

# The Sounds That Aren't Music to Ears

Hearing noises that no one else can hear? You're not alone—it's called tinnitus and there are therapies out there that can help you cope with it

By Eva Chanda

For Brian Cassidy, 64, a retired IT professional in Fredericton, the trouble began one morning 10 years ago when he woke up to a constant ringing in his ears. After various doctors were unable to help, he visited an otolaryngologist, who told him his condition was common, its cause was unknown, and it could last for some weeks or even years.

But the otolaryngologist didn't bother to say what the condition was called. Even worse, Cassidy was told nothing could be done about it. Only after watching a television news program did he finally discover he had tinnitus.

As he recalls, "Mild concern turned to panic when I realized this might be a permanent condition." His anxiety eventually got so

bad it interfered with his ability to work.

Cassidy's experience isn't all that unusual. Elizabeth Eayrs, president of the Tinnitus Association of Canada (TAC), says that many family doctors, and even some otolaryngologists and audiologists, seem not to hear their patients' pleas for relief, shooing them out the door with the frustrating mantra, "You'll just have to live with it," without ever explaining *how* to do so. But, as Eayrs writes on the TAC website, "That doesn't mean help can't be found. It does mean you have to take the initiative."

If you've got tinnitus trouble, here's what you need to know to make sure you get the help you deserve.

### **Tuning in to the Problem**

Tinnitus is defined as hearing sounds in one's head that don't have an outside source. But don't worry: it's not a sign of insanity—people with auditory hallucinations due to mental illness usually hear complex sounds, most often voices saying things they can understand (and even converse with). By contrast, tinnitus consists of simple, meaningless noises, such as ringing, humming, buzzing, clicking, roaring, or chirping.

Though relentless ringing can strike at any age, it's most common in people between the ages of 40 and 70. Surprisingly, 75 per cent of people with tinnitus say they aren't bothered by it.

According to TAC, an estimated 360,000 Canadians have tinnitus that is considered annoying, of whom about 150,000 find it seriously impairs their quality of life. It can lead to sleep problems, trouble concentrating, anxiety, depression, despair, and, in a few extreme cases, even suicide.

### **Triggers**

A long list of medical conditions has been identified as triggers for tinnitus. To narrow the suspects down, Dr. Brian Westerberg, an otolaryngologist at the Rotary Hearing Clinic of St. Paul's Hospital in Vancouver, explains, "We first divide tinnitus into pulsatile and non-pulsatile types. Pulsatile tinnitus sounds like a heartbeat in your ear and can often be heard with a stethoscope."

This type is quite rare, but it needs to be checked out—it could be a sign of malformed blood vessels in or around the ear, certain tumours, or narrowed arteries in the neck.

Tinnitus that's not pulsatile is far more common and can usually be heard only by the patient. An extremely unusual (affecting only 1 in 100,000 people, Westerberg notes) but potentially life-threatening cause of this tinnitus is acoustic neuroma, a non-cancerous tumour on the nerve from the ear to the brain. A red flag for this condition would be if there's sound in only one ear. But a more likely explanation for

one-sided tinnitus is rather banal: a buildup of wax in the ear canal. Having your doctor clear out the earwax, or doing it yourself with an over-the-counter product (but never with cotton swabs or other tools), should solve that problem.

Up to 10 per cent of tinni-

## **Tinnitus is hearing sounds that don't have an outside source.**

tus sufferers develop the problem after a head or neck injury, such as whiplash. Dr. Jos Eggermont, a professor of psychology at the University of Calgary who studies the neuroscience of hearing, explains that certain nerves in the face and neck connect to the first stage of the hearing system; when these nerves are injured, they may send signals that are mistakenly interpreted as sound.

### **Hearing Loss/Tinnitus Gain**

Through guilt by association, the chief culprit is often said to be hearing loss—it shows up in 92 per cent of people with tinnitus, says Dr. Marshall Chasin, an audiologist and director of Auditory Research at the

Musicians' Clinics of Canada in Toronto. This might be part of the reason tinnitus is more common in older people—hearing gradually declines with age, a phenomenon known as presbycusis. Chasin adds, “There’s usually a genetic component; if your parents lost their hearing at a younger age, the odds are that you will too.”

The other key player in hearing loss is a preventable problem: noise exposure, which first hits people’s ability to hear higher-pitched tones (4,000–6,000 hertz [Hz])—interestingly, that’s often in the same ballpark as the sound of tinnitus. The

damage can result from long-term noise exposure, such as working for years in a loud factory, or even a single, ear-splitting sound, such as an explosion. (If you’ve ever left a concert or a bar with your ears ringing and had trouble hearing for a few hours, then you’ve had temporary tinnitus.) According to Chasin, more than one-third of musicians report having tinnitus.

