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1858

CALAMVS
GLADIO
FORTIOR

Current Trend of Treatment of Tinnitus and Hyperacusis

IFOS World Course, 2019

Dept. of Otolaryngology

Keio University

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1

Auditory abnormal sensation

2

Evaluation

3

Central management



Abnormal sensations

Audition

tinnitus

hyperacusis

autophony

phonophobia

ear fullness

paracusis

diplacusis

diplacusis loci

auditory illusion

Vision

floaters

photopsia

photophobia

blurred vision

metamorphopsia

visual illusion



Tinnitus

Definition

Perception of sound in the absence of environmental acoustic stimuli.

Prevalence

15% of the total population (36 million) experienced tinnitus.

20 % out of them (7.2 million) have disabled tinnitus.

The National Health Survey by Public Health Agency (1988)

25% of the total population (19 million) experienced tinnitus.

8% out of them (1.5million) have tinnitus with severe annoyance.

The German Tinnitus League (1999)

1/4 of the total population (30 million) experienced tinnitus.

Japanese Health and Welfare (2006)

= 20% (24 million)

= 3% (3~4million)



Hyperacusis

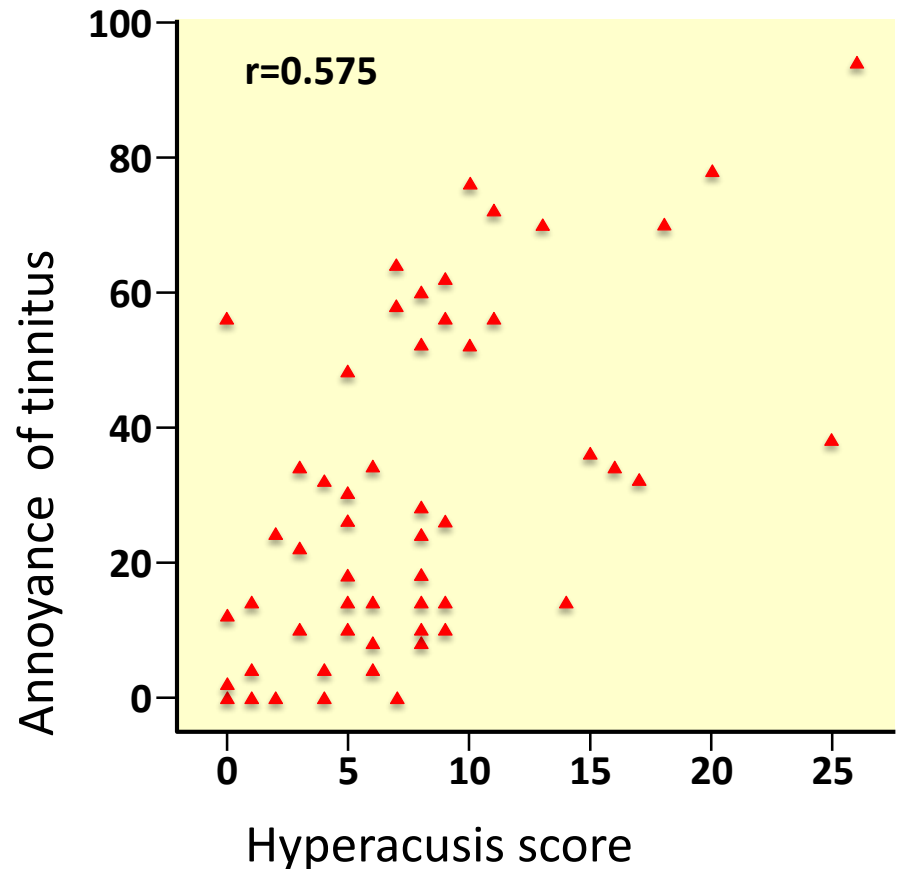
Definition

Heightened sensitivity to sound, with aversive or pained reactions to normal environmental sounds.

(Steadman's Medical Dictionary)

- sensitive hearing
- decreased sound tolerance
- phonophobia
- misophonia

- Hyperacusis: 20~45% of Tinnitus
- Tinnitus: 80~90% of Hyperacusis





Difficulty in tinnitus management

- 1 subjective symptom
- 2 heterogeneity between tinnitus and hearing loss
- 3 peripheral vs central
- 4 annoyance
- 5 depression
- 6 no objective exam.
- 7 no basic treatment

- HL in tinnitus
90%
- Tinnitus in HL
50%

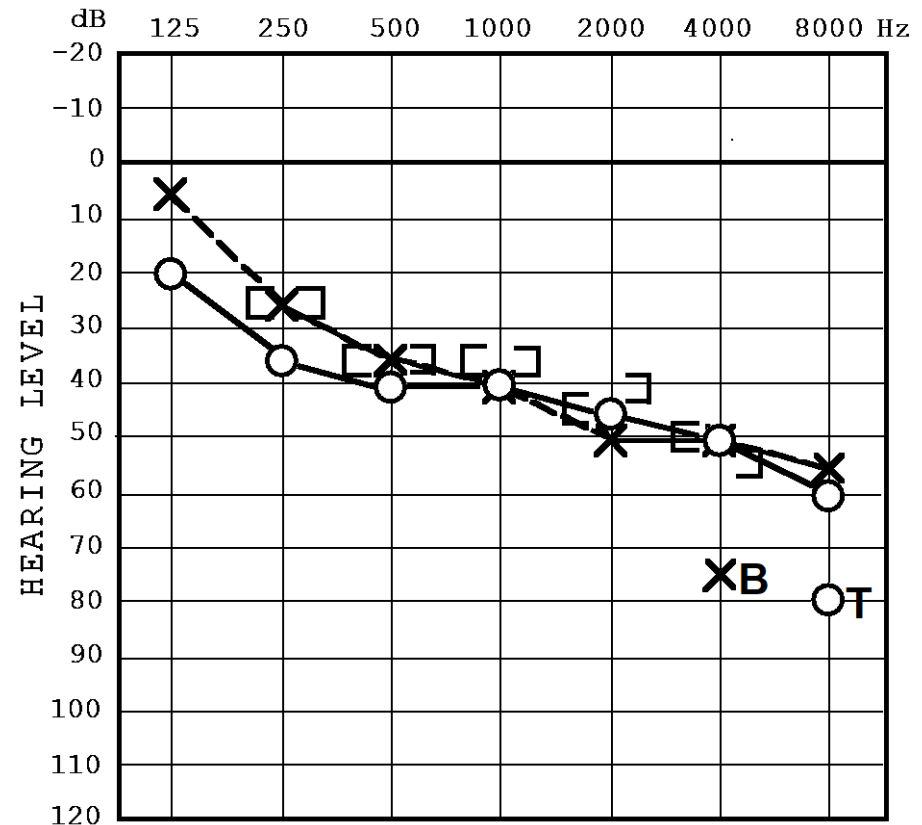
SNHL: 60~80%

CHL: 20~40%



Tinnitus: Case 1

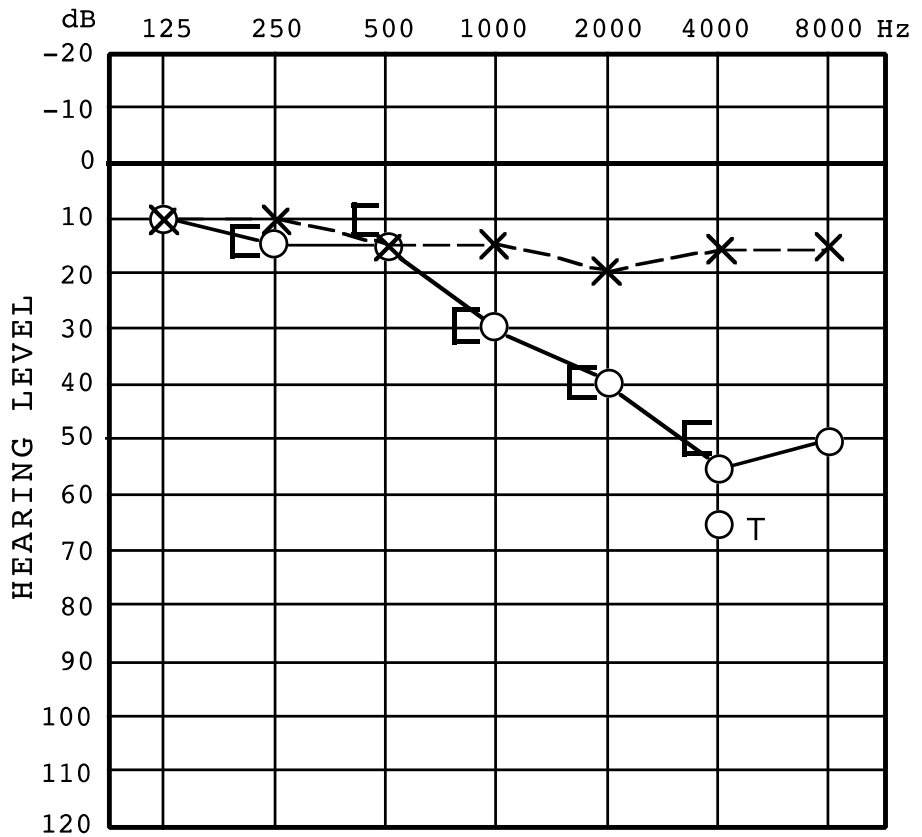
- **Bil. tinnitus with idiopathic progressive sensorineural hearing loss**
- **32 y/o male**
- **Top researcher in the department of electric engineering of Tokyo Univ.**
- **Committed suicide 3 times**
- **Masker and psychotherapy**





