

# Tinnitus Management



This information leaflet is for patients attending for tinnitus management, which has been part of Doncaster's ENT (Ear Nose & Throat) services since 1989. The service works as part of Hearing Rehabilitation at Chequer Road Clinic, and provides treatment to patients at Doncaster Royal Infirmary, Montagu Hospital, and Bassetlaw Hospital.

After a full examination by a member of the ENT medical staff, you will see a Hearing Therapist/Audiologist.

Management/therapy involves taking a history and making an assessment of the effects of tinnitus, together with an explanation of tinnitus. There are two therapists; both follow the same format of therapy.

Other members of staff may be able to offer basic advice. They include other audiologists, ENT nurses, and the receptionists in the Hearing Rehabilitation Centre.



## First referrals

There are two main sources of referral: from a hospital ENT consultant, or from staff of the Audiology or Hearing Rehabilitation Centre, cross-referring hearing-aid patients who are troubled or seeking further advice and reassurance about their tinnitus.

GPs can refer a patient only to the ENT consultant, as a medical examination is needed before tinnitus management begins. Appointment times in the ENT clinic are short. You will see the ENT consultant or one of the team for history taking, and examination of ears, nose and throat, followed by hearing tests.

After the hearing tests, the doctor will discuss with you the general nature of tinnitus and its causes as far as can be identified in your case. They will also indicate the most likely future course of your tinnitus and explain the possible treatments you might have or further investigations needed, such as X-ray, MRI scan, and blood tests. This will naturally lead to a decision on what treatment to adopt, although many cases need no more than careful investigation, explanation, and reassurance.

## Treatment of Tinnitus

Unfortunately, it is still rare to find a cause that can be corrected leading to the 'curing' of tinnitus, but a search is always made and appropriate treatment offered for any such causes, when discovered. Nevertheless, if needed, there is much that can be done to help in other ways, as outlined below.

## Management of Tinnitus

The doctor may feel that you would benefit from therapy in numerous ways and will refer you to a Hearing Therapist/Audiologist specialising in tinnitus management.

You also can request referral if you feel that some questions remain unanswered.

Your first appointment usually lasts an hour or two. A questionnaire may be sent to you with the appointment; answering this will help us assess the success of your therapy.

Your appointment will give you ample opportunity to tell us how the tinnitus affects you and, in turn, we can help you look at ways to improve the effects of the tinnitus.

Your tinnitus and its effects on your quality of life will be explored and any reactions you have to it will be made more understandable to you.



Where there is some hearing loss, you may benefit from a hearing aid, which can reduce the volume of your tinnitus as well as helping your hearing. In other cases, where hearing is not bad enough to justify the use of a hearing aid, other forms of sound enhancement will be looked at, using low level forms of natural sounds.

If you decide to try a hearing aid, an impression of the shape of your ear canal may be taken at the end of your appointment. An earmould can then be manufactured specifically to fit your ear. Alternatively, you may be prescribed an open-fit device and given an immediate appointment.

After the earmould has arrived, the therapist you saw initially will send you an appointment for fitting. The fitting session itself takes about 45 minutes. After this fitting, at intervals depending upon how you are coping, you will be seen again. Each follow-up session will take 30-45 minutes. These sessions are to review your progress and use of the aid, and make any changes that may be necessary. Progress reports are sent to the ENT consultant, along with a copy to your GP.

The ENT consultant will see you again if further treatment needs to be considered, or if you ask to see him.

### **Further treatment and rehabilitation**

Quite often, relaxation therapy helps. Information can be given about relaxation techniques, and relaxation training is available, as is access to relaxation material.

Some people find psychological counselling extremely helpful especially Cognitive Behavioural Therapy (CBT). If it is agreed, referrals can be made with our recommendation to a psychologist or CBT therapist via your GP. CBT helps identify the thoughts and behaviour toward the tinnitus, which affects your quality of life.

There are two kinds of medical treatment for tinnitus. Firstly, there are medications that help to reduce the main side-effects of tinnitus, such as anxiety, tension, depression and insomnia. Your GP may have already prescribed medication for you, and our policy is to leave this aspect of treatment to them. Secondly, the use of drugs to reduce the actual level of tinnitus is only occasionally successful, so these are used only after other methods have been tried. New treatments are constantly being developed and it is hoped that in time further improvement will take place.



