

Tinnitus

(January 2017)

Rationale

Tinnitus is an awareness of sound without an obvious external source. Although not usually related to serious medical problems, it may interfere with daily activities, affect quality of life, and occasionally be indicative of serious organic disease.

Causal Conditions

(list not exhaustive)

- Auditory
 - a. External/Middle ear (e.g., otitis, wax)
 - b. Cochlear-vestibular end organ (e.g., medications, otosclerosis, environmental exposure)
 - c. Cochlear nerve (e.g., acoustic neuroma)
 - d. Brainstem/Cortex (e.g., ischemia, infection)
- Para-auditory (e.g., venous hum, arterial bruits)

Key Objectives

Given a patient with tinnitus, the candidate will diagnose the cause, severity, and complications, and will initiate an appropriate management plan. In particular, the candidate should understand the distress that is caused by this usually benign condition.

Enabling Objectives

Given a patient with tinnitus, the candidate will

- list and interpret critical clinical findings, including

- a. conduct an appropriate history and physical examination to classify and diagnose the cause (e.g., disease-related, noise-related);
- list and interpret critical clinical and laboratory findings which were key in the processes of exclusion, differentiation, and diagnosis, including
 - a. determination as to whether the patient requires further investigation based on clinical findings;
- construct an effective plan of management, including
 - a. refer the patient for specialized care, if necessary;
 - b. counsel the patient if causes of tinnitus are deemed to be relatively benign (e.g., stop medication, remove wax or foreign body).