Tinnitus: Case 2

- **Rt. tinnitus with sudden sensorineural hearing loss**
- **35 y/o female**
- **She suddenly had rt. hearing loss with severe tinnitus. She had been diagnosed and treated as depression.**
- **Although her hearing loss was markedly improved by steroid treatment, she died from suicide because of her disabled tinnitus.**





Peripheral theory of tinnitus

1

Valiability of tinnitus

2

Tinnitus after vestibular or cochlear neurectomy

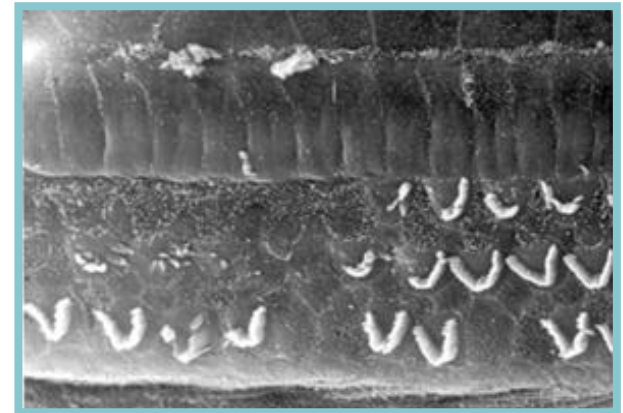
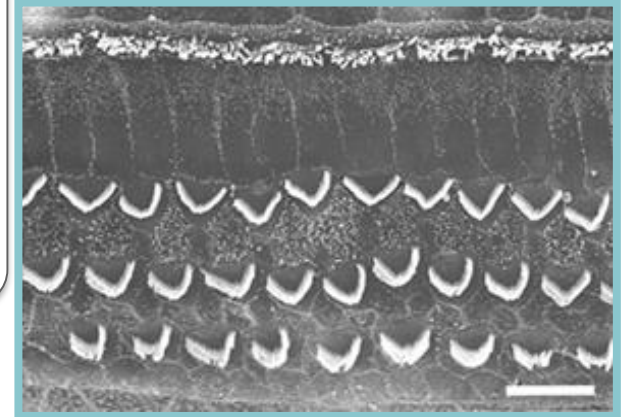
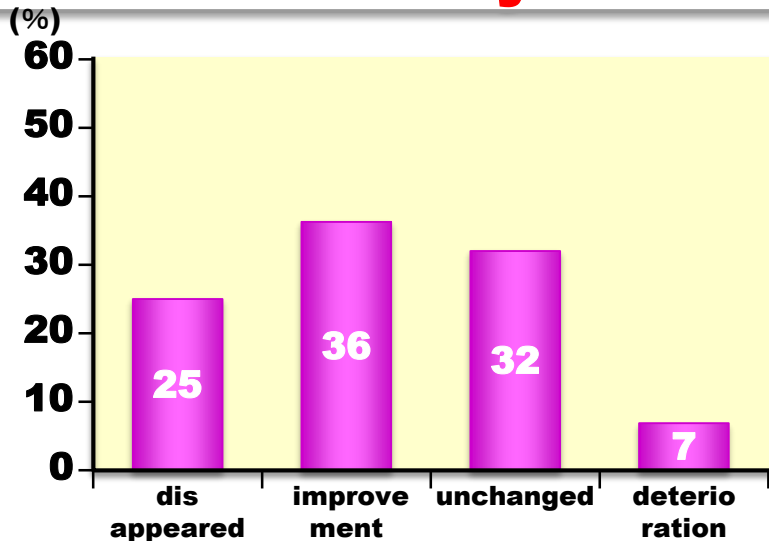
3

Tinnitus masking

4

Tinnitus without hearing loss

Tinnitus after cochlear neurectomy





Tinnitus distress model (Keio model: Central theory)

Distress network

Depression
·
Anxiety

Attention
·
Cognition

Non-auditory brain

Auditory cortex

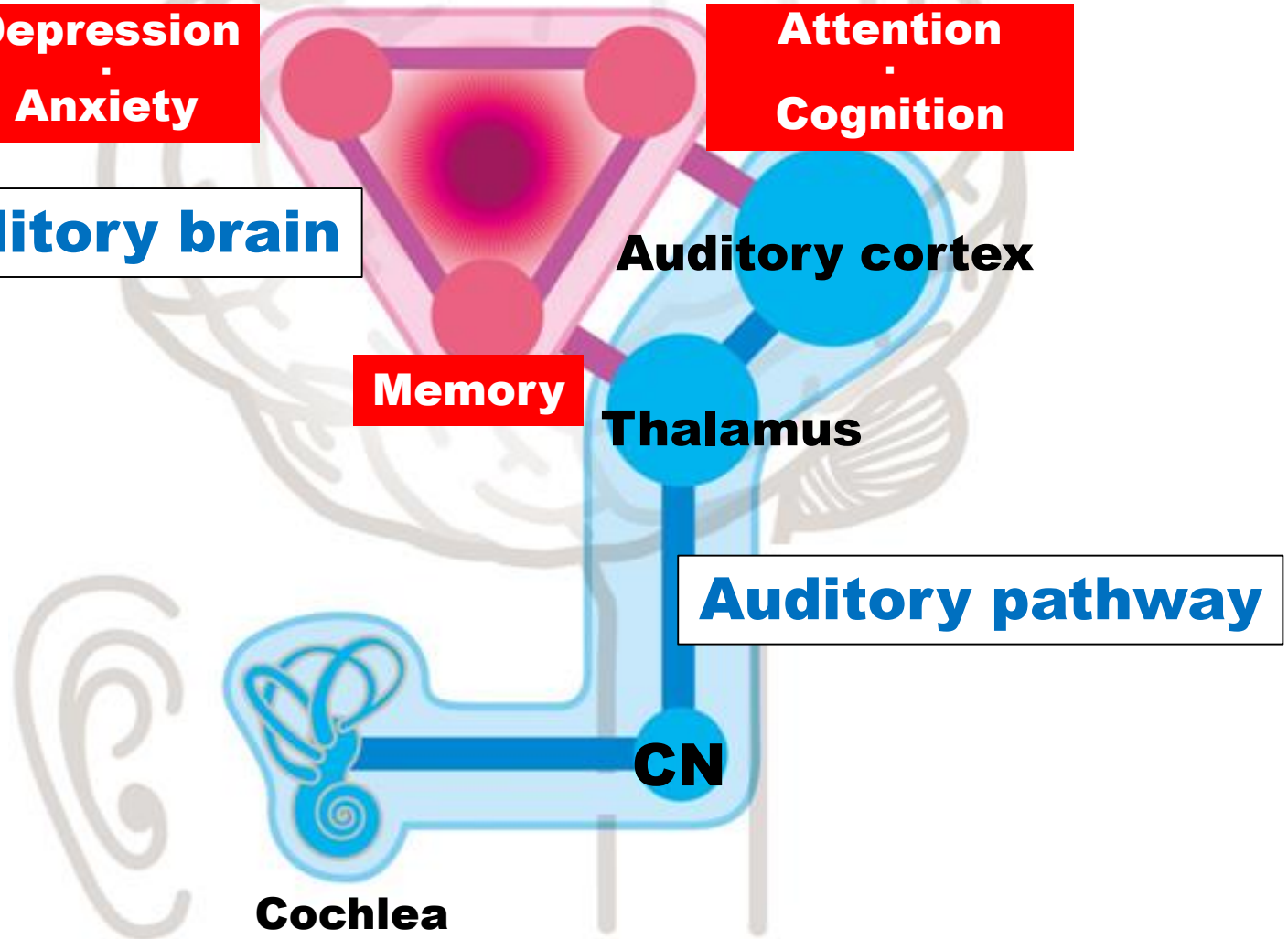
Memory

Thalamus

Auditory pathway

CN

Cochlea





1

Auditory abnormal sensation

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Central management



THI

(Tinnitus handicap inventory)

➔ Identify difficulties caused by tinnitus

Please answer every question.

