

TINNITUS: AN AUDIOLOGIC PERSPECTIVE

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Tinnitus, once a forgotten, or at best ignored, symptom is a problem that can cause individuals to become totally disabled. The complaint of tinnitus is not new: in fact, as early as 400 B.C., Hippocrates wrote about it. It has presented a challenge to professionals attempting to manage the complaint of subjective idiopathic tinnitus, in terms of both diagnosis and treatment. The problem requires a multidisciplinary approach, including but not limited to audiology, otology, neurology, psychiatry, psychology, and internal medicine, among others.

Until the 1970s, professional literature concerning tinnitus was limited to studies done for the most part before 1950. When a patient came to an audiologist or otologist complaining of tinnitus—whether mild or severe—it was either ignored, that is, the patients were told to learn to “live with it”, or at best, examined to exclude serious pathology such as an acoustic tumor. In the late 1970s, attention was focused on tinnitus by the University of Oregon group with their report of the first successful use of masking instrumentation as a relief technique for tinnitus. In 1979, the First International Tinnitus Seminar, sponsored by SUNY—Downstate Medical Center, organized by Abraham Shulman and myself, had as its basic goal a “holistic approach to the complaint of tinnitus”—an attempt to integrate the basic sciences with clinical aspects. The 1970s saw a reawakening interest in the symptom of tinnitus, providing an element of both clinical and basic research, to find out what was causing tinnitus, to try to provide better diagnosis, and to improve management for the tinnitus patient. Since then, there have been four International Tinnitus Seminars. A fifth will take place in Oregon in July, 1995. In recent years, several books have been published to help people with tinnitus cope with their problem; a few books have been published about the diagnosis, treatment, and mechanisms of tinnitus. A proliferation of publications by professionals exists, representing many diverse disciplines. The difficulty, however, is that there has been no single journal devoted to the basic and clinical science of tinnitus. The ITJ is committed to providing a forum for exchange of information of ongoing general and clinical science efforts for understanding tinnitus and application of these findings to patient diagnosis and treatment. The goal is to facilitate the exchange of information and ideas among all interested professionals—regardless of discipline, and to provide the most timely experimental and observational reports, clinical studies, reviews, and theoretical papers.

As an audiologist, I view the field as a dynamic profession. As science and technology advance, the scope of our profession is changing and expanding. The audiologist's role in the diagnosis and treatment of

the tinnitus patient is essential, regardless of the point of entry for service. The role of the audiologist in the diagnosis and management of the tinnitus patient has been evolving since the 1970s. Originally, we were concerned primarily with the sensory component of the tinnitus. Because the complaints of the tinnitus sufferer frequently include difficulty in understanding, cognition, and memory, the scope of our tests has expanded to include central auditory processing tasks using both speech and electrophysiologic test procedures. Today, we realize that the affect component—how the patient reacts behaviorally to the presence of the tinnitus—is equally important.

Many tinnitus patients complain of difficulty in understanding and blame the problem on the noise itself, and not on their hearing. When routine audiologic testing is performed, peripheral hearing may be adequate, and therefore, does not explain the complaint. Tinnitus may be of a peripheral or central type, or a combination of both.

Peripheral and central sites modify the system's response to auditory signals in different ways. The effect of central auditory disturbance in the perception of speech signals is less discernible than the effect of cochlear dysfunction, and the disorder may go unnoticed by the individual. The audiologist is confronted with the diagnostic task of evaluating the cochlear dysfunction and the central auditory dysfunction as independent entities. Accurate diagnosis will help to provide better management of tinnitus patient complaints.

In the audiology section of the ITJ, it is my hope to provide an inclusionary atmosphere to encourage submission of manuscripts by "new, young" clinicians, as well as "old, seasoned" audiologists. My other hope is that the ITJ will stimulate and encourage new ideas, research, and presentation of the latest, most significant developments in our field for both diagnosis and comprehensive management of the tinnitus patient, so that no tinnitus sufferer will ever be told that nothing can be done for them, and that they will need to learn to live with the problem. I look forward to the day when we will publish, in this journal, the article entitled "Cure for Tinnitus Found."