

WHEN TO REFER?

In all cases, refer patient to an audiologist to rule out hearing loss and for further management of tinnitus

CAUSE: HEARING LOSS

Disorders originating from the outer, middle or inner ear.

Solutions:

- Assess the patient's auditory system and tinnitus perception.
- Educate the patient about the auditory system and possible tinnitus mechanisms.
- Correct the hearing loss.
- Use sound therapy.
- Develop coping strategies for when tinnitus is bothersome.

CAUSE: SOMATIC

For example from trauma to the head or neck, temporomandibular disorders, or neck misalignment.

Solutions:

Referral to physiotherapy, dental treatment or a TMJ specialist could be required.

CAUSE: ATTENTION

Tinnitus can be amplified by the amount of attention that it is given.

Solutions:

- Reduce attention being paid to the tinnitus.
- Refocus on nerve activity generated by external sound.
- Distraction from tinnitus, rather than masking it completely:
 - Sound enrichment.
 - Avoiding silence.
 - Increasing sounds in the environment.
 - Using pillow speakers to listen to soothing sounds when falling asleep can help.
- Careful selection of amplification with a tinnitus feature may be beneficial.

CAUSE: EMOTION

Association with negative memories and emotions can exacerbate tinnitus.

Solutions:

- Encourage linking the tinnitus to positive emotions rather than negative.
- Decreasing stressors.
- Having healthy sleep hygiene.
- Increasing meditation or muscle relaxation.
- Occasionally require referral to a psychologist.