Yes Sometimes No

1 Because of your tinnitus, is it difficult for you to concentrate? 4 2 0

4 Does your tinnitus make you feel confused? 4 2 0

12 Does your tinnitus make it difficult for you to enjoy life? 4 2 0

16 Does your tinnitus make you upset? 4 2 0

25 Does your tinnitus make you feel insecure? 4 2 0

Grade

Slight (0~16)

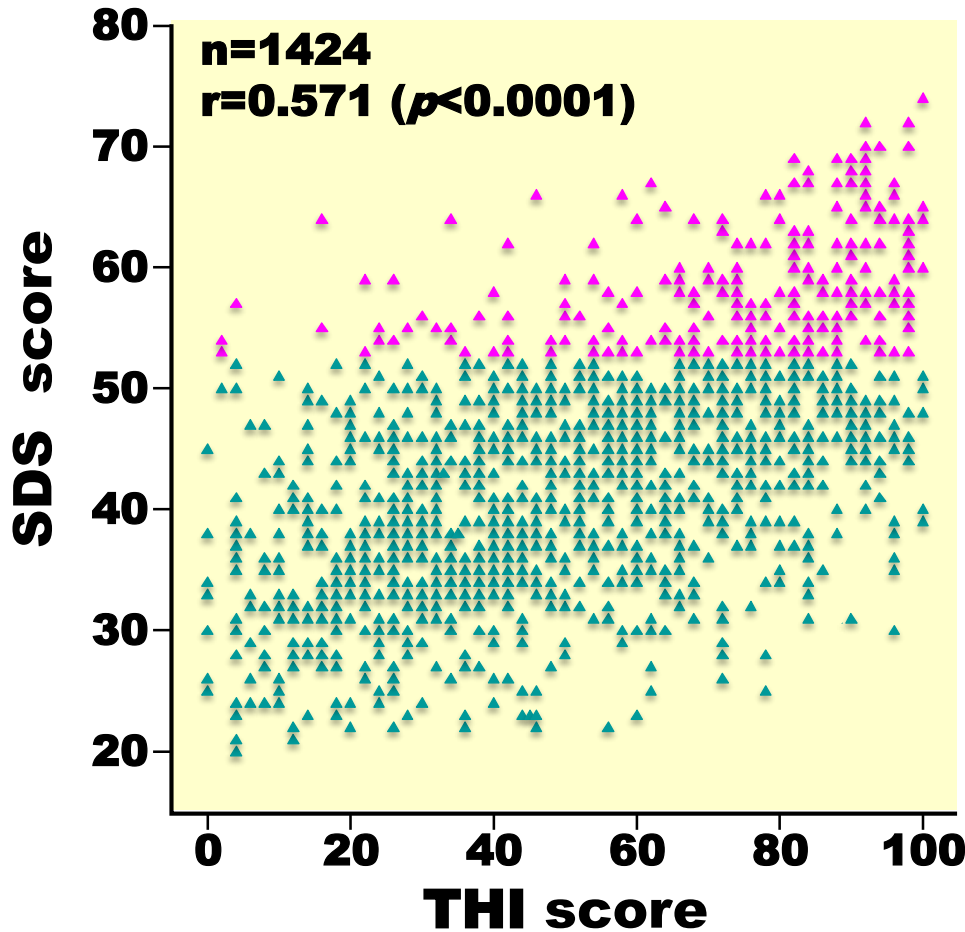
Moderate (18~56)

Severe (58~100)

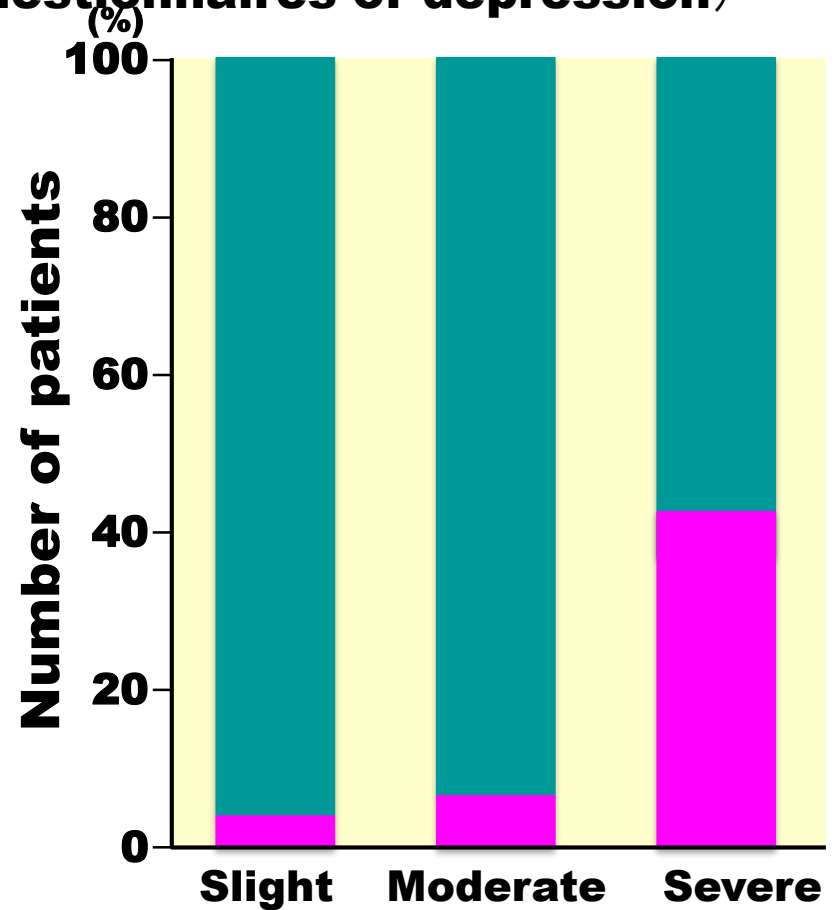


40% of severe THI patients have depression

SDS: Self-depression scale (Questionnaires of depression)



