



Tinnitus Support Group Newsletter

August 2014

Tinnitus: Why, When and What we do

a talk by Claire Gatenby, Chief Hearing Therapist at the NNUH for the NDA TSG, July 2014

What is tinnitus?

Tinnitus is best defined as hearing a phantom sound when no outside sound is present.

30% of the population will experience tinnitus at some point. Within this group...

10% will experience tinnitus for more than 5 minutes at a time

5% will describe their tinnitus as 'severely annoying'

0.5% (approximately 300,000 in a population of 61 million) will say that their tinnitus has led to a 'significant reduction' in their quality of life

7% of the group will see their GP about tinnitus

1/3 of the 7% who visit a GP will consult an ENT practitioner.

Why do people get tinnitus?

Tinnitus occurs when the brain starts to actively filter in information that it used to ignore.

This can happen for a number of reasons including hearing loss, noise exposure, inner ear infections, stress, trauma or reaction to medication (particularly chemotherapy).

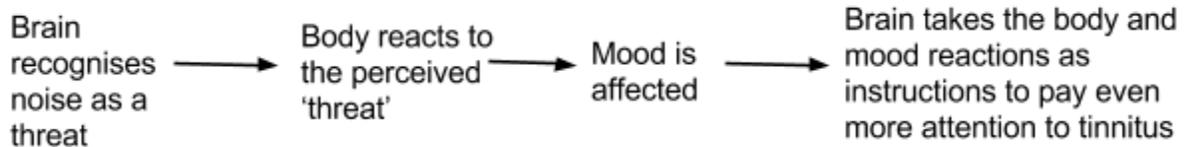
Sometimes the cause is said to be 'idiopathic' - there is no known cause.

Why can tinnitus be so troubling?

The ear starts to develop at 22 days gestation and researchers have shown that the foetus responds to sound at 16 weeks gestation. We use it for communication, balance, warning us about danger, emotional stability and being 'in touch' with the world (for example, we expect to hear water when we turn on a tap). Despite its importance, hearing is the least understood of all our senses. Tinnitus can affect us in many ways, for example no longer 'hearing' silence, experiencing insomnia, strong emotions, annoyance/stress and lack of concentration. However, there are lots of ways that Audiologists can support people in dealing with their tinnitus.

What do Audiologists do?

Audiologists can help patients to habituate to repeated stimulus. The brain alerts us to new information. When we put on our shoes in the morning, we are aware of the feeling for a few seconds, then our brain 'ignores' the feedback from our feet (unless our shoes are too tight!). The brain can be taught to do the same with tinnitus - to notice it, but then ignore it. This breaks the cycle:



If the brain can be habituated, it will not filter in the tinnitus, and therefore will not detect it as something to which it should 'pay attention'.

How do Audiologists do this?

- Hearing tests / aids: If you have a hearing loss, the networks in your brain will not get enough stimulation, and will 'make up' sounds themselves. This is why it is vital to ensure your hearing is as good as it can be - possibly by using hearing aids.
- White noise generation: providing 'background noise' can stop the brain picking up on tinnitus.
- Sound therapy
- Changing how a patient thinks about their tinnitus: psychological therapies such as CBT can help you to choose how to react to the stress and frustration that often accompanies tinnitus.
- Sleep management
- Relaxation
- Balancing the ANS: The body system responsible for reacting to stimulus is called the Automatic Nervous System. There are two parts to this. The sympathetic system reacts to stress and anxiety, while the para-sympathetic system promotes rest and recovery. Perceived threats stimulate the sympathetic system, but the more the brain is habituated, the less this side of the ANS will be stimulated (leading to fewer physical reactions).

Next TSG meeting

Our next meeting will be on Thursday 18th September 2014, starting at 2pm. David Stockdale, Chief Executive of the British Tinnitus Association will be giving a talk on the work of the BTA. This is a wonderful opportunity to find out about a key tinnitus-related organisation; do join us if you are able.

If you have any comments or questions regarding the Tinnitus Support Group, please contact:
Christina Brailsford, TSG Co-ordinator, NDA, 120 Thorpe Road, Norwich, NR1 1RT
Tel: 01603 404440, Email: tinnitus@norfolkdeaf.org.uk