**Tinnitus Handout**

**What is Tinnitus?**

Tinnitus is the medical term for the perception of sound in one or both ears or in the head when no external sound is present. It is often referred to as "ringing in the ears," although some people hear hissing, roaring, whistling, chirping, or clicking. Tinnitus can be intermittent or constant—with single or multiple tones—and its perceived volume can range from subtle to shattering.

**How many people have tinnitus?**

The ATA (American Tinnitus Association) estimates that over 50 million Americans experience tinnitus to some degree. Of these, about 12 million have severe enough tinnitus to seek medical attention.

**I have heard two different pronunciations. Which is correct?**

Tinnitus has two pronunciations: ti-NIGHT-us or TIN-i-tus. Both are correct. The word comes from Latin and means "to tinkle or to ring like a bell."

**What causes Tinnitus?**

The exact physiological causes of tinnitus are not known. There are, however, several likely sources, all of which are known to trigger or worsen tinnitus:

- **Noise-induced hearing loss** - Exposure to loud noises can damage and even destroy hair cells, called cilia, in the inner ear. Once damaged, these hair cells cannot be renewed or replaced. Millions of Americans have hearing loss due to noise exposure, and up to 90 percent of all tinnitus patients have some level of noise-induced hearing loss.

- **Wax build-up in the ear canal** - The amount of wax ears produce varies by individual. Sometimes, people produce enough wax that their hearing can be compromised or their tinnitus can seem louder. If you produce a lot of earwax, speak to your doctor about having excess wax removed.

- **Certain medications** - Some medications are ototoxic—that is, the medications are toxic to the ear. Other medications will produce tinnitus as a side effect without damaging the inner ear. Effects, which can depend on the dosage of the medication, can be temporary or permanent. Before taking any medication, make sure that your prescribing doctor is aware of your tinnitus, and discuss alternative medications that may be available.

- **Ear or sinus infections** - Many people, including children, experience tinnitus along with an ear or sinus infection. Generally, the tinnitus will lessen and gradually go away once the infection is healed.

- **Cardiovascular disease** - Approximately 3 percent of tinnitus patients experience pulsatile tinnitus; people with pulsatile tinnitus typically hear a rhythmic pulsing, often in time with a heartbeat. Pulsatile tinnitus can indicate the presence of a vascular condition—where the blood flow through veins and arteries is compromised-like a heart murmur, hypertension, or hardening of the arteries.

- **Certain types of tumors** - Very rarely, people have a benign and slow-growing tumor on their auditory, vestibular, or facial nerves. These tumors can cause tinnitus, deafness,
facial paralysis, and loss of balance.

- **Head and neck trauma** - Physical trauma to the head and neck can induce tinnitus. Other symptoms include headaches, vertigo, and memory loss.

My neighbor has tinnitus but says it doesn't bother her. Mine is very bothersome. Why the difference?

Approximately 50 million Americans experience tinnitus, but not everyone experiences it to the same degree. Some people hear ringing or other noises in their ears immediately following exposure to excessive noise, like right after a concert, but the sound is temporary. Other people report hearing a slight noise all the time if they listen for it, but most of the time cannot distinguish the noise over all the other sounds in their environment. Other factors can affect the severity of the condition from patient to patient, such as different degrees of hearing loss and different kinds of noises heard. Interestingly, the loudness of the tinnitus, when measured in a laboratory setting, did not correlate to the severity of the tinnitus as rated by the patients themselves. Every person has his or her own level of tolerance to the tinnitus sounds. It is a very personal and individual experience.

The following may make your tinnitus better: Concentrating on something else, getting enough sleep, listening to music, low-level background sound, exercise, relaxation techniques, and hearing aids.

The following may make your tinnitus worse: loud noises, stress, lack of sleep, caffeine, a quiet environment, alcohol, medications such as aspirin, climate changes, salty foods, and smoking.

For up-to-date information on research and treatment of tinnitus, please consider joining the American Tinnitus Association (ATA):

**ATA National Headquarters**
PO Box 5
Portland, OR 97207-0005
(800) 634-8978 or (503) 248-9985
Fax (503) 248-0024

Website: ata.org