

Hearing Health Matters!



Ontario Association of Professional Audiology Clinics
Your Hearing Deserves An Audiologist

What you should know about Hearing Loss and Tinnitus (TIN-ih-tus)

It is estimated that 10 to 15% of Canadians suffer from tinnitus (approximately 3 million) with 20% of these individuals seeking medical help for their condition, (approximately 600,000 individuals).¹ Studies have shown that tinnitus is more prevalent in females than males under the age of 50. Equal incidence occurs after the age of 50.

While the perception of tinnitus is very real, there is no external corresponding sound to the patient's perception; thus, tinnitus can be classified as a 'phantom auditory perception'.² The most current research suggests that tinnitus results from a locking of spontaneous neuronal firings at the level of the cochlea and brainstem. All individuals have spontaneous neuronal activity, however; in individuals with tinnitus, the "locking" of this activity enhances the sound signal.

With the proper mix of counseling and noise generators, tinnitus management can be very effective. Auditory retraining uses sound generators that are set to a level that is below the intensity of the tinnitus (just audible and not masking the tinnitus). When used for an extended period of time, it induces subconscious habituation so that the tinnitus is not perceived as an intrusive or disturbing presence. This method is also effective in reducing hyperacusis or sensitivity to sounds. In some cases, masking of tinnitus can be effective.³ Most recently, the world's first Tinnitus Notch Therapy, can reduce the effects of tinnitus and it may even disappear completely.⁴

Tinnitus can be managed. There is a list of treatment options.

Before the advent of Progressive Tinnitus Management, Tinnitus Retraining Therapy, Tinnitus Habituation Therapy and Tinnitus Notch Therapy, most health care professionals would tell sufferers to "learn to live with it" and that "there is nothing that can be done". We now know that there is much more to understand and do about this problem.

References

- ¹Heller, Andrew. (2003) Classification and epidemiology of tinnitus. *Otolaryng Clin Am* 36. 239-248
- ²Jastreboff, PJ, Jastreboff, MM. (2000) Tinnitus Retraining Therapy as a Method for Treatment of Tinnitus and Hyperacusis Patients. *Journal of the American Academy of Audiology*. 162-177
- ³Henry, J., Schechter, M., Zaugg, T., Griest, S., Jastreboff, P., and Vernon, J. (2006) Clinical trial to compare tinnitus making and tinnitus retraining therapy. *Acta Otolaryngologica*. Issues 556. Vol 126. 64-69
- ⁴Powers, L., dos Santos, G.M., & Jons, C. (2016, September) Notch Therapy: A new approach to tinnitus treatment. *AudiologyOnline*, Article 18365
- ⁵<http://hearinghealthfoundation.org/statistics>

With so many places to refer your patients, it becomes difficult to choose what is best for your patient.

"As independent practices, we are not limited. When your patient has a permanent and irreversible hearing loss, we can prescribe from 10 different hearing aid manufacturers."

Greater emphasis is being placed on hearing health.
Tinnitus can be managed.



Hearing loss occurs in 90% of tinnitus cases.⁵
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The Ontario Association of Professional Audiology Clinics (OAPAC) represents independent audiology practices in Ontario.

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