patients regarding treatment options. Before treatment can commence, existence of the disorder has to be recognised. Once recognised, there are different treatments that can be tried. No one therapy will necessarily suit all patients, and it may well be worth a particular patient trialling different therapies. It is unfortunate that some medical practitioners, even specialists, have been known to advise some ear disorder sufferers to "learn to live with it".

The incidence of Meniere's Disease is modest and most general practitioners will personally encounter few cases. Symptoms of vertigo and nausea often occur with other medical problems, thus it is understandable that a practitioner may not readily recognise and diagnose Meniere's. Since early diagnosis and treatment may arrest the progression of Meniere's, reducing the impairment of balance and hearing, it is important to seek referral to an ENT specialist if a particular GP is not able to assist.

Other Ear Disorders

Hyperacusis and recruitment are two other ear disorders that warrant specific mention.

Hyperacusis is a condition where a person perceives all normal sounds as uncomfortably loud, sometimes even causing pain. The disorder is often chronic and usually accompanied by tinnitus, and can occur in patients who have little or no measurable hearing loss.

Recruitment is a condition that is a by-product of sensorineural (inner ear) hearing loss. A person with recruitment will have an inability to hear quiet sounds, but this is paradoxically accompanied by intolerance for loud sounds.

There are various other disorders of the ear, but it is Meniere's Disease and Acoustic Neuroma that frequently lead to hearing loss.

Contacts

There are various organisations throughout Australia that can provide information and assistance.

For further information contact the Deafness Forum of Australia.

Deafness Forum of Australia

218 Northbourne Ave

Braddon ACT 2612

Phone: 02 6262 7808

TTY: 02 6262 7809

Fax: 02 6262 7810

Email: info@deafnessforum.org.au

Websites: www.deafnessforum.org.au

www.hearingawarenessweek.org.au

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ACN 008 587 611

Chronic disorders of the ear

deafness forum of australia

Tinnitus (Pronounced 'tinn-it-us' or 'tinn-eye-tus')

It is estimated that at least one in five people experience some form of tinnitus at some time in their lives. For some it is transient, for others it becomes a permanent part of their lives.

Tinnitus is a physical condition, experienced as noises (such as whistling or ringing) in the ears or head when no such external noise is present. Tinnitus is real, not imagined, and is not a disease in itself, but a symptom of a malfunction: usually somewhere in the hearing system. Whilst the actual mechanisms, or processes of tinnitus are not fully understood, there are a number of treatment strategies practiced that have proved quite successful in tinnitus management.

Causes of tinnitus are varied. It can be as simple as wax against the eardrum or a misalignment of the jaw (TMJ), or in rare cases as serious as a tumour on the hearing nerve. There is also strong anecdotal evidence suggesting a connection between stress and the onset of tinnitus. Some medications are also known to cause Tinnitus. However, the major preventable cause is exposure to excessive noise.

For treatment consult your doctor and ask for a referral to an Ear, Nose & Throat Specialist (ENT), and an audiologist. A dental specialist experienced in TMJ should also be considered.

Management includes:

- provision of information
- hearing aids and/or maskers
- stress reduction
- counselling
- various therapies recognised by the medical profession
- self help organisations

Meniere's Disease

It is estimated that in people of European descent, approximately one person in 2,500 suffers from Meniere's Disease. The symptoms are:

- vertigo
- nausea
- tinnitus
- fluctuating hearing loss
- a feeling of fullness in the ear

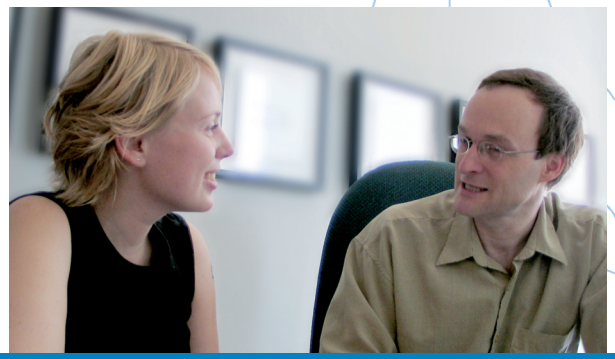
Not all people with Meniere's Disease have all symptoms.

Diagnosis depends on a thorough assessment of the patient's history, a full examination and performance of a variety of special tests, some of which are to assess the severity of the disease, and others to exclude the presence of any pathology causing the symptoms.

Management includes:

- provision of information
- counselling
- appropriate medications
- salt restriction
- suitable therapies

Surgery is reserved for a small number of patients with very disabling symptoms, when no other approach has been found to be of sufficient help.



Acoustic Neuroma

Each year over 300 people are told they have a small mass growing in the hearing canal, leading from the inner ear into the brain. This may be a slow-growing benign tumour called acoustic neuroma.

Cells that form an acoustic neuroma are called Schwann cells and make up the lining of the eighth cranial nerve. Unknown events lead to an overproduction of Schwann cells that multiply forming a small mass, which fills the canal. An Ear, Nose and Throat (ENT) specialist will use an MRI scan to detect this growth. Slow growth of an acoustic neuroma over many years is common.

Symptoms that may indicate the presence of an acoustic neuroma often include one or more of the following:

- hearing impairment in one ear
- tinnitus
- feeling of fullness in the ear
- unsteadiness or imbalance, headaches, numbness, or twitching of the face.

The early diagnosis and treatment of an acoustic neuroma is extremely important. It is possible to remove the tumour completely. Microsurgery is often undertaken by a two-specialist team; a neurosurgeon and an ENT surgeon.

Diagnosis and Treatment of Ear Disorders

The general practitioner is usually the first 'port of call' in the process of diagnosis, but some practitioners may not have the expertise or experience to recognise the early indications of something like Meniere's Disease.

Lack of experience with a particular ear disorder means that some general practitioners may not have adequate, up to date knowledge to properly advise

deafness forum is a **national peak body** for **deafness** and **seeks solutions** and **advocates** on **issues** for all **Australians** who are **Deaf,** have a **hearing impairment** or **chronic disorder** of the **ear**