TREATMENT OF TINNITUS : CONSIDER PSYCHOLOGICAL ASPECTS

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Apropos the article Transdermal electrical stimulation in sensorineural tinnitus (Maini & Deoganonkar, 2000) in my opinion the present approaches in tinnitus treatment has neglected an important facet of it. Tinnitus is still an enigma. Though it occurs in a number of otological and non-otological diseases, its mechanism is still obscure. The assumptions rest on cochlear or neural derangements viz. spontaneous otoacoustic emissions, decoupling of stereocilia of the hair cells of cochlea, emphatic transmission (cross talk) between adjacent auditory nerve fibres etc. Till date we could not reach an agreement and all attempts to alleviate tinnitus based on these models had only partial success. Whether this partial improvement is spontaneous remission ? This question merits attention.

Interestingly many people who perceive tinnitus don't complain of it. Statistics report that 35 to 45% of population experience tinnitus once in a while and upto 1% suffer from chronic tinnitus and are severely distressed (Coles 1984, Meikie et al. 1984). Why only such a small proportion of population suffer ? Studies have failed to find any significant correlation between self reported severity and audiologicaly measured loudness (Jakes 1986). As tinnitus is a subjective experience, should we continue to quantify it by these objective means like loudness match level, minimal masking level etc while in fact there is no source of sound generation? This needs a critical appraisal. It appears that tinnitus can not be substantiated by these means.

Another aspect which merits attention is the site of origin of tinnitus. Still there is debate, whether it is of peripheral (cochlea) or central (cerebral cortex) origin. Researches are still being focussed on further exploring and linking tinnitus on organic peripheral model while on the contrary among some drugs, found to be effective at all in cases of tinnitus, are all centrally acting. Further, despite a known fact about its associated psychological disturbances during its treatment this aspect is almost neglected. In this context, it is relevant to quote that tinnitus was found to persist even after labyrinthectomy or eighth nerve neuronectomy even though the pathology is peripheral (Coles 1994) whereas psychotherapeutic measures have proven their effectiveness when almost all attempts fail. Studies are in

favour of personality characteristics as an important determinant of tinnitus perception (House 1981). This reveals that treatment of the associated diseases may or may not alleviate tinnitus depending upon the personality characteristics and the coping ability of tinnitus patients.

Trends are changing now. Western researches reported successful application of psychological techniques in its treatment and measuring it by the subjective rating scales and questionnaires incorporating the psychological facts associated with tinnitus. Such approaches lack in our perspective. There is an urgent need to develop such scales and techniques pertinent to our cultural norms as association of tinnitus with major psychiatric morbidity and suicide was also reported (Srivastava et al 1997, Lewis et al 1992). There is high index of suspicion that most of such morbidity remains undetected. Such chronic tinnitus or its consequences can be easily prevented by early psychological intervention. Tinnitus needs an independent assessment and holistic approach on the model of illness behaviour rather disease oriented approach based on organic etiological model.

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