International Journal of Growth and Development, 2017, 1: (Suppl.) 43

doi: 10.25081/ijgd.2017.v1i1.44 http://igdjournal.com/

IIGD

CONFERENCE ABSTRACT

Management of tinnitus patient

Mohammed Abd Alnafia Saeed*

Erbil-Rose Clinic Center for Audiology & Speech Therapy, Iraq

1st International Growth and Development Conference (IGDC 2017)

March 16-18, 2017 Dubai, United Arab Emirates

*Corresponding Author, Email: moh_saident@yahoo.com

Abstract

General tinnitus knowledge: What is tinnitus? Involuntary sound perception originating in the head Tinnitus can be caused by: Hearing loss Exposure to loud sounds Extreme stress or trauma Acoustic neuroma Injury to ears, neck or head and heart disease Neurophysiological models indicate the mechanism of tinnitus in an increase in spontaneous activity in the absence of acoustic stimuli. General notes on Tinnitus: 1- Any Tinnitus treatment must be used in connection with counseling and possible other treatment. 2- Tinnitus is a perception of involuntary sound. It must be audible to the person, it originates in the head (McFadden 1982). 3- It is most commonly referred to as ringing in the ears. 4- Produced centrally, with peripheral influences (e.g. Cochlear damage). Exact mechanism(s), or epidemiology is unknown. 5- Noise type can vary from pure tones over modulated noise to crackling sounds that varies significantly with time & Large intensity variations. 6- Not a 'phantom' perception for the patient, it is real 7- Tinnitus can be described in many different forms, for example: Ringing, Chirping, Clicking, Pulsating, Continuous, Sudden A-Geriatric tinnitus Presby tinnitus, defined as tinnitus that accompanies the progressive hearing loss of presbycusis; is classified as: type 1 (normal aging affecting the cochlea), and type II (preexistent sensorineural hearing loss accompanied by multiple systemic complaints, especially of sensory ones). B-Pediatric tinnitus has an incidence of 13% in children who passed an audio metric screening test, and 23-60% in those with hearing loss, 44% in secretory otitis media, but only 3% complain spontaneously because that the child considers tinnitus to be a normal event. There is no significant difference between children with tinnitus and those without in terms of hearing level, age, gender, or etiology of the deafness. Despite the fact that often children do not mention it, tinnitus may incite behavioral problems.