



## Preface

# Tinnitus

## Advances in evaluation and management



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*Guest Editor*

Tinnitus is a common otologic symptom and it has been estimated to affect 36 million Americans. Despite recent advances in the evaluation and management of this symptom, otolaryngologists often fail to address tinnitus properly. It is not unusual for tinnitus sufferers to be told by their physicians that “there is nothing that can be done” and that “you just have to learn to live with it.” These cruel and false statements often have an incredibly negative impact on these patients and may result in further despair and depression, in addition to worsening of the symptoms. It is the goal of this issue of *The Otolaryngologic Clinics of North America* to present the latest developments in tinnitus treatment and to help physicians better evaluate and manage this incurable but often treatable symptom.

Although it is true that in the majority of tinnitus cases there is no cure, there are ways to alleviate a patient’s fear and anguish: (1) a thorough evaluation to rule out any significant pathology (eg, an acoustic tumor), (2) explanation of the test results, (3) a brief and in very simple terms overview of the anatomy and physiology of the auditory system, and, above all, (4) a sympathetic and positive attitude. Reassurance and giving hope are two of the least expensive yet most effective “medications” that physicians have at their disposal; unfortunately, they are very sparingly prescribed in this era of managed care and the need to treat large numbers of patients.

When talking to my patients, I liken tinnitus to pain, informing them that the noise that is produced as a result of inner ear or hearing nerve damage is similar to the pain that is experienced when cutting a finger. Pre-existing or secondary depression is present in many tinnitus sufferers and should be detected and addressed properly. Simple measures such as avoiding noise exposure, intake of stimulants such as caffeine and nicotine, and intake of aspirin-containing medications and nonsteroidal anti-inflammatory drugs are effective. Providing printed material regarding tinnitus such as the one provided by the American Tinnitus Association can also be helpful.

Associated hearing loss in speech frequencies should be recognized, and hearing aid amplification should be considered in such patients. This often improves hearing and decreases tinnitus intensity. Tinnitus maskers and tinnitus retraining treatment should be considered for patients without hearing loss in speech frequencies. Other options of treatment presented in this issue include electrical stimulation, intratympanic treatments, and oral medications.

It has been a distinct privilege for me to have such a distinguished group of experts in the field of tinnitus contributing their knowledge to this issue of *The Otolaryngologic Clinics of North America*; I express my sincerest appreciation and gratitude to all of them. I would also like to thank the *Clinics of North America* for giving me the honor of being the Guest Editor for this issue.

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