



Spire

Fylde Coast Hospital



## Tinnitus Q&A



Mr Vikas Malik, ENT Consultant at Spire Fylde Coast Hospital, has a special interest in managing all kinds of ear conditions such as ear infections, hole in the ear drum, mastoid problems, cholesteatoma, hearing loss, narrow ear canals, vertigo, Maniere's disease and tinnitus.

Here, Mr Malik answers some of the most commonly asked questions about the problem, which many sufferers describe as 'constant ringing in the ears' and is thought to affect 600,000\* people in the UK.

### What exactly is tinnitus?

Tinnitus is a sensation or perception of sound in the ears or head in the absence of any external source. It is usually intermittent and more noticeable at night or when the patient is in quiet surroundings but it can be constant. It can affect only one ear but commonly affects both. The loudness and the nature of tinnitus may change from time to time.

### How common is it and do sufferers tend to be of a certain age?

Approximately 1 in 10 people suffer from tinnitus and for 1 in 100 people, it severely affects their quality of life. It can occur at any age but is less common in children.\*

### Besides 'ringing in the ears' what other effects can it have on sufferers?

Most people describe it as a ringing noise but others may describe it as a hissing, whistling, humming, buzzing or machine type noise. Sometimes it can be pulsating and can sound like a heart beat in the ear. Some patients may hear musical sounds or sounds resembling indistinct speech.

Tinnitus can be very annoying and can lead to lack of sleep, depression and frustration.

### Is there anything that can be pinpointed as a direct or indirect cause of tinnitus?

The common causes are related to ears; hearing loss, ear wax, ear infections, problems with tiny bones behind the ear drum, Meniere's disease, noise exposure, acoustic neuroma or other tumours in the ear. The cause could also be neurological;

multiple sclerosis, head injury, meningitis. Medications such as aspirin, non-steroidal anti-inflammatory drugs, certain antibiotics like gentamicin etc... can trigger symptoms as can jaw problems, narrowing of blood vessels and stress.

### When should I see an ENT specialist?

You should see a specialist if the tinnitus is only in one ear, is pulsatile in nature (heart beat/ pulse in ear), you have associated ear symptoms like ear discharge, vertigo, ear infections or hearing loss, if there is weakness of face or if you have any neurological symptoms or headaches, if it is causing sleep disruption, depression, anxiety or frustration.

### What treatments are available?

Treatment will depend upon the cause of tinnitus. This may involve the removal of earwax, treatment of hearing loss or ear infections. Some patients may benefit from steroid injections in the ear.

Cognitive behaviour therapy, tinnitus retraining therapy, tinnitus masker or white noise generators may be helpful.

Patients who are depressed due to tinnitus may require a short course of anti-depressants.

### Do these treatments offer a cure or is it a case of 'managing' the problem?

It depends upon the cause of tinnitus.

### Are there any advancements in treatments being made at the moment?

There is lot of ongoing research in this field. I have been involved in a few research trials including international

trials where we have injected different medications in the middle ear - the final results are awaited.

### What can be done if I have ear problems like ear infections, Meniere's disease, hearing loss?

There have been several advancements in the management of ear problems. Ear infections may be due to narrow ear canals that can easily be widened by a small procedure. Or they may be due to a hole in the ear drum that can be easily repaired, often without any cuts outside the ear. Ear discharge may also be due to cholesteatoma (skin growth behind the ear drum) which can be treated by surgery.

Meniere's disease can be managed by medications, steroid injections in the inner ear and some patients may require surgery (endolymphatic sac decompression).

Hearing loss can be managed by hearing aids or by surgery to reconstruct the hearing mechanism (ossiculoplasty to repair the 3 tiny bones that transmit sound from the ear drum to the inner ear), stapes surgery (in case of otosclerosis which is due to fixation of stapes, the smallest bone in the body). Some patients who may not be suitable to the above options may benefit from bone anchored hearing aids (BAHA).



01253 308 031



info@spirefyldecoast.com



www.spirefyldecoast.com

\*Source: [www.nhs.uk/conditions/tinnitus](http://www.nhs.uk/conditions/tinnitus)