Many medications can also damage the hearing organs—sometimes permanently—and ringing in the ears is often the first sign of this alarming side effect. Known offenders include acetylsalicylic acid (Aspirin) and other non-steroidal

anti-inflammatory drugs (NSAIDs), certain antibiotics, and several cancer drugs.

In Cassidy’s case, when he noticed his tinnitus worsened after taking naproxen, an NSAID he’d been using for three years, he realized previous occasional bouts of ringing “were a warning of more serious problems to come.” He stopped taking the naproxen immediately, but it was too late—the tinnitus didn’t go away.

### Setting Off Alarm Bells

Stress or emotional trauma can be powerful factors in the triggering and amplification of tinnitus. That’s what happened to Harry Lee,\* a 47-year-old furniture company owner in Toronto. He never imagined a theme-park ride in Florida would plunge him into a tinnitus nightmare. Lee experienced a full-blown panic attack after the ride—with numb fingers, a cold sweat, and feeling as if his head were in a vise—but was back to normal in 15 minutes. A few days later, though, he noticed a high-pitched hum in his left ear.

“It was like being near a hydro line,” Lee says.

But after his family doctor, otolaryngologist, chiropractor, acupuncturist, and several remedies ordered off the Internet all failed to silence the tinnitus, growing desperation, anxiety, and depression soon overshadowed the condition. Lee recalls, “They

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Why Wait Any Longer?

## Faulty Filters: It's in Your Head

The connection between tinnitus and hearing loss doesn't ring entirely true in the face of various contradictions. For example, many people with even severe hearing damage (regardless of the cause) don't have tinnitus. Also, hearing loss is usually gradual, yet tinnitus often comes on suddenly. So what's the tipping point?

Dr. Jos Eggermont, a professor of psychology at the University of Calgary who studies the neuroscience of hearing, says the cause of tinnitus may lie many years in the past. For example, when hearing damage or a whiplash injury send false sound signals, the brain usually blocks them out and the tinnitus disappears. But the ringing can

come back decades later as this blocking mechanism breaks down with age. In addition, if your hearing is getting worse due to normal aging, noise exposure, or both, outside sounds that used to cover up the tinnitus won't be audible anymore, making it more noticeable.

But what about the 8 per cent of tinnitus patients with seemingly normal hearing? Dr. Brian Westerberg, an otolaryngologist in Vancouver, explains that audiologists typically test hearing only in the speech range (250-8,000 Hz), which means this small group of people might have hearing damage above 8,000 Hz that isn't being measured. He also points out that standard hearing tests are

pretty crude—they're unlikely to pick up any subtle changes.

On the other hand, experiments on people with perfect hearing who are put in extremely quiet rooms show that virtually everyone will have tinnitus if he or she really listens for it. According to Dr. Westerberg, most tinnitus is probably just normal signals or noises.

"The sound-detecting hair cells in our inner ears are so sensitive, they'll respond to the movement of a single water molecule beside them," Westerberg says. "Most of the time, your brain filters that out as nonsensical sound. Why it suddenly changes and starts paying attention to it is fascinating and not well understood."

were the three worst months of my life—90 per cent of my day was consumed by thinking about the tinnitus."

Lee's experience illustrates how tinnitus can spiral out of control.

"There's tinnitus, and then there's the reaction to it," observes Glynnis Tidball, an audiologist who runs the Rotary Hearing Clinic of St. Paul's Hospital in Vancouver.

"The meaning attached to the tinnitus determines how people respond to it, not the pitch or loudness," Tidball says. "For example, if you're afraid the tinnitus is a sign of a serious medical problem, the brain will interpret it as an alarm sound needing a response, and it will keep

bringing it to your attention."

Deborah Lain is a Calgary registered psychologist who works with tinnitus patients. She describes the vicious circle that can be set off by negative thoughts, such as, *I can't stand it, Why did this happen to me?* or *No one can help me.*

If people tell themselves these messages over and over again, Lain says, "They start to think, *I can't do anything anymore; I can't go to work.*" This leads them to withdraw and isolate themselves from others, which can also strain relationships with loved ones. Tinnitus sufferers end up feeling angry, depressed, anxious, lonely,

and helpless. Physically, they may begin to show the signs of long-term stress: sleep problems, neck or back pain, stomach aches, and headaches.

### Ringing Endorsements

So, if tinnitus is bugging you, what should you do?

"One of the worst things you can do for tinnitus is to dwell on it," Chasin says.

Westerberg concurs, observing that once other medical conditions have been ruled out, most people need only reassurance that tinnitus isn't a sign of anything ominous. He tries to convince patients that it's not something they need to focus on;

eventually your brain will filter it out and the sound will get quieter over time.

If you have both tinnitus and hearing loss, hearing aids can help by bringing back outside sounds to drown out the ringing in your head.

## TRT trains your brain to gradually tolerate the tinnitus.

“More than half the people who wear hearing aids find the devices mask or block out tinnitus. I have many patients who wear them primarily for tinnitus, rather than to hear better,” Chasin says.