For the hard-of-hearing, lip-reading, combined with sound received, is an aid that helps people understand speech more clearly. Severely deaf people may rely heavily on lip-reading for their understanding.

Everyone lip-reads to some extent (if you don't believe this, try closing your eyes during a TV broadcast and note how much more difficult it becomes to hear).

You can make it easier for someone to lip-read in the following ways:

- make sure that your face can be seen clearly. Look at the lip-reader directly with your face in a good light. Avoid standing with bright light behind you, such as in front of a window
- get the attention of the lip-reader before you begin to speak
- do not raise your voice, speak clearly and a little more slowly than usual, but do not exaggerate your lip movements
- if understanding still seems difficult, try rephrasing what you are saying - but keep it simple in the first instance.

## Other sources of information

The following offer advice and help and deal with queries about tinnitus:

### British Tinnitus Association

Ground Floor

Unit 5

Acorn Business Park

Woodseats Close

Sheffield S8 0TB

**Tel/Minicom:** 0800 018 0527

**Email:** [info@tinnitus.org.uk](mailto:info@tinnitus.org.uk)

**Website:** [www.tinnitus.org.uk](http://www.tinnitus.org.uk)

### Action on Hearing Loss

19-23 Featherstone Street

London EC1Y 8SL

**Tinnitus Helpline:** 0808 808 6666 (free)

**Textphone:** 0808 808 9000

**Text:** 0780 0000360

**Email:** [information@hearingloss.org.uk](mailto:information@hearingloss.org.uk)

**Website:** [www.actiononhearingloss.org.uk](http://www.actiononhearingloss.org.uk)



## A few words for family and friends

Relatives and friends of tinnitus patients often find it difficult to understand how much suffering tinnitus can cause. There is little patients can do to demonstrate what they suffer, but it may help if relatives and friends read the following paragraphs.

Tinnitus is particularly difficult to describe to someone else. One way to get some idea of what your relative or friend, the patient, is suffering is to tune a radio off-station until a constant whining can be heard. Then ask the person with tinnitus to adjust the volume control so the whine has the same loudness as their tinnitus. Then leave the radio on beside you all evening, especially when you want to relax or sleep, or are reading the paper.

What should you do about it? The tinnitus patient's main need is for understanding of their problem by their family and friends, especially on those occasions when their tinnitus makes them tense, irritable or depressed. The patient, in turn, must do everything they can not to let the tinnitus make them a permanent invalid or misery, and not to take advantage of their family's sympathy.

It is quite likely that your relative or friend will have some hearing difficulty as well as tinnitus. To help understand this, try putting on the television during a talk programme, such as the news, and then turn the volume down so that it is difficult to hear. Then put on the radio, select a music programme, and adjust it to a level that is almost as loud as the sound from the television.

Try listening like that. The difficulty you experience may be similar to what your relative or friend experiences most of the time - the voice is not quite loud enough and it is difficult to distinguish each word clearly.

There are many ways you can help someone with hearing impairment:

- speak slowly and clearly - do not shout
- say things which are easy to understand and repeat them if necessary. Avoid long sentences
- if possible, face the hearing-impaired person so that they can see you clearly. Whenever possible keep your face in a good light



- try not to get irritable or impatient. Do not dismiss anything you have tried to say as unimportant
- above all, avoid having more than one person talking against a background of other sounds such as music or the TV or radio.



### **Audiology Department**

Hearing Rehabilitation Centre  
Chequer Road Clinic  
Doncaster  
DN1 2AD

**Tel:** 01302 644950

**Email:** [hearing.rehab@dbh.nhs.uk](mailto:hearing.rehab@dbh.nhs.uk)

**Text:** 07796174900

By Appointment Only

### **Patient Advice & Liaison Service (PALS)**

PALS staff are available to offer advice or information on healthcare matters. The office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email. PALS staff can also visit inpatients on all Trust sites.

#### **The contact details are:**

**Telephone:** 01302 553140 or 0800 028 8059

**Minicom (Text talk):** 01302 553140

**Email:** [pals.dbh@dbh.nhs.uk](mailto:pals.dbh@dbh.nhs.uk)





