

**Daily Camera Article – March 2017**  
**Root cause of tinnitus still obscure, but treatments can help**  
**By Sue Smith – Grillo Health Information Center**

**Q.** I have had ringing in my ears for a while. It gets pretty loud sometimes and really bugs me. What is this and what can I do about it?

**A.** Hearing ringing or noise with no external source of the sound is called tinnitus. The word derives from the Latin *tinnire* “to ring or tinkle” and is usually pronounced TIN a tus. Tinnitus is a widespread problem, affecting about one in five people, and the incidence increases with age. It can be temporary or ongoing (chronic) and its impact ranges from mildly annoying to debilitating. Not always “ringing”, it can manifest as buzzing, roaring, hissing, whooshing, pulsing, whistling, clicking or even as music.

Tinnitus is not a disease, but a symptom associated with many conditions. The most common association is with hearing loss, and tinnitus often heralds the onset of hearing impairment as people age. Some of the numerous other possible causes are head injury, ear and sinus infections, tumors, high blood pressure, exposure to loud noises and earwax buildup. Over 200 medications have the potential side effect of tinnitus. Aspirin, high doses of acetaminophen, certain diuretics and antibiotics are among the more frequent culprits.

Scientists are still trying to explain tinnitus. It is an auditory system malfunction that can occur in the ear, the nerves that connect the inner ear to the brain or the brain itself. Often there is damage to the sensory hair cells in the inner ear, as can occur with aging, hearing loss, or exposure to loud noise. One theory is that tinnitus results from the brain trying to compensate for hearing loss by increasing sensitivity to sound.

It's important to consult a primary care practitioner if a tinnitus episode lasts longer than three months, is in only one ear, or is pulsatile. Pulsatile tinnitus sounds like a heartbeat and may indicate a cardiovascular problem. Treatment of tinnitus is aimed at the underlying cause if one can be identified. For example, high blood pressure can be treated with medication and earwax can be removed. Unfortunately, most of the time the cause of an individual's tinnitus is elusive.

If the initial examination reveals no obvious cause, further evaluation is best done by an audiologist in conjunction with an otolaryngologist (Ear, Nose and Throat doctor or ENT). Hearing aids often help relieve tinnitus in addition to improving hearing. Sometimes the noise can be moderated by methods such as biofeedback, electrical stimulation, habituation therapies and masking techniques (use of sound generators to help muffle the “ringing”).

*Sue Smith volunteers at the **Grillo Center**, which offers free confidential research to assist in health understanding and decisions. To use this service, contact us at <http://www.grillocenter.org/www.GrilloCenter.org>, 720-854-7293 or 4715 Arapahoe Ave, Boulder. No research or assistance should be interpreted as medical advice. We encourage informed consultation with your health care provider.*

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**Where to find it:**

National Institute on Deafness and Other Communication Disorders

([www.nidcd.nih.gov/health/tinnitus](http://www.nidcd.nih.gov/health/tinnitus))

google: tinnitus NIDCD

American Speech-Language-Hearing Association

([www.asha.org/public/hearing/tinnitus](http://www.asha.org/public/hearing/tinnitus))

google: tinnitus ASHA

American Academy of Otolaryngology

([www.entnet.org/content/tinnitus](http://www.entnet.org/content/tinnitus))

google: tinnitus entnet

American Tinnitus Association

([www.ata.org](http://www.ata.org))

google: [ata.org](http://ata.org)