Tinnitus Key Facts for GPs

- Tinnitus is perceived sound in the absence of an external stimulus and is experienced by 10–15% of the population. The sound is usually unformed, such as buzzing, hissing or ringing.[1]
- Tinnitus is caused by potentially reversible changes in the brain, not the ear itself. [2]
- Main risk factors for tinnitus are hearing loss, increasing age and gender (male). [1]
- The prevalence of tinnitus is predicted to increase. [3]
- Patients with tinnitus and hearing loss often report psychological problems: frustration, annoyance, distress, irritability, anxiety, depression, insomnia, poor concentration. The severity can vary. (see figure on back page) [1,4,5]
- In most cases, tinnitus is associated with hearing impairment due to sudden hearing loss, noise trauma, age-related hearing loss or administration of ototoxic drugs. [1,2]
- Around 80% of people with idiopathic sensorineural hearing loss develop tinnitus. [6]
- Tinnitus can be managed but currently not cured. Treatment focuses on symptom reduction (such as hearing aid fitting) and management of psychological consequences of tinnitus.[1,7]
- Components of tinnitus management may include sound stimulation (hearing aids, sound generators etc), education, relaxation therapy, psychological intervention (e.g. cognitive behavioural therapy) and drugs (antidepressants, anxiolytics, sedatives). [1,7,8]

References

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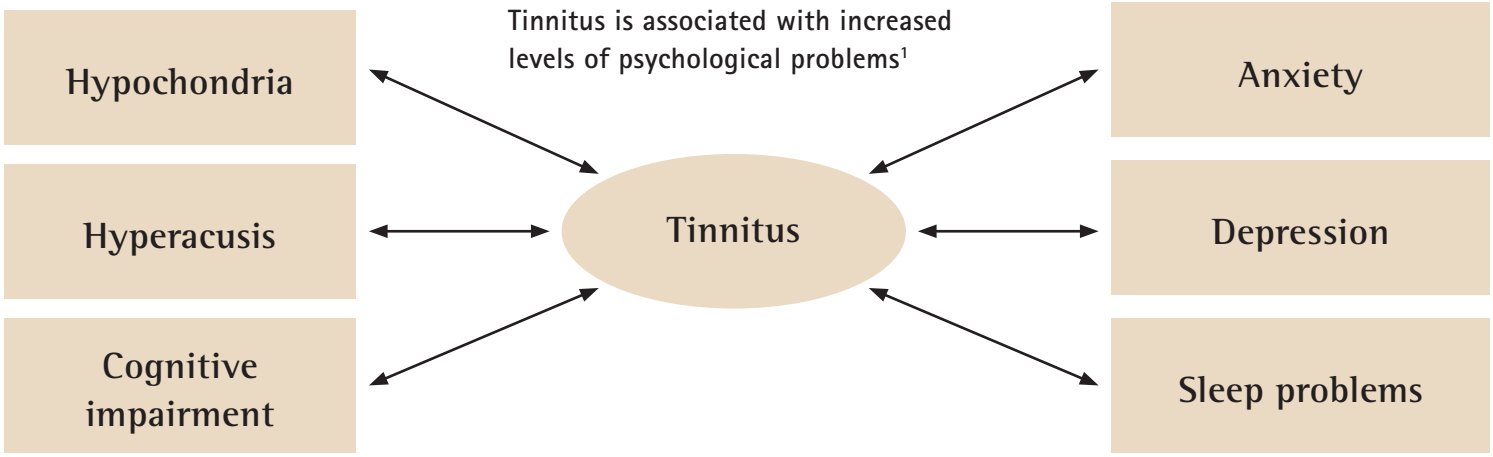
- Supplementing counselling with fitting a hearing aid is twice as effective as counselling alone. [8]
- A systematic review of studies of hearing aids for tinnitus management revealed that 17/18 showed a benefit (see figure on back page). [8]
- Hearing aids improve symptoms and severity of tinnitus by up to 50%. [8]
- 'Alternative' therapies (acupuncture, ginkgo biloba supplements) have little or no effect. [9,10]



References

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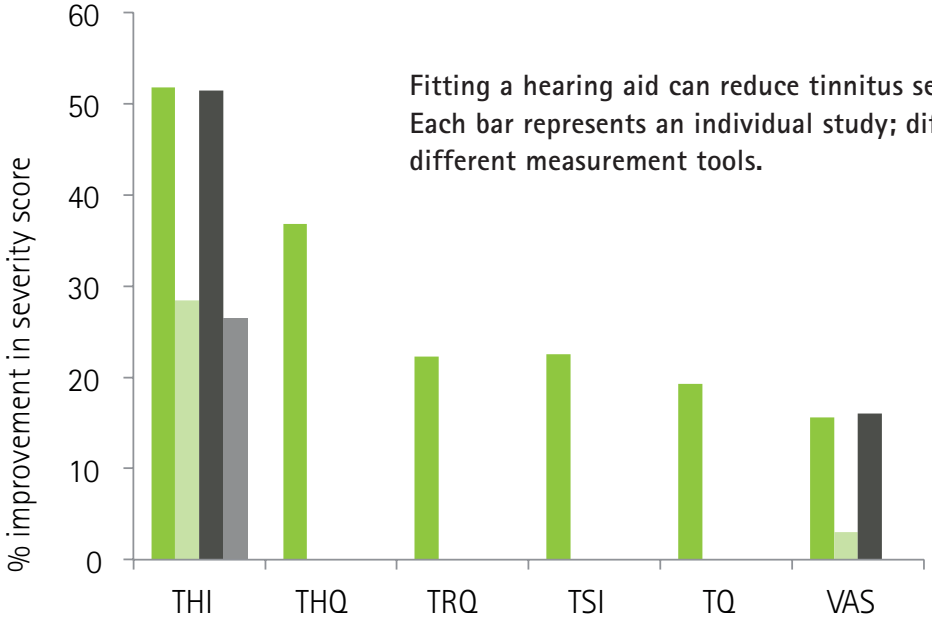
Tinnitus measurement tool



Fitting a hearing aid can reduce tinnitus severity by up to 50% [8]
Each bar represents an individual study; different studies used different measurement tools.

THI: Tinnitus Handicap Inventory
THQ: Tinnitus Handicap Questionnaire
TRQ: Tinnitus Reaction Questionnaire
TSI: Tinnitus Severity Index
TQ: Tinnitus Questionnaire
VAS: visual analogue scale (various)

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