

Tinnitus Series

Part One: Understanding Tinnitus

We are proud to bring to you a series on tinnitus. The series consists of four parts –

1. Understanding tinnitus.
2. Assessing your tinnitus patient.
3. Helping your tinnitus patient.
4. The role of audiology in tinnitus.

Definitions

"Tinnitus is a perception of noise when there is no external sound causing it".

"Objective tinnitus is an awareness of internal body sounds such as of cardiac pulsation, muscle contractions or breath sounds".

It is perceived through the inner ear and the same direct hearing pathways as external sound. It can sometimes be heard by the examiner. Objective tinnitus is relatively uncommon.

"Subjective tinnitus is a perception of noise which has not been generated by sound".

Subjective tinnitus is relatively common.

Understanding subjective tinnitus

Usually the only neural activity which the primary hearing centres consciously perceive is that generated by sound and arriving through the direct hearing pathways. While other neural activity affects attentiveness, wakefulness and unconscious emotional associations and reactions of the primary hearing centres, the primary hearing centres do not consciously perceive it. However changes in indirect hearing pathways from altered sound input, altered somatosensory inputs, adverse emotional associations and reactions, injuries and drugs can all contribute to abnormal changes in this other neural activity to the extent that the primary hearing centres consciously perceive it and interpret it as noise (subjective tinnitus) even though it was not generated by sound.

Reduced input from external sound through the direct pathways and potentially threatening implications of the abnormal activity contribute to increased attention to and intrusiveness of the subjective tinnitus.

Freepost Dilworth



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Occasionally subjective tinnitus may be a symptom of significant disease (though it is not itself a disease) or a side effect of certain drugs. Most often subjective tinnitus is a consequence of a collection of changes which are relatively minor even though the subjective tinnitus may seem extremely intrusive and distressing to our patient.

The first responsibility of the patient's doctor is to ensure that any potentially serious associated disease is excluded and that any easily corrected contributing factors such as obstruction, infection and reversible drug effects are dealt with. If there is then a persisting problem we need to expedite further assessment, understanding and management.

Next month we shall look at the role of the family doctor in assessment of tinnitus patients.

Adapted with permission from Ron Goodey (2014) < <https://tinnitusfordoctors.wikispaces.com/> >

Dilworth Hearing – your audiology provider with tinnitus expertise

Working alongside leading Ear, Nose and Throat specialists, our highly qualified team of NZAS audiologists continue to build upon 50 years of clinical excellence. At Dilworth Hearing, we offer a wide range of hearing testing and hearing rehabilitation, including specialised testing and counselling for tinnitus patients.

HOW TO REFER TO DILWORTH HEARING

You can now refer patients straight from your Medtech system. As all patient details are already pre-populated on the form, this will make referring patients quicker and easier for you.

1. Select the 'ConnectedCare™' menu
2. Then 'Audiology Referrals'
3. Select 'Refer to Dilworth Hearing'

Once we receive your referral we will be in touch with your patient within 24 hours Monday to Friday.

OUR CLINIC LOCATIONS:

SILVERDALE – 09 485 3040, **TAKAPUNA** – 09 485 3040, **ST HELIERS** – 09 585 1100, **REMUERA** – 09 520 1274,
EPSOM – 09 925 4090, **HOWICK** – 09 538 0420, **HAMILTON** – 07 838 5860

www.dilworth.co.nz

INFORMATION REQUEST

Complete details below to receive information about tinnitus

☐

I would like to receive patient education material about Tinnitus.

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I am interested in a Tinnitus session with one of Dilworth Hearing's audiologists.

Please send information to:



www.dilworth.co.nz