



EDITOR'S NOTES

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In this issue of Plexus we have an interesting and useful article by an ENT specialist on the approach to managing a patient with tinnitus. The 2nd article, in honour of World Family Doctors Day in May is a compilation of tips from Nursing and other Allied Health professionals to doctors and other healthcare professionals on maintaining holistic health at the workplace. We hope you enjoy the two articles !

"DOC, I HEAR RINGING IN MY EAR!" ABCs of Managing Patients Presenting with Tinnitus in A GP Practice

by Dr Ho Eu Chin, Consultant ENT Surgeon, Tan Tock Seng Hospital.

Tinnitus is one of the commonest otological symptoms. Most non-pulsatile tinnitus are benign and are often associated with hearing loss of the same frequency as the tinnitus. Patients frequently adapt to the tinnitus and treatment is not always necessary.

HISTORY

- Quality of tinnitus i.e. pitch, duration, precipitating factors, constant vs intermittent, pulsatile vs. non pulsatile, unilateral vs. bilateral
- Elicit other otological symptoms i.e. hearing loss, vertigo, aural fullness, otalgia, otorrhea
- Elicit history of loud noise exposure and ototoxic agent exposure
- Red flags – Unilateral, persistent and associated vertigo, aural fullness and deafness

EXAMINATION

- Otoscopic ear examination – exclude impacted wax on tympanic membrane and no ear infections
- If pulsatile, auscultate neck and mastoid to ensure not related to carotid bruits
- If pulsatile, complete rest of ENT examination including endoscopic examination of the post nasal space

MANAGEMENT

- Consider referral to ENT if tinnitus troubling the patient
- If pulsatile, consider FBC, TFT +/- pregnancy test to exclude hyperdynamic circulation
- Pure tone audiogram
- MRI or CT or both



TREATMENT

- Reassurance
- Tinnitus rehabilitation / retraining / counselling
- Tinnitus masking devices
- Hearing aids if there is associated hearing loss
- Limited role for pharmaceuticals