



When Your Child Has Tinnitus

Tinnitus is a condition where the patient experiences ringing or other head noises that are not produced by an external source. This disorder can occur in one or both ears, range in pitch from a low roar to a high squeal, and may be continuous or sporadic. This often debilitating condition has been linked to ear injuries, circulatory system problems, noise-induced hearing loss, wax build-up in the ear canal, medications harmful to the ear, ear or sinus infections, misaligned jaw joints, head and neck trauma, Ménière's disease, and an abnormal growth of bone of the middle ear. In rare cases, slow-growing tumors on auditory, vestibular, or facial nerves can cause tinnitus as well as deafness, facial paralysis, and balance problems. The American Tinnitus Association estimates that more than 50 million Americans have tinnitus problems to some degree, with approximately 12 million people have symptoms severe enough to seek medical care.

This condition is not uncommon in the pediatric population. Although tinnitus in children is as common as in the adult population, children generally do not complain spontaneously of having tinnitus. Researchers believe that the child with tinnitus considers the noise in the ear to be a normal event, as it has usually been present for a long period of time. A second explanation of this discrepancy lies in the fact that the child may not distinguish between the psychological impact of the tinnitus and its medical significance.

Continuous tinnitus can be annoying and distracting, and in severe cases it can cause psychological distress and interfere with your child's ability to lead a normal life. The good news is that most children with tinnitus seem to eventually outgrow the symptom. It is unusual to see a child carry the problem into adulthood.

If you think your child has tinnitus:

You should first arrange an appointment with your family physician or pediatrician. If the child does not have a specific problem with the ears such as middle ear inflammation with thick discharge then it may be necessary to have your child referred to an otolaryngologist or ear, nose, and throat specialist.

What treatment your child may be offered.

Most people, including children, who are diagnosed with tinnitus find that there is no specific problem underlying their tinnitus. Consequently, there is no specific medicine or operation to 'cure' tinnitus. However, experts suggest that the following steps be taken with the child diagnosed with tinnitus:

FROM	THE	PRACTICE OF:

Stony Brook Surgical Associates / Otolaryngology–Head and Neck Surgery www.StonyBrookSurgery.org / 631-444-4121



Empowering otolaryngologist—head and neck surgeons to deliver the best patient care 1650 Diagonal Road, Alexandria, Virginia 22314-2857 U.S.A. 1-703-836-4444 1-703-683-5100 fax www.entnet.org (1) Reassure the child: Explain that this condition is common and they are not alone. Ask your physician to describe the condition to the child in terms and images that they can understand.

(2) Explain that he/she may feel less distressed by their tinnitus in the future: Many children find it helpful to have their tinnitus explained carefully to them and to know about ways to manage it. This is partly due to a medical concept known as "neural plasticity," resulting in children's brains being more able to change their response to all kinds of stimulation. If it is carefully managed, childhood tinnitus may not be a serious problem.

(3) Use sound generators or provide background noise: Sound therapy has been used to treat adults with tinnitus for some time, and can also be used with children. Sound therapy aims to make tinnitus less noticeable. If tinnitus occurs on a regular basis, then the child's nervous system can, with soundtherapy, adapt to the condition. The sound can be environmental, such as a fan or quiet background music.

(4) Have hearing-impaired children wear hearing aids: A child with tinnitus and a hearing loss may find that hearing aids can help improve the tinnitus. Hearing aids do this by picking up sounds your child may not normally hear, which in turn will help their brain filter out their tinnitus. It may also help them by taking the strain out of listening. Straining to hear can make your child's brain focus on the tinnitus noises.

(5) Helping your child to sleep with debilitating tinnitus: Severe tinnitus may lead to sleep difficulties for the young patient. Ask your otolaryngologist the best strategy to adopt when the child cannot sleep.

Finally, help your child to relax. Some children believe their tinnitus gets worse when they are under stress. Discuss appropriate stress relieving techniques with your pediatrician or family physician.

Stony Brook Surgical Associates / Otolaryngology–Head and Neck Surgery www.StonyBrookSurgery.org / 631-444-4121



Empowering otolaryngologist—head and neck surgeons to deliver the best patient care 1650 Diagonal Road, Alexandria, Virginia 22314-2857 U.S.A. 1-703-836-4444 1-703-683-5100 fax www.entnet.org