



If only that darn ringing in my ears would go away....

That darn ringing in your ears (tinnitus) is probably driving you crazy. Is there anything that can be done about it? The Mayo Clinic in the US looks at the options.

Your doctor will examine your ears, head, and neck to look for possible causes of tinnitus.

Tests include:

Hearing (audiological) exam. As part of the test, you'll sit in a soundproof room wearing earphones through which will be played specific sounds into one ear at a time. You'll indicate when you can hear the sound, and your results are compared with results considered normal for your age. This can help rule out or identify possible causes of tinnitus.

Movement. Your doctor may ask you to move your eyes, clench your jaw, or move your neck, arms, and legs. If your tinnitus changes or worsens, it may help identify an underlying disorder that needs treatment.

Imaging tests. Depending on the suspected cause of your tinnitus, you may need imaging tests such as CT or MRI scans.

The sounds you hear can help your doctor identify a possible underlying cause.

Clicking. Muscle contractions in and around your ear can cause sharp clicking sounds that you hear in bursts. They may last from several seconds to a few minutes.

Rushing or humming. These sound fluctuations are usually vascular in origin, and you may notice them when you exercise or change positions, such as when you lie down or stand up.

Heartbeat. Blood vessel problems, such as high blood pressure, an aneurysm or a tumour, and blockage of the ear canal or eustachian tube can amplify the sound of your heartbeat in your ears (pulsatile tinnitus).

Low-pitched ringing. Conditions that can cause low-pitched ringing in one ear include Meniere's disease. Tinnitus may become very loud before an attack of vertigo — a sense that you or your surroundings are spinning or moving.

High-pitched ringing. Exposure to a very loud noise or a blow to the ear can cause a high-pitched ringing or buzzing that usually goes away after a few hours. However, if there's hearing loss as well, tinnitus may be permanent. Long-term noise exposure, age-related hearing loss or medications can cause a continuous, high-pitched ringing in both ears. Acoustic neuroma can cause continuous, high-pitched ringing in one ear.

Other sounds. Stiff inner ear bones (otosclerosis) can cause low-pitched tinnitus that may be continuous or may come and go. Earwax, foreign bodies, or hairs in the ear canal can rub against the eardrum, causing a variety of sounds.

In many cases, the cause of tinnitus is never found. Your doctor can discuss with you steps you can take to reduce the severity of your tinnitus or to help you cope better with the noise.

Treatment

Treating an underlying health condition. To treat your tinnitus, your doctor will first try to identify any underlying, treatable condition that may be associated with your symptoms. If tinnitus is due to a health condition, your doctor may be able to take steps that could reduce the noise.

Examples include:

Earwax removal. Removing impacted earwax can decrease tinnitus symptoms.

Treating a blood vessel condition. Underlying vascular conditions may require medication, surgery, or another treatment to address the problem.

Changing your medication. If a medication you're taking appears to be the cause of tinnitus, your doctor may recommend stopping or reducing the drug, or switching to a different medication.

Noise suppression. In some cases, white noise may help suppress the sound so that it's less bothersome. Your doctor may suggest using an electronic device to suppress the noise.

Devices include:

White noise machines. These devices, which produce simulated environmental sounds such as falling rain or ocean waves, are often an effective treatment for tinnitus. You may want to try a white noise machine with pillow speakers to help you sleep. Fans, humidifiers, dehumidifiers, and air conditioners in the bedroom also may help cover the internal noise at night.

Hearing aids. These can be especially helpful if you have hearing problems as well as tinnitus.

Masking devices. Worn in the ear and similar to hearing aids, these devices produce a continuous, low-level white noise that suppresses tinnitus symptoms.

Tinnitus retraining. A wearable device delivers individually programmed tonal music to mask the specific frequencies of the tinnitus you experience. Over time, this technique may accustom you to the tinnitus, thereby helping you not to focus on it. Counselling is often a component of tinnitus retraining.

Medications

Drugs can't cure tinnitus, but in some cases they may help reduce the severity of symptoms or complications.

Possible medications include the following:

Tricyclic antidepressants, such as amitriptyline and nortriptyline, have been used with some success. However, these medications are generally used for only severe tinnitus, as they can cause troublesome side effects, including dry mouth, blurred vision, constipation, and heart problems.

Alprazolam (Xanax) may help reduce tinnitus symptoms, but side effects can include drowsiness and nausea. It can also become habit-forming.

Lifestyle and home remedies

Often, tinnitus can't be treated. Some people, however, get used to it and notice it less than they did at first. For many people, certain adjustments make the symptoms less bothersome.

These tips may help:

Avoid possible irritants. Reduce your exposure to things that may make your tinnitus worse. Common examples include loud noises, caffeine, and nicotine.

Cover up the noise. In a quiet setting, a fan, soft music, or low-volume radio static may help mask the noise from tinnitus.

Manage stress. Stress can make tinnitus worse. Stress management, whether through relaxation therapy, biofeedback, or exercise, may provide some relief.

Reduce your alcohol consumption. Alcohol increases the force of your blood by dilating your blood vessels, causing greater blood flow, especially in the inner ear area.

Alternative medicine

There's little evidence that alternative medicine treatments work for tinnitus. However, some alternative therapies that have been tried for tinnitus include: Acupuncture, hypnosis, ginkgo biloba, melatonin, zinc supplements, B vitamins

Neuromodulation using transcranial magnetic stimulation (TMS) is a painless, non-invasive therapy that has been successful in reducing tinnitus symptoms for some people. Currently, TMS is used more commonly in Europe and in some trials in the U.S. It is still to be determined which patients might benefit from such treatments.

Coping and support

Tinnitus doesn't always improve or completely go away with treatment. Here are some suggestions to help you cope:

Counselling. A licensed therapist or psychologist can help you learn coping techniques to make tinnitus symptoms less bothersome. Counselling can also help with other problems often linked to tinnitus, including anxiety and depression.

Support groups. Sharing your experience with others who have tinnitus may be helpful. There are tinnitus groups that meet in person, as well as internet forums. To ensure that the information you get in the group is accurate, it's best to choose a group facilitated by a physician, audiologist, or other qualified health professional.

Education. Learning as much as you can about tinnitus and ways to alleviate symptoms can help. And just understanding tinnitus better makes it less bothersome for some people.

Preparing for your appointment. Be prepared to tell your doctor about: **Your signs and symptoms.** Your medical history, including any other health conditions you have, such as hearing loss, high blood pressure or clogged arteries (atherosclerosis). All medications you take, including herbal remedies.

What to expect from your doctor

Your doctor is likely to ask you several questions, including:

- When did you begin experiencing symptoms?
- What does the noise you hear sound like?
- Do you hear it in one or both ears?
- Has the sound you hear been continuous, or does it come and go?
- How loud is the noise?
- How much does the noise bother you?
- What, if anything, seems to improve your symptoms?
- What, if anything, appears to worsen your symptoms?
- Have you been exposed to loud noises?
- Have you had an ear disease or head injury?
- After you've been diagnosed with tinnitus, you may need to see an ear, nose and throat doctor (otolaryngologist). You may also need to work with a hearing expert (audiologist).