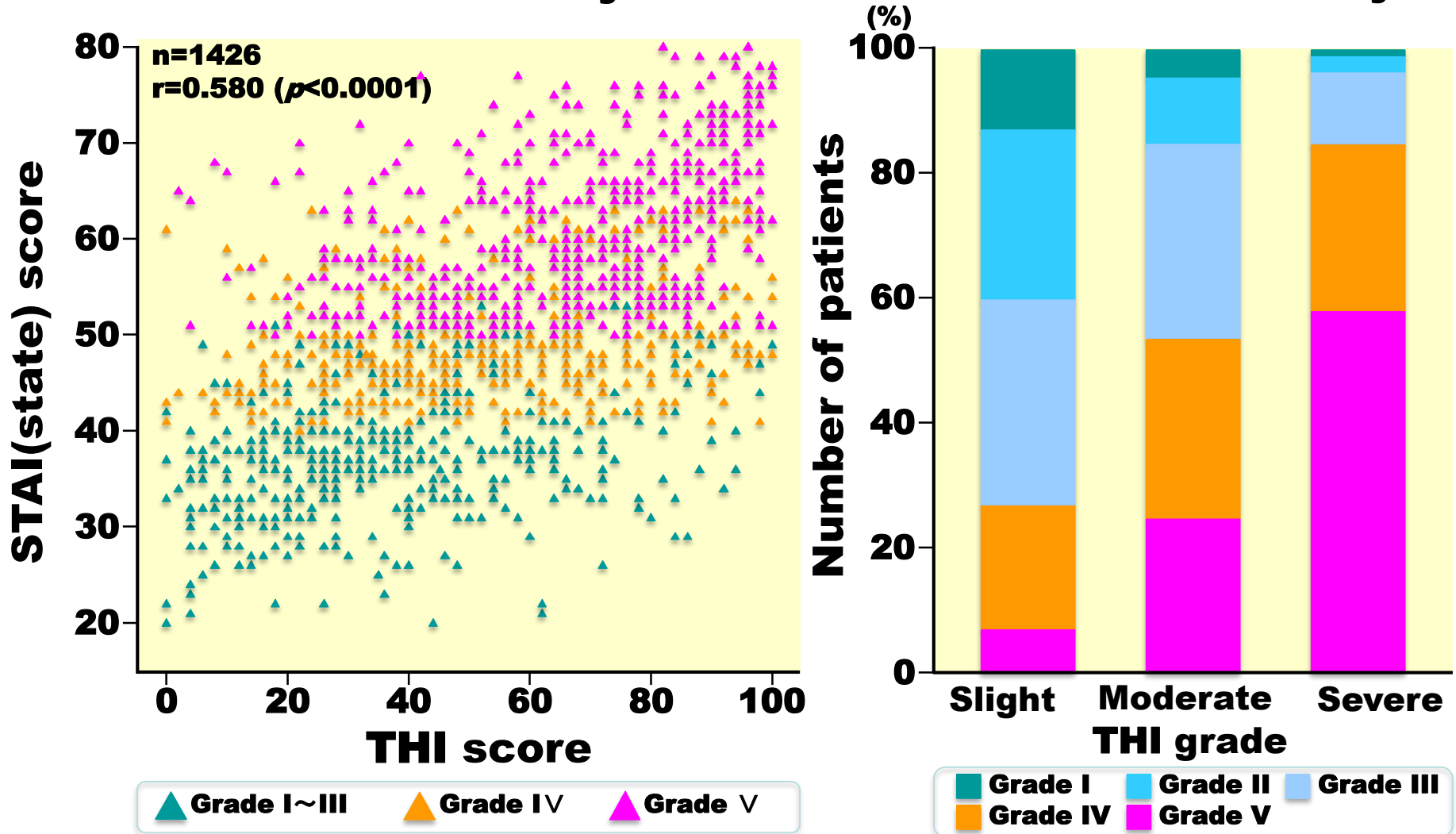
▲ Depression - ▲ Depression +



■ Depression - ■ Depression +

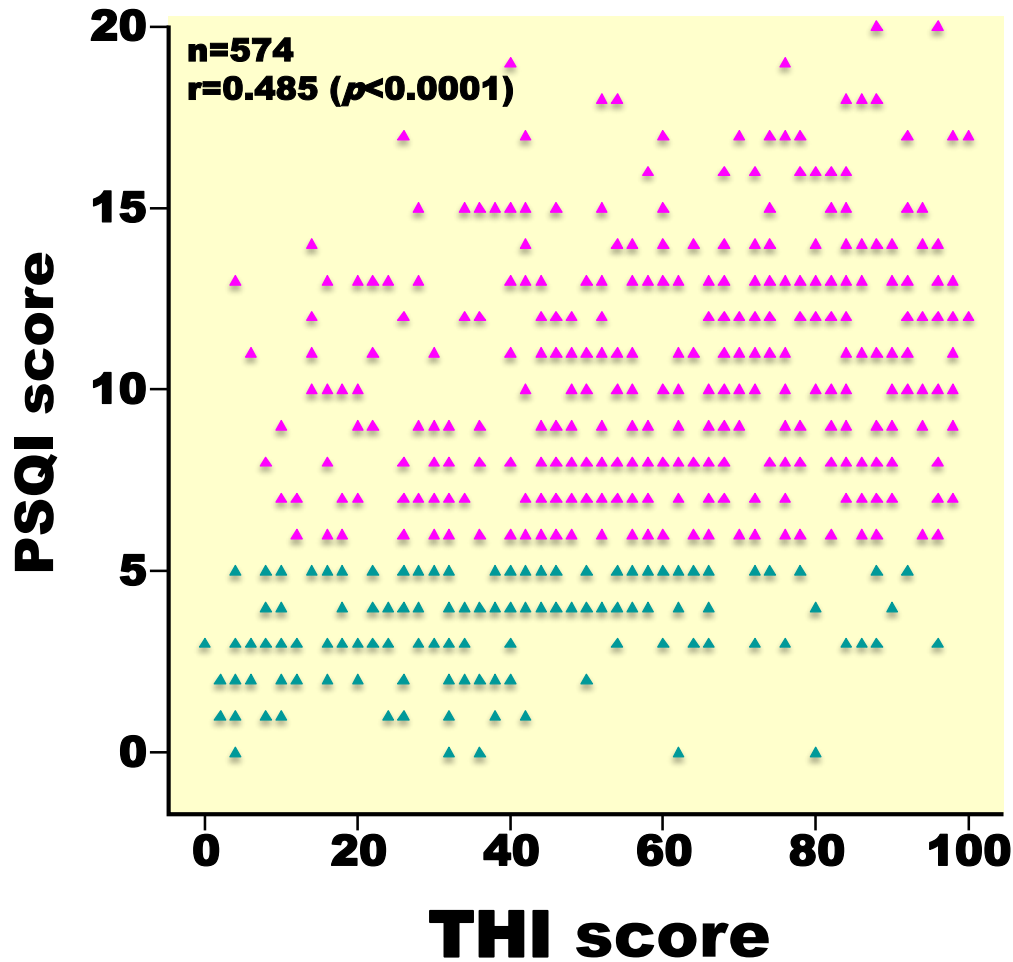
80% of severe THI patients have high anxiety

STAI: State-Trait Anxiety Index (Questionnaire of anxiety)

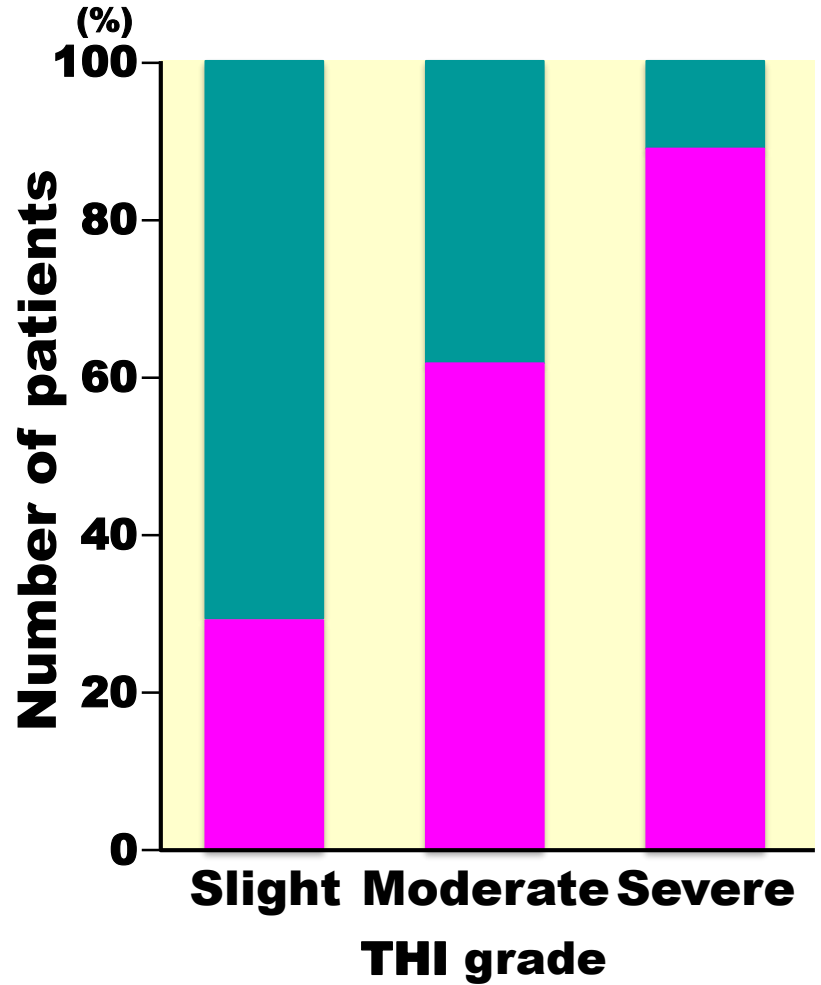




THI vs Insomnia



▲ Insomnis- ▲ Insomnia+



▲ Insomnis- ▲ Insomnia+



Novel standard tinnitus test

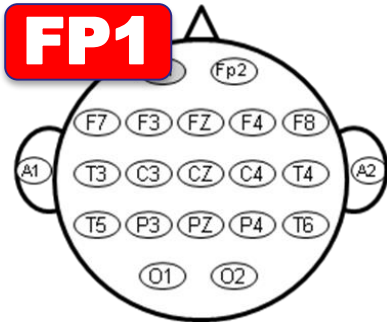
- 1 **TSCHQ**
- 2 Subjective evaluations
- 3 Pitch match test, Loudness balance test
- 4 **THI**
- 5 **SDS (depression), STAI (anxiety), PSQI (sleep)**
- 6 VAS (loudness ▪ annoyance ▪ duration)



