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Tinnitus

Derived from the Latin verb tinnire (to ring), and defined as the 'conscious awareness of a sound in the absence of an external auditory stimulus' tinnitus is a very common and very distressing symptom,. There are multiple causes of tinnitus, though it most commonly has a benign aetiology. The assessment and management of patients with tinnitus is likely to be new to most GP registrars, and a systematic approach is necessary to exclude reversible causes and provide best practice care.

TEACHING AND LEARNING AREAS

- Common causes of tinnitus
- Approach to history, including ototoxic medications
- Red flags symptoms and signs for potentially serious causes
- Physical examination, including cranial nerve, otological assessment and tuning fork tests
- Appropriate investigations, including audiology (and interpretation) and imaging , where indicated
- Management options
- Local referral pathways – ENT, audiology

PRE- SESSION ACTIVITIES

- 2018 AJGP article A review of tinnitus

TEACHING TIPS AND TRAPS

- The commonest cause of tinnitus is sensorineural hearing loss
- Tinnitus can cause significant psychological harm and patients should be assessed for anxiety and/or depression
- Commonly prescribed medications can cause tinnitus e.g frusemide, aspirin
- All patients with tinnitus should have a formal hearing assessment
- Imaging is usually indicated in the presence of unilateral tinnitus, unilateral hearing loss, pulsatile tinnitus, focal neurological deficits
- Tinnitus is commonly associated with deafness and hearing aids can improve symptoms even in patients with only moderate hearing loss
- CBT can be effective in treating a patient's response to tinnitus
- Avoid prescribing antidepressants, anticonvulsants or anxiolytics for tinnitus, as there is no evidence for effectiveness and may lead to adverse effects
- There is no evidence for the use of complementary medicines in treating tinnitus

RESOURCES

Read

- 2014 American Family Physician article Diagnostic approach to patients with tinnitus
- 2013 Lancet article Tinnitus

FOLLOW UP & EXTENSION ACTIVITIES

- Registrar to undertake clinical reasoning challenge and discuss with supervisor

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Clinical Reasoning Challenge

Yin Jiang is a 51-year-old teacher who presents to you with gradually worsening tinnitus over the past three months. She has no significant past medical history. She describes the tinnitus as very bothersome.

QUESTION 1. What specific questions on history are important to exclude a potentially serious cause of her tinnitus? List up to FIVE.

1 _____

2 _____

3 _____

4 _____

QUESTION 2. There are no concerning features on further history taking and examination is normal. What investigations would you arrange for Yin? List as many as appropriate

1 _____

2 _____

QUESTION 3. What self-management strategies would you suggest for this patient? List up to THREE.

1 _____

2 _____

3 _____

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ANSWERS

QUESTION 1

What specific questions on history are important to exclude a potentially serious cause of her tinnitus?

- Unilateral
- Pulsatile nature
- Asymmetrical hearing loss
- Headache/vertigo/other neurological symptoms
- Medication history for ototoxic drugs

QUESTION 2

What investigations would you arrange for Yin?

- Pure tone audiometry
- Tympanometry

QUESTION 3

What self-management strategies would you suggest for this patient?

- Hearing aids
- Mindfulness
- Sound therapy

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