When Children Have Tinnitus—Learning to Ask for Help When Needed

By David Baguley, PhD and Claire Benton, MSc

Sometimes, in a clinical conversa-tion with an adult about their tinnitus, there is a specific and moving moment. The patient turns to the clinician, and says,

'At least children don't get this…'

Actually, some children do. In this piece, we introduce the topic of tinnitus experiences in childhood. We also identify resources that are available to help such young people and their families, as well as resources to support clinicians working in this challenging but fascinating area.

It has been known for many years that children can experience tinnitus, but only recently has this been given significant attention. There probably are several reasons for this, including the fact that audiologists are taught little about tinnitus in their training and even less about childhood tinnitus.

General Practitioners, pediatricians, and Ear Nose and Throat (ENT) doctors, also may have this lack of knowledge, resulting in few referrals being made. This has led to a general underestimation of the extent of the problem. The combination of the fact that children don't spontaneously report tinnitus and that professionals don't generally know to inquire about it, also contribute to this underestimation.

In an attempt to gather existing knowledge about the number of children who experience tinnitus and how severe it is, Susanne Nemholt Rosing and colleagues undertook a systematic review (Rosing et al., 2016). Unfortunately, they found that the definitions of tinnitus used in the scientific papers were so variable that it wasn't possible to compare the results.

In one project (Humphriss et al., 2016) asked more than 7,000 children aged 11 in the United Kingdom about tinnitus, and found that three percent of them had experienced troublesome tinnitus. This equates to one in every school class. However, not many of these children are being referred, as shown in studies across Europe (Baguley et al., 2013) and in Denmark (Rosing et al., 2016) both of which found that very few children undergo assessment and care for tinnitus.

In adults, the major risk factor for developing tinnitus is hearing loss. This is the same for children. However, as it is with adults, it is a mistake to think the world of the deaf is one of silence: In fact, many children born with hearing loss experience tinnitus, though a proportion may not know what it is. Also, children who develop hearing loss are at risk of tinnitus, possibly more so than children who are born with hearing loss. However, there also are many children with excellent hearing who have tinnitus.

Some of these children are anxious, unhappy, or depressed, but it is often difficult to determine the balance of cause and effect.

The impact of troublesome tinnitus in a child can be significant. As with adults, poor concentration, low mood, and fragile sleep all can be associated with it, and many parents become very concerned for their child (and these fears need to be addressed in the clinic). These fears can be compounded when healthcare professionals don't seem knowledgeable about the condition.

To address the lack of knowledge about childhood tinnitus among audiologists, the British Society of Audiology (BSA) partnered with the British Tinnitus Association (BTA) to produce Practice Guidance for working with children with troublesome tinnitus (BSA, 2015). It offers simple and straightforward advice and indicates that an audiologist working with such children should have pediatric audiology skills to be able to deliver care effectively. The guidance also offers a child-friendly way of explaining tinnitus and advice on what approach can be taken to achieve good outcomes with counseling, support, and technology.

A keystone of this approach is an effective explanation of tinnitus and its impact that both the child and the parents understand. In support of this, the use of night-time sound therapy, using inexpensive bedside devices to play sounds of the rain or the ocean, to blend with tinnitus often is beneficial. This can have the effect of improving sleep, which of course improves daytime wellbeing in many cases.

Further material to help children and their families understand tinnitus and the impact it may have upon their lives, is produced by the BTA. These colorful and interesting booklets have been very well received, and it seems that they have benefitted many children. Particular benefits have been observed in supporting children to find their own ways of managing their tinnitus and in helping education staff understand what support a child may need in school.

What then of the prospects for improvement for children with tinnitus? Are there any grounds for hope? Indeed, there are. While there are no randomized controlled clinical trials (which are fundamental building blocks in understanding which treatments work best and how beneficial they are) in this area at present, clinicians working in tinnitus in children report positive experiences for many children receiving care for tinnitus and often rather more quickly than adults. The difference is a joy to behold!

So, while there is need for research in this area and for clinicians to build skills and experience, there also are indications that a great amount of interest is being shown in this area, which bodes very well for the future.

David Baguley is a professor of Hearing Sciences at the University of Nottingham, UK, working in the Division of Clinical Neurosciences (Faculty of Medicine), and the Otology and Hearing Group.

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Claire Benton is a Clinical Scientist (Audiology) and the Clinical Lead for Pediatric Audiology at Nottingham Audiology services. She has worked in pediatric audiology for nearly 20 years, running the department's tinnitus clinic for the past eight years. She was also part of the working group that published the British Society of Audiology's Tinnitus in Children practice guidance. Claire has given many presentations and workshops on the subject and is part of the team that delivers the British Tinnitus Association's training on working with children with tinnitus.

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The British Tinnitus Association booklets are available at: https://www.tinnitus.org.uk/support-for-children