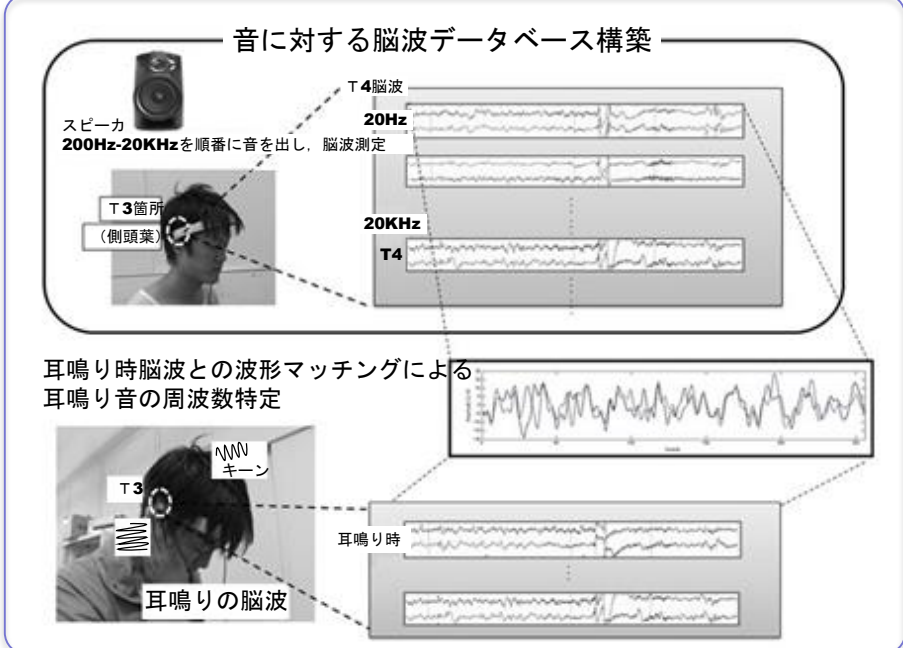


EEG in FP1

● **FP1 (prefrontal area) : EEG may reflect anxiety.**



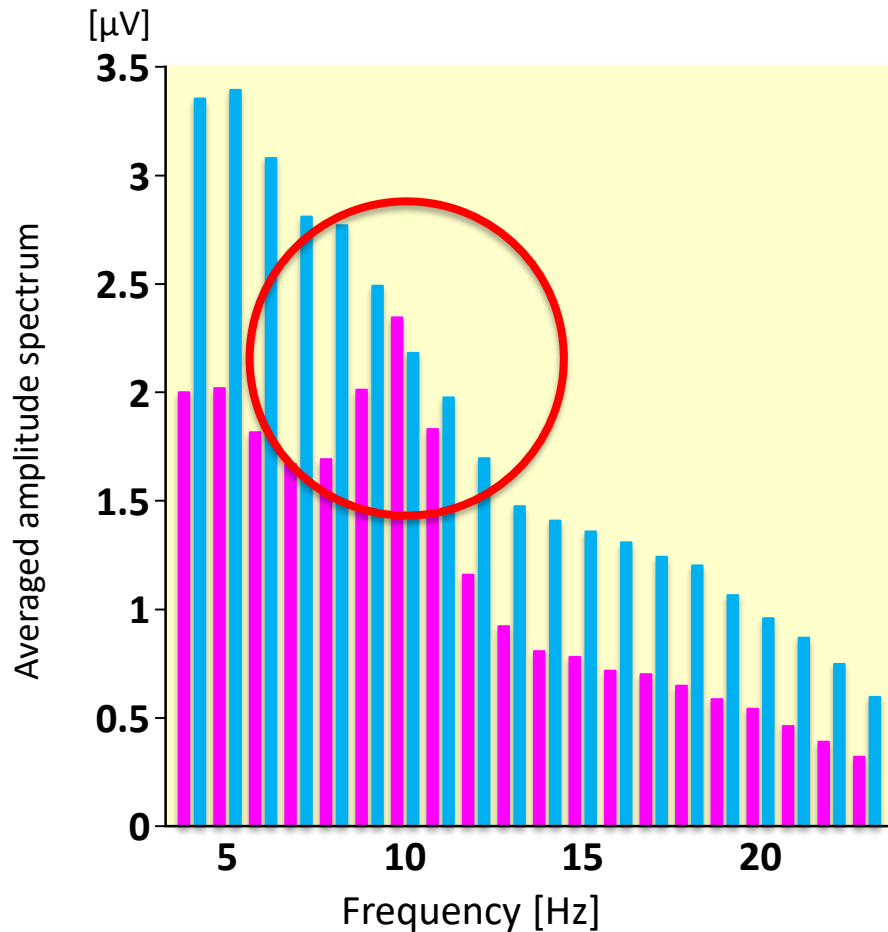
- 1 **Portable EEG device**
- 2 **EEG pattern**
- 3 **Tinnitus group n=15, Control group n=10**





Tinnitus may be related to 9~10Hz peak pattern

Sensitivity: 84%, Specificity: 80%



ANOVA

Control

Tinnitus



Cochlear autonomic reflex



**Normal subject
exogenous noise**

Autonomic reflex

**Tinnitus patients
endogenous noise**

?

**Unpleasant noise : Band noise (BN) centered at
500Hz, discomfort level+10 dBHL**





Tinnitus-mimicking noise reduces fingertip temperature in tinnitus patients

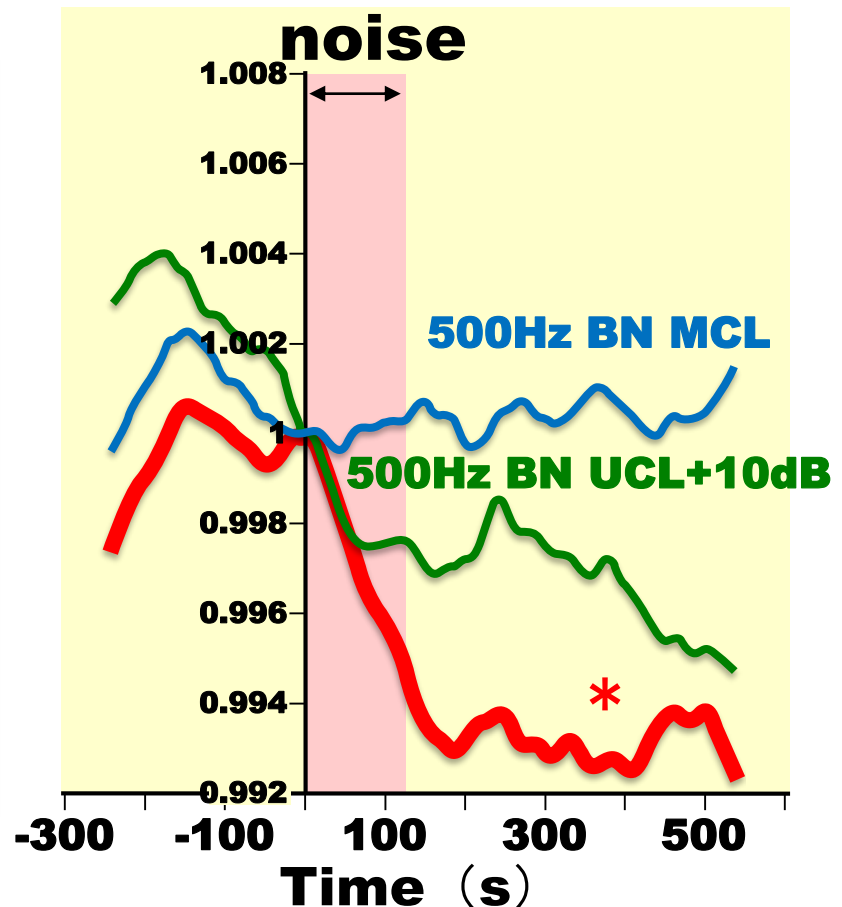
Tinnitus-mimicking noise+10dB SPL (average 6300Hz)

Tinnitus patients (n=6、 average THI 52)

