

# The Telegram

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## **Loud and all too clear: Are your ears ringing? You could be one of three million Canadians who suffer from tinnitus**

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Brian Marshall of Torbay hears a sound like a dial tone in one of his ears. Kay Sorensen, another Torbay resident, hears a high-pitched tone in her ear. Margarita Peckford of St. John's compares the sound she hears in one ear as similar to standing in front of an airplane engine.

Marshall, Sorensen and Peckford are three of the millions of people worldwide who suffer from tinnitus, a medical term for the perception of sound when no external sound is present. Tinnitus is an invisible disability that Sorensen calls "life-altering."

The word tinnitus (pronounced as either tie-night-us or tin-eye-tus) is from Latin and means "to tinkle or ring like a bell." It refers to noises that are heard "in the ears" or "in the head" -- ringing, buzzing, whistling, hissing, pulsing, roaring, chirping or clicking.

People with tinnitus may hear high-pitched hums, clanging bells or screeching sirens. Many report their tinnitus resembles the high-pitched background squeal emitted by some computer monitors or television sets. Others experience the sound of hissing steam, rushing water, chirping crickets, breaking glass, roaring wind, even chainsaws.

The noises may be intermittent or continuous, and may be experienced in one or both ears.

Approximately three million Canadians of all ages suffer from tinnitus, and for some of them the constant noise only they can hear drives them almost crazy.

Chronic exposure to loud noise is a common cause of tinnitus. People often report a temporary ringing, roaring or buzzing in their ears after attending a loud concert or working in an area with noisy equipment. Continued exposure can make the condition worse, almost half (43 per cent) of all cases of tinnitus are a result of prolonged exposure to loud noise. A general rule of thumb for protecting your ears: If noise is too loud for you to speak at a normal conversation level, you should either wear earplugs, move away from the noise source or turn it down.

Tinnitus is often associated with age-related hearing loss.

Physicians have also found tinnitus in conjunction with the following:

- Treatable disorders such as high blood pressure, allergies, jaw and bite misalignment and dental problems.
- As a symptom of arthritis of the neck, anemia, diabetes, thyroid problems, tumours and head injuries.
- Ear maladies such as a hole in the eardrum, impacted ear wax, middle ear infections, fluid accumulation in the ear (Meniere's disease) or stiffening of the ear bones.
- Excessive use of alcohol, caffeine, nicotine and other drugs such as aspirin and antibiotics.

- A cold, flu or stress, which can bring on temporary ear noise or make the noise worse.

Correcting treatable causes of tinnitus (allergy, infection) will often improve the condition. If, however, the cause cannot be identified and treated, the condition itself must be treated. Although there is no cure for tinnitus, treatments include:

- Hearing aids and maskers. If the tinnitus patient has a hearing loss and the tinnitus is in the medium or low pitches, a hearing aid may drown out the tinnitus noise by increasing environmental sounds. For mild tinnitus, a loud ticking clock or a radio turned to the static between FM stations can provide enough competing sounds to allow some people to sleep. For those who have normal hearing but are severely distracted by their tinnitus, a tinnitus masker may be effective. The masker is a small electronic instrument built into a hearing aid case which generates a sound that prevents wearers from hearing their own head noises. Maskers are based on the principle that most individuals with tinnitus can tolerate outside noise better than they can their inner head noises. An attempt is made to identify the frequency of the tinnitus and a masker matching this frequency is then recommended.

- Non-wearable devices, such as audiotapes of waves lapping on the ocean or some other peaceful sound, make the tinnitus less noticeable and help sufferers fall asleep. This kind of background sound is often referred to as "white noise."

- Biofeedback, a learning tool that helps people to become aware of their bodily functions and learn to control them, has become a popular treatment for tinnitus. Biofeedback teaches relaxation exercises that may relieve stress brought on by constant ear noise.

In Marshall's and Sorensen's case, their tinnitus was one of the symptoms that led to their being diagnosed with Meniere's disease.

Named after a French otologist, Prosper Meniere, who first identified the condition in 1861 and noted it correctly as a dysfunction in the inner ear, Meniere's disease is typically characterized by vertigo (dizziness), a feeling of fullness or pressure in the ears, tinnitus and fluctuating hearing loss.

An attack of Meniere's disease results from changes in pressure of the fluid within the inner ear. A cause is not known. A gradual loss of hearing occurs, depending on the number of episodes. As the disease progresses, the hearing loss becomes worse.

The symptoms may begin with little or no warning or they may be preceded by tinnitus or a full feeling in the ear. The attacks of dizziness can vary from minutes to hours. Violent spinning, whirling and falling, associated with nausea and vomiting, are common symptoms.

Sorensen describes the dizziness of Meniere's as feeling like she's in a clothes dryer and spinning out of control. In her case, vertigo is followed by vomiting and dysentery and an attack can last up to six hours. When the attack disappears, it takes her about two days to recover. She takes prescription drugs and considers herself lucky she hasn't had an attack for the past 2-1/2 years.

Marshall is not as lucky. His Meniere's has kept him away from his work as a carpenter since December. Treatments he's trying include modifying his diet (avoiding salt, grains, dairy products and alcohol) and homeopathic remedies as prescribed by Dr. Gordon Higgins of St. John's.

Peckford, whose tinnitus comes and goes and is generally triggered by external sounds, was diagnosed with Meniere's disease in 1994. That diagnosis has since been changed to benign positional paroxysmal vertigo (BPPV), a disorder brought on by changes to the position of the head that causes episodic vertigo. These attacks of vertigo usually last for a few seconds and can cause dizziness, light-headedness and nausea.

Peckford treats herself with vitamins E and B complex and once-a-week massage therapy.

Marshall, Sorensen and Peckford are members of the local Meniere's/Tinnitus support group. The group, which has grown from an initial membership of six to a mailing list of 120, meets at 7:30 p.m. at Escasoni in

St. John's on the last Thursday of every month. For further information, call the Canadian Hard of Hearing Association at 753-3224. Fax 753-5640. E-mail [chha-nc@nfld.com](mailto:chha-nc@nfld.com). The Web site is [www.chha-nc.nf.ca](http://www.chha-nc.nf.ca)

**Figure:**

Colour Photo: Gary Hebbard, The Telegram

From left, Margarita Peckford, Brian Marshall and Kay Sorensen suffer from various forms of tinnitus.

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