

SUGGESTED ADVICE FOR HEALTH PROFESSIONALS TO GIVE ON TINNITUS

(Adapted from a publication by the British Tinnitus Association)

The points below are relevant to all health professionals, but are compiled especially for those who do not have special responsibilities for management of tinnitus. If asked questions about tinnitus, explain part or all of the following:

Tinnitus is not a disease. It is a symptom, like an ache in a joint or a blurring of vision. It is usually a symptom of a disorder somewhere in the hearing system, most commonly in the inner ear.

By far the most common cause of tinnitus is nothing more than the slight deterioration of hearing that comes with ageing. Another quite common cause is noise exposure. Nevertheless, its possible cause should be checked by a medical practitioner.

Tinnitus is a common disorder, present in about 10% of the adult population.

The noise is harmless in itself. Only a minority of those experiencing tinnitus become very annoyed by it and many simply do not allow themselves to be bothered by it at all. Even those people who *do* suffer annoyance from their tinnitus find that this gradually reduces with the passage of time, due to the natural process of habituation.

Encourage the patient to make positive efforts not to listen to the tinnitus. Suggest the use of activities, and environmental sounds (such as those from an electric fan, radio, table-top noise generator, or personal stereo) to help to distract attention from the tinnitus and reduce its intrusiveness.

Inform the patient that reduction in their fears and anxieties about the disorder, and in their attention to it, will promote habituation to the tinnitus and reduction of the tinnitus itself.

Explain the additional habituation-training effect of low-level noise.

Avoid such words as 'incurable', 'permanent', and certainly 'you've got to learn to live with it'. These will only worsen the patient's perception of the tinnitus, by feeding the vicious circles which tend to increase tinnitus awareness and distress.

Reassure and positively encourage – for instance: 'improvement is usual', 'there are means of helping further, if needed', 'it is most unlikely to get worse (or go on and on getting worse)'.

Advise on local counselling and self-help facilities. Provide Tinnitus SA and/or Tinnitus Advisory Group (TAG) brochures. Lend the patient a copy of the TAG video.

If asked about Tinnitus Retraining Therapy in particular, explain that it is a particular form of Neurophysiologically-based management and is not universally available. Tinnitus SA has a list of service providers which indicates who provides TRT.