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.  

- Tinnitus is caused by potentially reversible changes in the brain, not the ear itself.  

- Main risk factors for tinnitus are hearing loss, increasing age and gender (male).  

- The prevalence of tinnitus is predicted to increase.  

- 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)  

- 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.  

- Around 80% of people with idiopathic sensorineural hearing loss develop tinnitus.  

- 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.  

- 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). 

References
Tinnitus Key Facts for GPs

- Supplementing counselling with fitting a hearing aid is twice as effective as counselling alone.  

- A systematic review of studies of hearing aids for tinnitus management revealed that 17/18 showed a benefit (see figure on back page).  

- Hearing aids improve symptoms and severity of tinnitus by up to 50%.  

- 'Alternative' therapies (acupuncture, ginkgo biloba supplements) have little or no effect.

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Tinnitus is associated with increased levels of psychological problems

- Hypochondria
- Hyperacusis
- Cognitive impairment
- Anxiety
- Depression
- Sleep problems

References...
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)
References


