BACKGROUND

Many people experience tinnitus—a type of ringing, swooshing, or other type of noise that seems to originate in the ear or head. In most cases, tinnitus is not a serious problem and can be treated, or will often become less bothersome over time.

Tinnitus is not a disease but a symptom of an underlying condition. One of the most common conditions associated with tinnitus is high frequency hearing loss due to age and/or noise exposure. Tinnitus is also associated with conditions such as wax in the outer ear canal, middle ear fluid or infections, Eustachian tube dysfunction, otosclerosis (fixation of the middle ear bone), Meniere's disease (a problem affecting both hearing and balance), and problems beyond the inner ear such as acoustic neuroma, (a small benign, rare tumor of the nerve for balance). Medications can also cause tinnitus such as aspirin, Naprosyn, Lasix, quinines, aminoglycoside antibiotics, erythromycin, renal transplant and dialysis. If head noises persist, particularly if they are on one side or are associated with loss of hearing or dizziness, medical attention is recommended.

In addition to a full ENT exam, other tests may be needed to look for any treatable causes of tinnitus. Hearing tests reveal patterns of hearing loss due to conditions often associated with tinnitus. Often times patients do not have any symptoms of hearing loss, but hearing tests reveal hearing loss in very high frequencies not normally used in everyday conversation. This is often the cause of the tinnitus. Blood tests and imaging scans may also be needed to look for rare, but treatable causes of tinnitus. MRI can reveal acoustic neuromas and other central nervous system conditions. Closed MRI machines are preferred over the open type to provide the optimal scan.

TREATMENT

Tinnitus with an obvious cause, such as an object in the ear canal or a middle ear infection, can usually be treated easily. Unfortunately, tinnitus is usually associated with conditions for which there is no treatment. Often the noise can be especially bothersome at night when things are quiet. Maskers can be purchased which make low volume background noise to help distract you from the tinnitus at night. A radio can be used for this purpose by turning it on at night at low volume in between stations to produce background static. For tinnitus associated with significant hearing loss, hearing aids may help.

SUGGESTIONS

- **Diet:** Eliminate use of caffeine, salt, cider vinegar, soft drinks, and alcohol.
- **Household products:** Eliminate use of perfumes, antiseptics, cleaning chemicals, and suntan lotions.
- **Prescription medications:** Reduce or eliminate use of drugs that list tinnitus as a side effect or have a toxic effect on the ear.
- **Over-the-counter drugs:** Reduce or eliminate use of aspirin or aspirin-type products (Empirin, Ecotrin, Bufferin, ibuprofen, Anacin, Midol, Pepto Bismol, and Aleve) and some antihistamines.

Anti-asthma medications, anticonvulsants, and tricyclic antidepressants are groups of drugs used to treat various conditions including depression, anxiety, seizure, panic, pain, muscle spasms, dizziness, and tinnitus. Trade names include Ativan, Klonopin, Tranxene, Tegretol, Librium, Xanax, Wellbutrin, Paxil, Triavil, Elavil, Zoloft, Atarax, Sinequin, and Valium. Varying degrees of success have been reported with these drugs for tinnitus. Caution should be exercised. Some of these drugs can be habit-forming or addictive.

Medical intervention in the treatment of tinnitus has gone beyond the realm of traditional treatments. Other treatments include ultrasonic current, electrical stimulation, acupuncture, hypnosis, biofeedback, sound (tinnitus retraining) therapy, desensitization therapy (Neuromonics Tinnitus Treatment), amplification (hearing aids), cognitive therapy, and the placement of magnets near the ear. These treatments are not proven effective scientifically, but some patients report that they help. Some people are finding relief from tinnitus through the use of herbs such as *Ginkgo biloba* and *kava kava*, hormones like melatonin, and with megadoses of vitamins and minerals such as Arches Tinnitus Relief Formula [(800) 350-9631](http://www.tinnitusformula.com) which was shown to reduce tinnitus (5% complete reduction, 75% partial reduction, 20% unchanged). We caution that these products may vary since they are not subject to FDA control, that there are questions about the appropriate doses, and that some of them do not differ in effectiveness from placebos. Patients should weigh the “gain versus risk factors” in determining which options to use in the treatment of tinnitus.

You may also receive more educational material by visiting the: American Tinnitus Association (ATA) [(800) 634-8978](http://www.ata.org)