Hearing test: persistent tinnitus should be assessed with a formal hearing test, even when no hearing loss is obvious.
- Medical examination: this includes examination of the ears and may include blood pressure assessment, blood tests or evaluation of muscular and jaw factors.

- Imaging: MRI of the brain and inner ears may be recommended when tinnitus or hearing loss is asymmetrical, or when other concerning features are present.

Managing Tinnitus

Although there is no single cure for tinnitus, several strategies can reduce its prominence and improve quality of life.

1. Sound Therapy

External sound can reduce the contrast between tinnitus and silence and help the brain pay less attention to tinnitus.

- Tabletop sound machines, fans, music or nature sounds such as rain or waterfalls.
- Hearing aids with sound-support features when hearing loss is present.
- Therapeutic noise generators or smartphone sound-therapy apps.

2. Cognitive Behavioural Therapy and Tinnitus Retraining Therapy

- Tinnitus retraining therapy combines counselling and sound therapy to reduce the brain's reaction to tinnitus.
- Cognitive behavioural therapy helps change unhelpful responses to tinnitus and manage associated distress.

3. Lifestyle Measures

- Protect your hearing in loud environments, but avoid unnecessary over-protection in ordinary sound environments.
- Reduce stress with relaxation, mindfulness, yoga or other suitable techniques.
- Maintain regular sleep habits and a restful sleep environment.
- Notice whether caffeine, alcohol or other personal triggers consistently affect symptoms.
- Address neck, jaw or muscular tension through appropriate dental care, physiotherapy, massage or other professional support.

4. Hearing Rehabilitation

- Hearing aids can be very helpful when hearing loss is present. They restore useful sound and often make tinnitus less noticeable.
- Maintain ear health by treating wax or infection appropriately and limiting harmful noise exposure.

Sudden-Onset Tinnitus: Seek Urgent Assessment

Sudden tinnitus, particularly when accompanied by a sudden change in hearing, should prompt urgent medical assessment and a formal hearing test within a few days to exclude sudden sensorineural hearing loss.

A Multidisciplinary Approach

- ENT surgeon: assessment and exclusion of significant ear or neurological disease.
- Audiologist: hearing assessment, rehabilitation and sound-therapy options.
- Psychologist: evidence-based therapy for tinnitus-related distress, anxiety or sleep difficulty.
- Other professionals: physiotherapists, dentists and general practitioners where appropriate.

Contacts and Resources

Tinnitus Retraining Therapy

- Tune Out Program: tuneout.com.au

Specialist Psychologists

- Maria Harasymczuk, Balmain NSW: 0404 466 360
- Dr Paula Sieradzki, Crows Nest NSW: 0411 196 956
- Kathi Paucz, Northbridge NSW: 0411 111 961
- Sarah Edelman, Surry Hills NSW: 9698 7758
- Dr Sally Rosengren, Newtown NSW: 0466 076 010

Support Groups and Associations

- Australian Tinnitus Association: www.tinnitus.asn.au
- American Tinnitus Association: www.ata.org
- British Tinnitus Association: www.tinnitus.org.uk

Apps

- MindEar: www.mindear.com/en-au
- Oto: www.joinoto.com

Summary

- Identify and treat significant underlying conditions or hearing loss.
- Protect hearing and address infections, sleep, stress, dental or neck contributors.
- Use sound therapy and hearing rehabilitation when appropriate.
- Seek multidisciplinary support when tinnitus is affecting daily life.

For urgent medical assistance, call 000. For crisis support, call Lifeline on 13 11 14.