

## HOW TO LOCATE A QUALIFIED AUDIOLOGIST

All Members of the Audiological Society of Australia (ASA) are University Graduates bound by a Professional Code of Ethics and Standards of Practice and have access to postgraduate education programs. Look for the letters MAudSA (CCP) after the audiologist's name to ensure that you are consulting a qualified audiologist who has completed the ASA Certificate of Clinical Practice (CCP).

TO OBTAIN A FREE DIRECTORY OF CLINICS WHERE QUALIFIED AUDIOLOGISTS WORK VISIT:

[www.audiology.asn.au](http://www.audiology.asn.au)

or contact us on  
(03) 9416 4606



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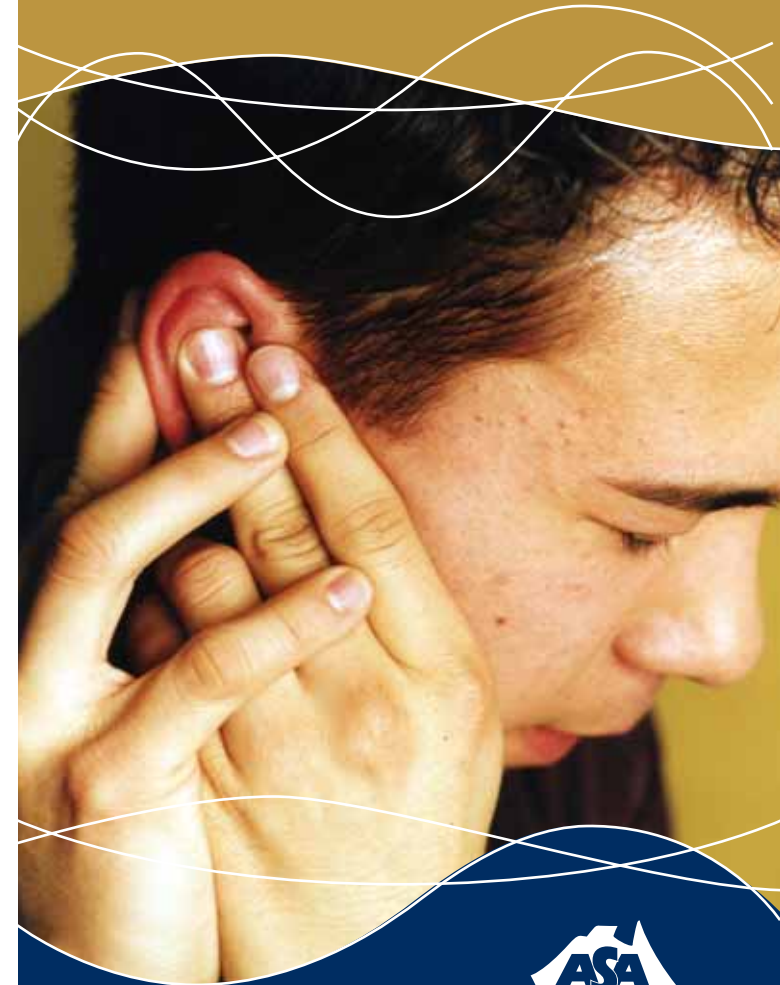
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ASA\_IC008

