

Tinnitus treatment

- [Patients with Tinnitus: Their Perspective on Sound Generators](#)
- [A rare neurological odyssey: Gastric adenocarcinoma and leptomeningeal carcinomatosis - A Peruvian case study](#)
- [Transverse venous sinus stenting versus cerebrospinal fluid shunting in idiopathic intracranial hypertension: a multi-institutional and multinational database study](#)
- [Sinonasal neuroendocrine carcinoma in a previously healthy young adult male](#)
- [Candidate Key Proteins of Tinnitus in the Auditory and Motor Systems of the Thalamus](#)
- [Unilateral Hearing Loss as the Sole Presentation of Extensive Intracranial Epidermoid Cyst: A Case Report](#)
- [Exploring How Blood Cell Levels Influence Subjective Tinnitus: A Cross-Sectional Case-Control Study](#)
- [A Cure for Tinnitus After Tinnitus Retraining Therapy: Insights From a Large Case Series](#)

Identifying Underlying Cause

Before initiating treatment, rule out reversible or treatable causes:

- Hearing loss (age-related or noise-induced)
- Earwax impaction
- Ototoxic medications (NSAIDs, aminoglycosides, chemotherapy)
- Temporomandibular joint (TMJ) dysfunction
- Vascular anomalies (especially in pulsatile tinnitus)
- Vestibular schwannoma (consider in unilateral tinnitus)

Treatment Options

Sound Therapy

Uses external sounds to reduce tinnitus perception.

- White noise machines
- Hearing aids with built-in masking features
- Custom tinnitus maskers
- Sound pillows or mobile apps

Cognitive Behavioral Therapy (CBT)

Psychological approach with strong evidence of benefit.

- Reduces distress, improves coping
- Typically delivered in structured sessions

Hearing Aids

For patients with coexisting hearing loss.

- Amplifies environmental sounds
- May reduce tinnitus awareness

Tinnitus Retraining Therapy (TRT)

Combines low-level sound stimulation with counseling.

- Goal: habituation to tinnitus
- Long-term process (6-24 months)

Medications

[Tinnitus medical treatment](#)

Experimental / Emerging Therapies

- **Repetitive transcranial magnetic stimulation (rTMS)**
- **Bimodal neuromodulation (e.g., Lenire® system)**
- **Supplements** (e.g., Ginkgo biloba, melatonin) — low evidence

Lifestyle and Coping Strategies

- Avoid complete silence — use background sounds
- Limit caffeine, nicotine, and alcohol
- Practice stress-reduction techniques (e.g., mindfulness, yoga)
- Improve sleep hygiene

When to Refer

Refer to ENT or neurology if:

- Unilateral tinnitus
- Pulsatile tinnitus
- Neurological symptoms
- Severe impact on quality of life despite initial management

Deep brain stimulation for tinnitus

[Deep brain stimulation for tinnitus](#)

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Last update: **2025/06/15 10:13**