**Comfortable noise:
500Hz BN MCL**

**Uncomfortable
noise: 500Hz BN
UCL+10dB**

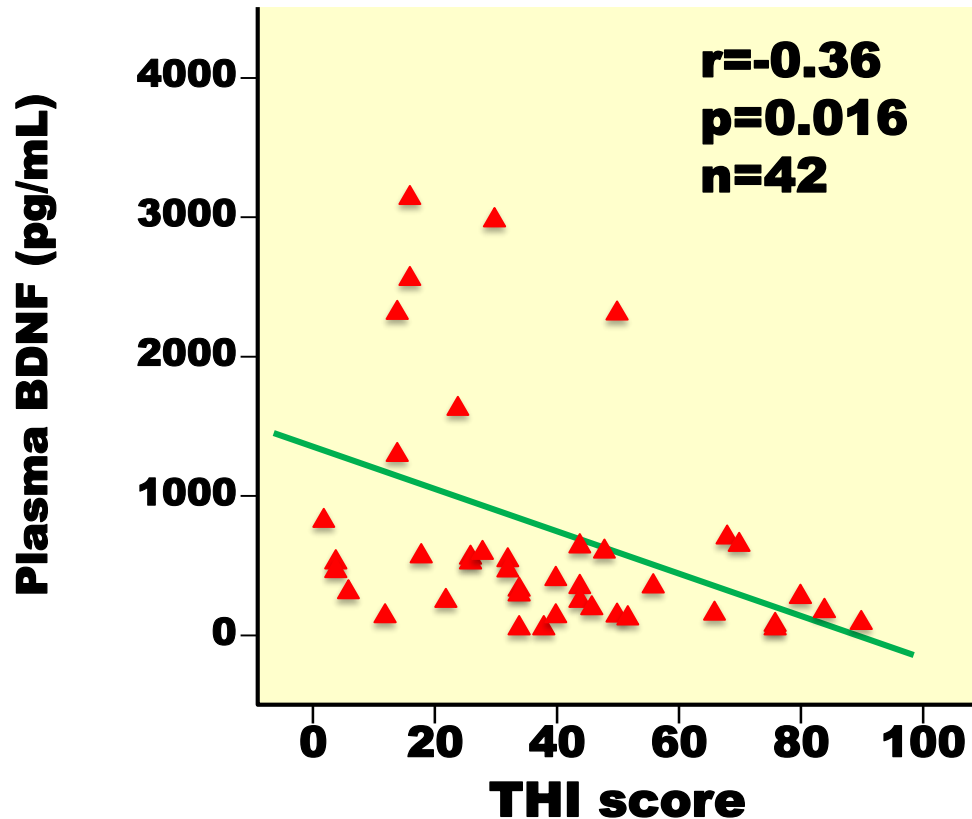
**Tinnitus-mimicking
noise: Pitch,
loudness+10dB SPL**





BDNF as a biomarker of tinnitus

BDNF may be related to annoyance of tinnitus, and be a candidate for biomarker of tinnitus.





Tinnitus related gene analysis

Large individual difference in tinnitus perception and annoyance

Gene	Chr	SNP ID	Genotypes	reported Minor allele	JPT (allele frequency)	
					Major	Minor
<i>BCR</i>	22	rs140504	GG/GA/AA	G	0.500	0.500 ^{\$}
<i>BCR</i>	22	rs131690	GG/GA/AA	G	0.765	0.235 ^{\$}
<i>BCR</i>	22	rs131702	GG/GT/TT	G	0.593	0.407 ^{\$}
<i>SLC6A15</i>	12	rs1545843	AA/AG/GG	A	0.633	0.367 ^{\$}
<i>ADCYAP1R1</i>	7	rs2267735	GG/GC/CC	C	0.521	0.479 ^{\$}
<i>SIRT1</i>	10	rs10997870	TT/TG/GG	T	0.851	0.149 ^{\$}
<i>HTR2A</i>	13	rs7997012	AA/AG/GG	A	0.827	0.173 [#]
<i>MAOB (male)</i>			C/T			
<i>MAOB (female)</i>	X	rs1799836	CC/CT/TT	C	0.853	0.147 [*]
<i>MAOB (sex unknown)</i>			CC/CT/TT			

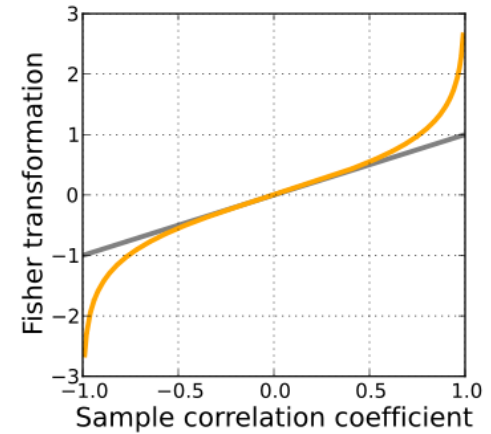
BCR: Breakpoint cluster region , *SLC6A15*: Solute carrier family 6 (neurotransmitter transporter), member 15, *ADCYAP1R1*: Pituitary adenylate cyclase-activating polypeptide receptor, type1, *SIRT1*: Sirtuin 1, *HTR2A*: 5-hydroxytryptamine receptor 2A, *MAOB*: monoamine oxidative B

SNP analysis

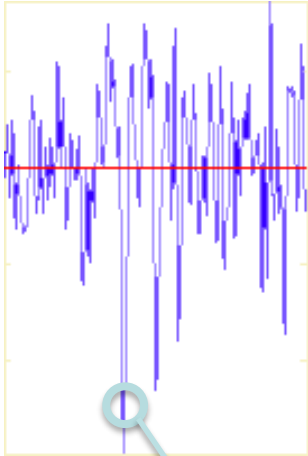
Gene polymorphisms		Allele	All Subjects (n = 134)			<i>P</i> for Fisher's test	Odds Ratio
			Mild to moderate	Severe	Total		
BCR	rs140504	A allele	92(57.5)	49(45.4)	141(52.6)	0.061	1.629 (0.996-2.664)
		G allele	68(42.5)	59(54.6)	127(47.4)		
		Total	160	108	268		
BCR	rs131690	A allele	123(76.9)	79(73.1)	202(75.4)	0.563	1.220 (0.695-2.141)
		G allele	37(23.1)	29(26.9)	66(24.6)		
		Total	160	108	268		
BCR	rs131702	G allele	53(33.1)	53(50)	106(39.8)	0.007	2.019 (1.220-3.340)
		T allele	107(66.9)	53(50)	160(60.2)		
		Total	160	106	266		
SLC6A15	rs1545843	A allele	53(33.1)	41(38)	94(35.1)	0.436	1.235 (0.742-2.056)
		G allele	107(66.9)	67(62)	174(67.9)		
		Total	160	108	268		
ADCYAP1R1	rs2267735	C allele	81(50.6)	48(44.4)	129(48.1)	0.383	0.780 (0.478-1.274)
		G allele	79(49.4)	60(55.6)	139(51.9)		
		Total	160	108	268		
SIRT1	rs10997870	G allele	131(81.9)	87(80.6)	218(81.3)	0.873	1.353 (0.659-2.780)
		T allele	29(18.1)	21(19.4)	50(18.7)		
		Total	160	108	268		
HTR2A	rs7997012	A allele	32(20)	25(23.1)	57(21.3)	0.546	1.205 (0.667-2.177)
		G allele	128(80)	83(76.9)	211(78.7)		
		Total	160	108	268		
MAOB (male)	rs1799836	C allele	4(12.1)	3(13)	7(12.5)	1.000	1.088 (0.219-5.395)
		T allele	29(87.9)	20(87)	49(87.5)		
		Total	33	23	56		
MAOB (female)	rs1799836	C allele	19(22.1)	8(13.3)	27(18.5)	0.201	0.543 (0.220-1.337)
		T allele	67(77.9)	52(86.7)	119(81.5)		
		Total	86	60	146		



Resting-state fMRI data analysis



BOLD in BA42L



42L BOLD

Correlation coefficient (γ)

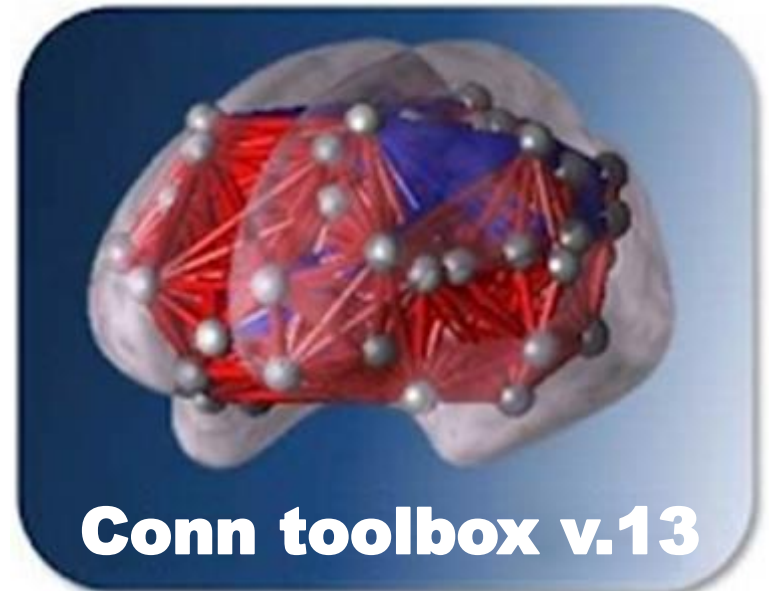
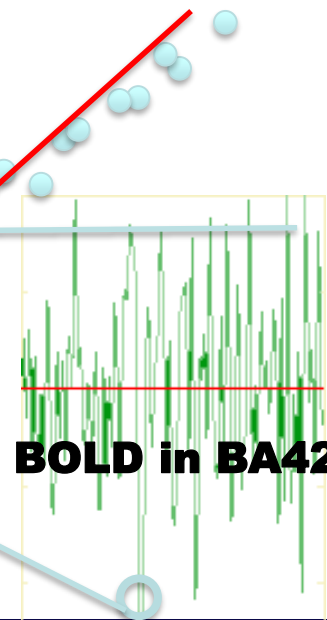
: 0.85