VALID TO 31/12/08

## AUDIOLOGY

and Tinnitus



Your Hearing Health Professionals

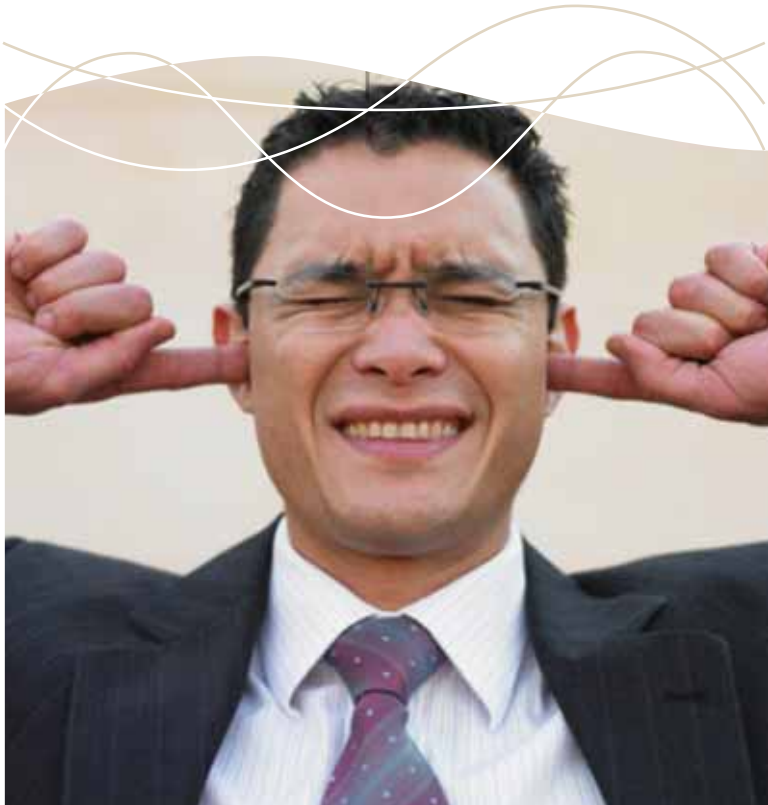


## WHAT IS TINNITUS?

Tinnitus is the perception of sound in the ear(s) or head, when there is no external sound present. Tinnitus may often be described as ringing, hissing, buzzing, clicking, roaring, or thumping, and may be perceived as a single sound or a combination of sounds. Tinnitus is not a disease, but a symptom associated with a wide variety of conditions such as hearing loss, excessive wax, loud noise, some medications, and the aging process.

## IS TINNITUS A COMMON PROBLEM?

Yes! Almost everyone at one time or another experiences brief periods of ringing or other sounds in the ears. Studies reporting the prevalence of tinnitus suggest that it falls in the range of 14%-30% of the adult population. However, only 1-2% find the tinnitus to be a distressing or debilitating problem.



## SUBJECTIVE TINNITUS

Subjective tinnitus is a phantom sensation of sound, and the most common form of tinnitus. It is believed to be the result of unusual neural activity within the auditory system. The majority of people who become aware of tinnitus report minimal tinnitus related distress and rapidly habituate to its presence. However, for a small percentage of people, the perceived noises can become a source of significant distress.

## OBJECTIVE TINNITUS

Objective tinnitus refers to bodily sounds, which are generally the result of abnormal blood flow or muscle activity, and can often be heard by an observer. Objective tinnitus is a relatively rare phenomenon and is subject to a range of effective treatments.

## WHAT MAKES TINNITUS DISTRESSING?

Usually, the brain is able to filter out unwanted sounds that are non-threatening and do not bother us, therefore many people who have tinnitus only perceive it occasionally or at a very low level. However, the initial awareness of tinnitus can sometimes coincide with periods of illness or elevated stress levels. In some cases the tinnitus can rapidly become associated with any negative emotions that are being experienced at the time. Tinnitus is distressing when it is perceived as negative and threatening, and is therefore an important sound which the brain is not able to filter out. As awareness of the tinnitus increases it becomes more prominent, annoying and distressful, even once the associated negative influences have disappeared.



## TINNITUS TREATMENT AND MANAGEMENT

Since there are a variety of problems that can cause tinnitus, there are many treatments available to assist with tinnitus management. While there is no medication currently available to reduce tinnitus awareness and volume, it is possible to reverse the process by which the tinnitus has become judged negatively and highlighted in the brain. Many audiologists provide programs to help you learn to reduce your tinnitus awareness. This process is called tinnitus habituation or desensitization, where the tinnitus may still be heard, but attention is rarely drawn to it and it causes little emotional reaction.

The treatment recommended by your audiologist will depend on the type of tinnitus, your attitude to it, and whether there is an associated loss of hearing. Your audiologist will take all of these factors into account and formulate an appropriate management plan.