Foreword

Tinnitus: Current Understanding of an Age-Old Problem

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Tinnitus, the perception of sound where there is no external sound stimulus, has long been part of the human experience. Because of our current noisy society, this condition affects 1 in 10 adults.[1] However, it did not begin with the Industrial Age. There are references to it in Hindu ayurvedic medicine, where it is considered an imbalance of vata dosha, or the wind element, and in classical China, where it was thought to be caused by an imbalance of yin and yang. Mesopotamian remedies included exorcism and chants dedicated to the god of water. The ancient Egyptians tried treating it by infusing a mixture of oil, frankincense, tree sap, herbs, and soil through a reed stalk into the external ear. Greek and Roman treatments included exercise, rubbing, gargling, dieting, and the application of balms. Aristotle and Hippocrates advised masking the inner sound with an outer sound, which is still commonly advised today. A medieval Welsh remedy was to apply a hot loaf of bread to each ear. One Renaissance writer hypothesized that tinnitus was the wind trapped in the ear and recommended surgery.[2] The myriad of treatments matches that offered to patients today.

Tinnitus is one of those medical conditions that can vex both sufferer and health care professional. It is common and persistent, with 27% of people experiencing it for over 15 years and 36% of tinnitus sufferers having near constant symptoms. However, only 7.2% of individuals with tinnitus in the 2007 National Health Interview Survey (raw N = 75,764) reported their tinnitus as a "big" or "very big" problem versus 41.6% reporting it as a "small" problem.[1] In the half who actually had discussed their tinnitus with a physician, medications were recommended in 46%, and the other interventions discussed included hearing aids (9.2%), masking devices (4.9%), and cognitive-behavioral therapy (0.2%). This, to me, indicates some dearth of knowledge of the latest information regarding tinnitus, described in the American Academy of Otolaryngology–Head and Neck Surgery Clinical Practice Guidelines on Tinnitus[3]

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and in terrific detail here in this issue of *Otolaryngologic Clinics of North America*, guest edited by Drs Carol Bauer, Ronna Hertzano, and Didier Depireux.

The articles in this issue approach tinnitus in a systematic manner. There are animal models for this condition, which show promise for pharmacotherapy. Understanding epidemiology and genetics allows the professional to then move on to classifying tinnitus for the particular patient in front of them. We are all aware of the association of noise exposure with tinnitus and hearing loss. The articles devoted to this dive deeply into the matter. Tinnitus is a subjective experience, without a one-to-one correlation with hearing loss or noise exposure. However, we now have some objective measures, electrophysiologically and with imaging, that can help us both understand its impact on the individual and assess efficacy of interventions.

Validated interventions for tinnitus include cognitive behavioral therapy, certain pharmacotherapies, and auditory devices, such as ear-level maskers, hearing aids, and cochlear implants. Nonallopathic or complementary and alternative medicine treatments, as alluded to in the first paragraph, have a long history in both the United States and overseas. The wealth of basic science and research on tinnitus has resulted in development of novel modalities that are in trials. The final series of articles describe these in detail.

I commend Drs Bauer, Hertzano, and Depireux on tackling this difficult and important problem, both in their professional lives and in guest editing this issue of *Otolaryngologic Clinics of North America* . Once you read the articles they have compiled, you will feel much more comfortable when that next patient walks in complaining of tinnitus. And you will be able to embark on a mutual plan of understanding the symptom and shared decision making in coming up with a treatment plan. The pat answer to tinnitus, "You'll just have to learn to live with it," can be stricken from our vocabulary.

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