Fisher transformation

β value : 1.25

42R BOLD

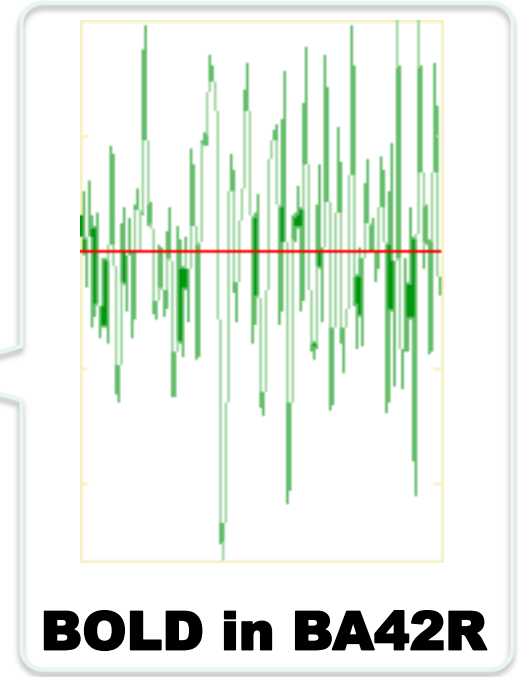
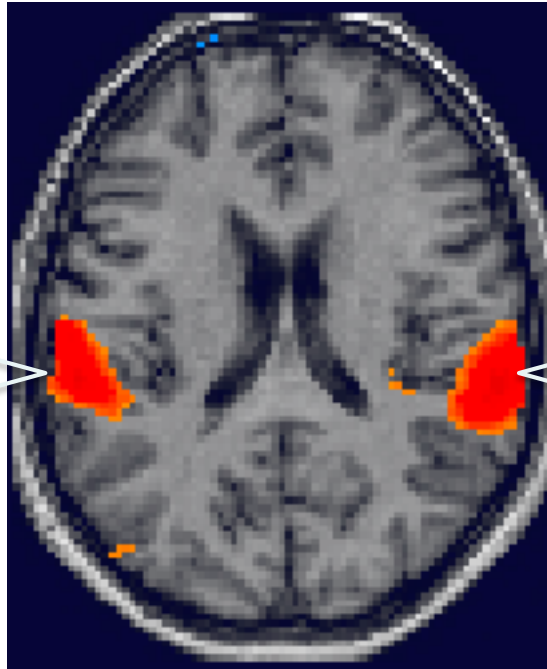
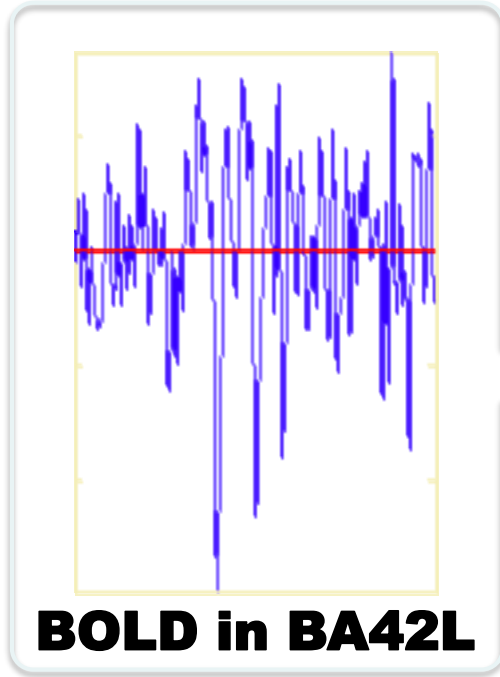
BOLD in BA42R



Functional connectivity (FC) in resting-state fMRI

Normal subject
(36 years old)

β value between left and right
auditory cortex : 1.25

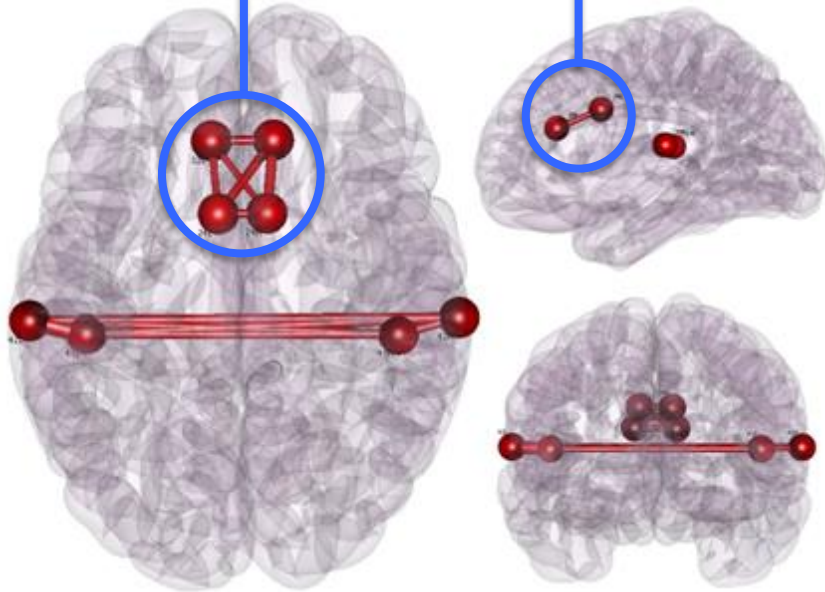


Strong FC between left and right auditory cortex

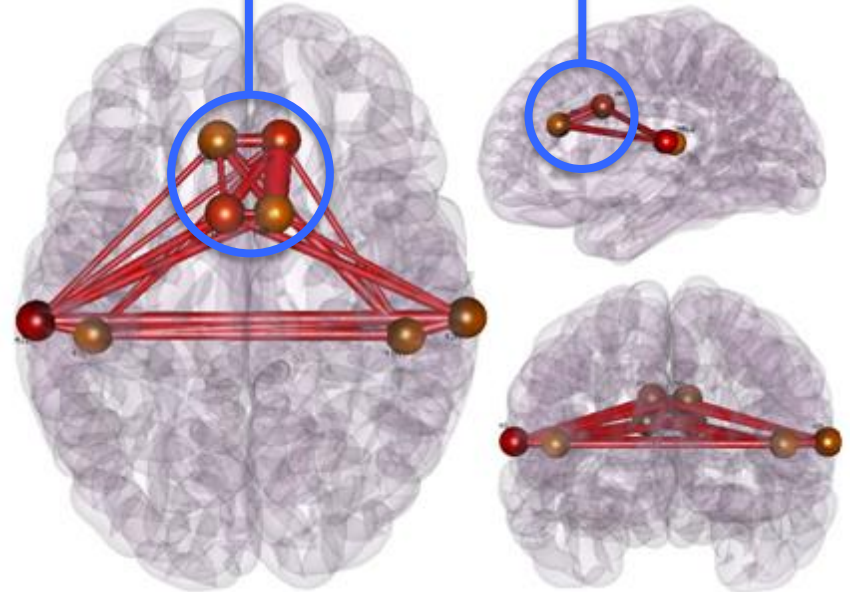


Auditory-based functional connectivity

Anterior cingulate gyrus



Control (n=10)



Tinnitus (n=9)

($p < 0.01$)



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Auditory abnormal sensation

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Central management



Tinnitus treatment

● Treatment for tinnitus

- **Drug therapy**
- **Surgical therapy: cochlear neurectomy**
- **rTMS•tDCS**

● Treatment for tinnitus annoyance

Habituation therapy

- **Drug therapy: antidepressants, sleep medicines**
- **Psychotherapy: cognitive-behavioral therapy**
- **TRT: directive counseling + sound therapy**