Tidball stresses it's also worth finding an audiologist or hearing-aid dispenser who is familiar with fitting hearing aids for tinnitus.

For tinnitus that continues to interfere with everyday activities, tinnitus retraining therapy (TRT) can be very effective. Tidball, one of a handful of audiologists across Canada who offer TRT, explains, “TRT isn't a cure for tinnitus, but it can get patients to the next-best place: the tinnitus is still there, but most of the time they're not aware of it; and if they still notice it, it doesn't bother them.”

TRT trains your brain to

gradually tolerate the tinnitus through a combination of education about tinnitus and “sound enrichment,” which involves being exposed 24/7 to a bland background sound at a volume that's just below the tinnitus. It's essential to still be able to hear the tinnitus or else the brain can't get used to it. For many people, fountains or inexpensive sound therapy machines producing nature sounds, such as ocean waves or waterfalls, work well, while those with more severe tinnitus or hearing problems might need in-ear sound generators.

### Regaining Control

Medications can be a great help for people whose tinnitus severely interferes with daily activities. Tranquilizers like alprazolam (Xanax), diazepam (Valium), and lorazepam (Ativan) are sometimes prescribed to help people with tinnitus sleep, but they're best used for only a short time because they can be habit-forming. And ironically, withdrawal from these drugs can actually cause tinnitus, Tidball cautions.

Instead of tranquilizers, TAC advocates using antidepressants, especially those known as tricyclics. Eayrs explains, “The patient often has to take the lead with the family doctor, who will generally be very pleased to hear that one of the best things for sleep problems due to tinnitus is to prescribe antidepressants. Good sleep is one of the best ways to rehabilitate

the nervous system.” She's found antidepressants to be invaluable in successfully managing her own tinnitus, as have Cassidy and Lee.

Psychologists who practice cognitive behavioural therapy (CBT) can also play a key role in helping people cope with tinnitus. “Addressing the emotional impact of tinnitus is an often-neglected component of treatment,” Deborah Lain notes.

The goal of CBT is to get people to recognize the crucial link between their *thoughts* about their tinnitus and the resulting *feelings* of emotional distress. By questioning the validity of these thoughts, they can create healthier emotional and behavioural responses, and regain a sense of control over their lives.

Basically, the process involves identifying negative thoughts, challenging them, and learning to replace them with more helpful and constructive ones. But Lain emphasizes, “It isn't just wishful or magical thinking: they must tell themselves messages that they see as realistic, believable, and personally relevant.”

And it works: a recent review of six clinical trials of CBT for tinnitus concluded this therapy significantly boosts people's quality of life.

Lain has developed an innovative eight-week tinnitus self-management program (the only one in Canada) that involves CBT, attention control training (learning to redirect your focus away from

the tinnitus), imagery training (rediscovering the senses other than hearing), and relaxation techniques.

### Sound Advice

Last but not least, getting the right kind of support (constructive, not wallowing in shared misery) can make a big difference. Melanie Wood, 48, an occupational therapist

in Kelowna, BC, whose tinnitus was brought on by work stress, credits her recovery to Eays and TAC, who gave her solid information on tinnitus and effective treatments. Armed with this knowledge, she decided to try TRT in Vancouver (with Tidball), and reduced her stress through relaxation techniques and cutting back on her workload. It

worked—she feels normal again and rarely even notices her tinnitus.

“In many ways I’m thankful it happened because I like my life better now,” Woods says.

Through TAC, Lee was able to connect with other tinnitus sufferers. In particular, he spoke regularly on the phone with a man in Saskatchewan, and the two provided each other with constant encouragement. Today, Lee is proud to say that though he still has tinnitus, he’s defeated it. One piece of advice from his Saskatchewan friend still resonates: “You control the tinnitus—the tinnitus doesn’t control you.” ■

### Where to Find Help

Tinnitus Association of Canada: call 416-762-1490, or visit [www.kadis.com/ta/tinnitus.htm](http://www.kadis.com/ta/tinnitus.htm)

American Tinnitus Association: [www.ata.org](http://www.ata.org)

Deborah Lain’s Tinnitus

Self-Management Program:

[www.soulspringcounselling.com/tinnitus.htm](http://www.soulspringcounselling.com/tinnitus.htm)

The Tinnitus and Hyperacusis Site: [www.tinnitus.org](http://www.tinnitus.org)

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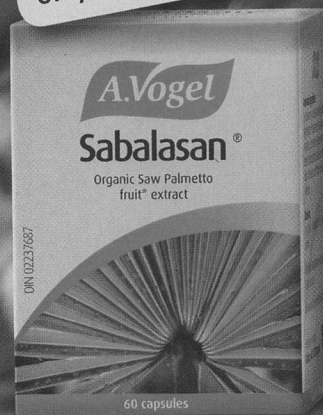
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