



Hear the best you can!

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Tinnitus

Is it more than ringing in the ears?

What is the prevalence of tinnitus?

Tinnitus is a common problem, affecting 10-15% of adults, and almost all those with hearing loss and disorders of the auditory system. For many, tinnitus is a transient problem or is easily ignored much of the time. However, for approximately 1% of the population it has a severe effect on quality of life.

What are the mechanisms?

The mechanisms of tinnitus are broadly divided into triggering factors (such as otological disorders or sudden emotional distress) and factors that contribute to its ongoing intrusion sometimes long after the trigger has been successfully treated. Neuroimaging studies of persistent tinnitus indicate cortical reorganisation that is removed from the original site of injury, in a way analogous to phantom limb pain. Further, patients with distressing tinnitus have increased interactions between central auditory pathways and limbic system structures mediating fear and anxiety.

Psychological aspects

The nature of the relationship between tinnitus and mental disorders is not clear, although a strong correlation exists. Prevalence of depression and anxiety is high, with major depressive disorder found in up to 60% of cases. Many patients have maladaptive coping strategies including catastrophic thinking and 'escape coping' using drugs and alcohol. In some cases, psychological and psychiatric treatment needs to precede specific tinnitus interventions.

How is tinnitus treated?

Troublesome tinnitus requires a multidisciplinary stepped-care approach, commonly involving Otolologists, Audiologists, GPs and Psychologists. Once the initial cause is treated, desensitisation treatment focuses on education, relaxation and stress reduction, sleep management and various forms of sound enrichment to reduce the relative intensity of the tinnitus. Similarly to chronic pain treatment, aspects of cognitive behaviour therapy and mindfulness are applied effectively.