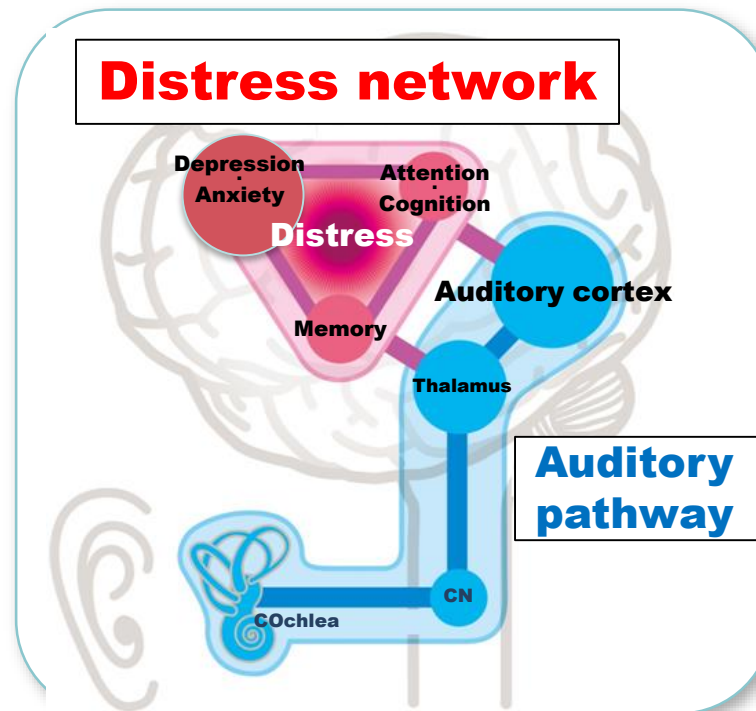
Antidepressants

- **Selective serotonin reuptake inhibitor (SSRI)**
- **Serotonin-norepinephrine reuptake inhibitor (SNRI)**
- **Noradrenergic and specific serotonergic antidepressant (NaSSA)**

Distress network

Improve directly
“depression and
anxiety” of
distress network
→ Improve distress

Distress network



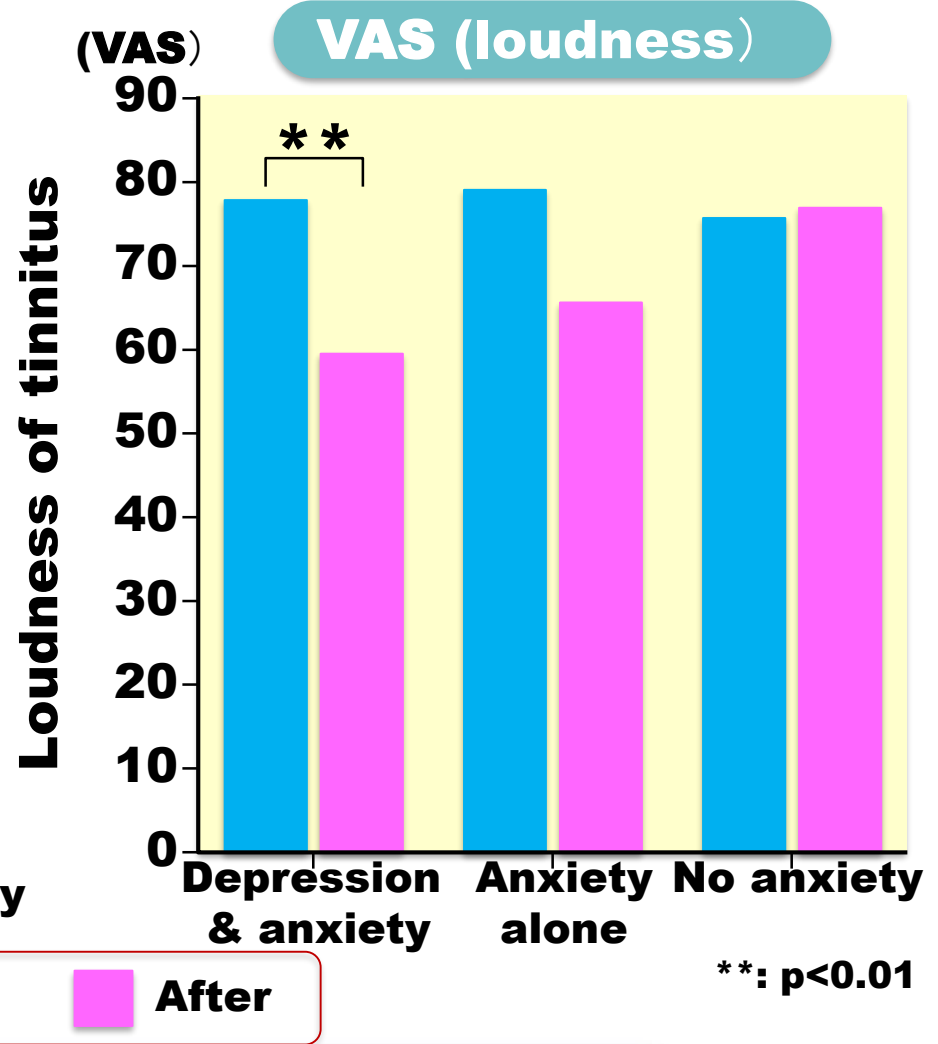
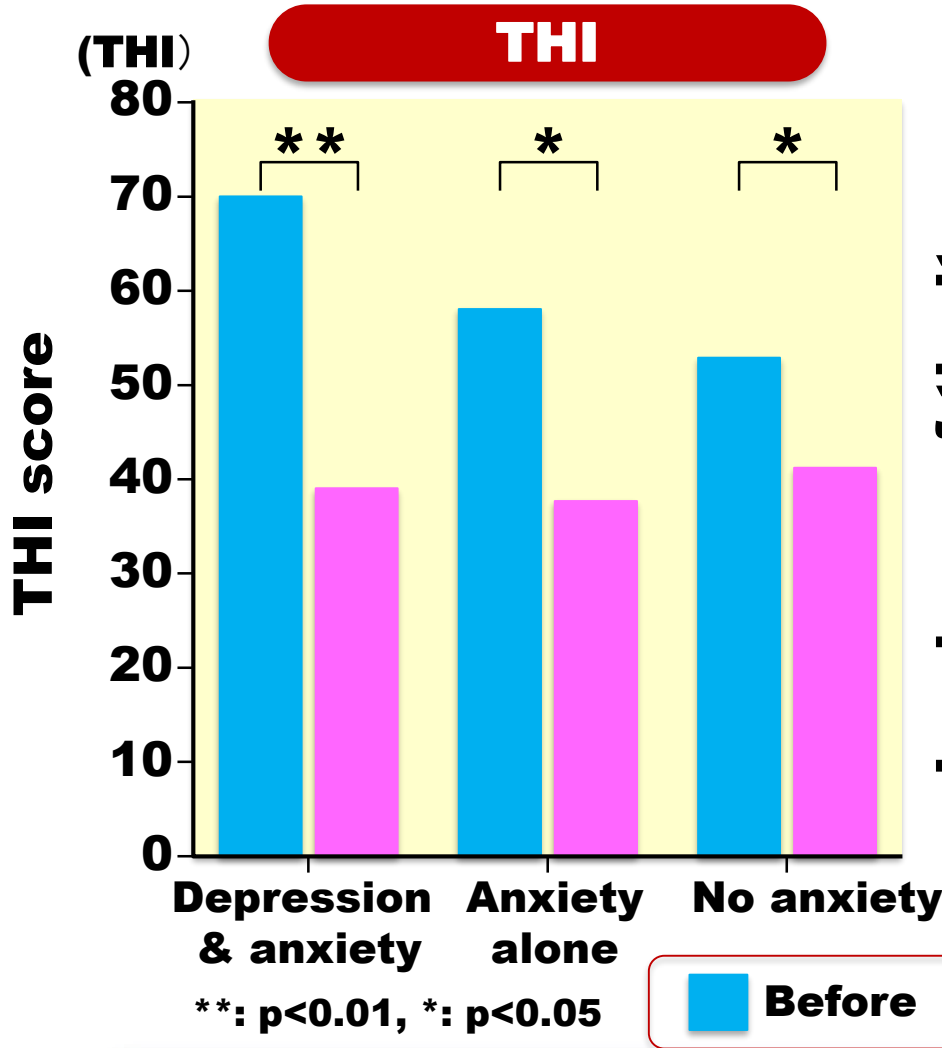
Auditory pathway

Auditory pathway has an abundance of serotonin receptors.



SSRI outcome

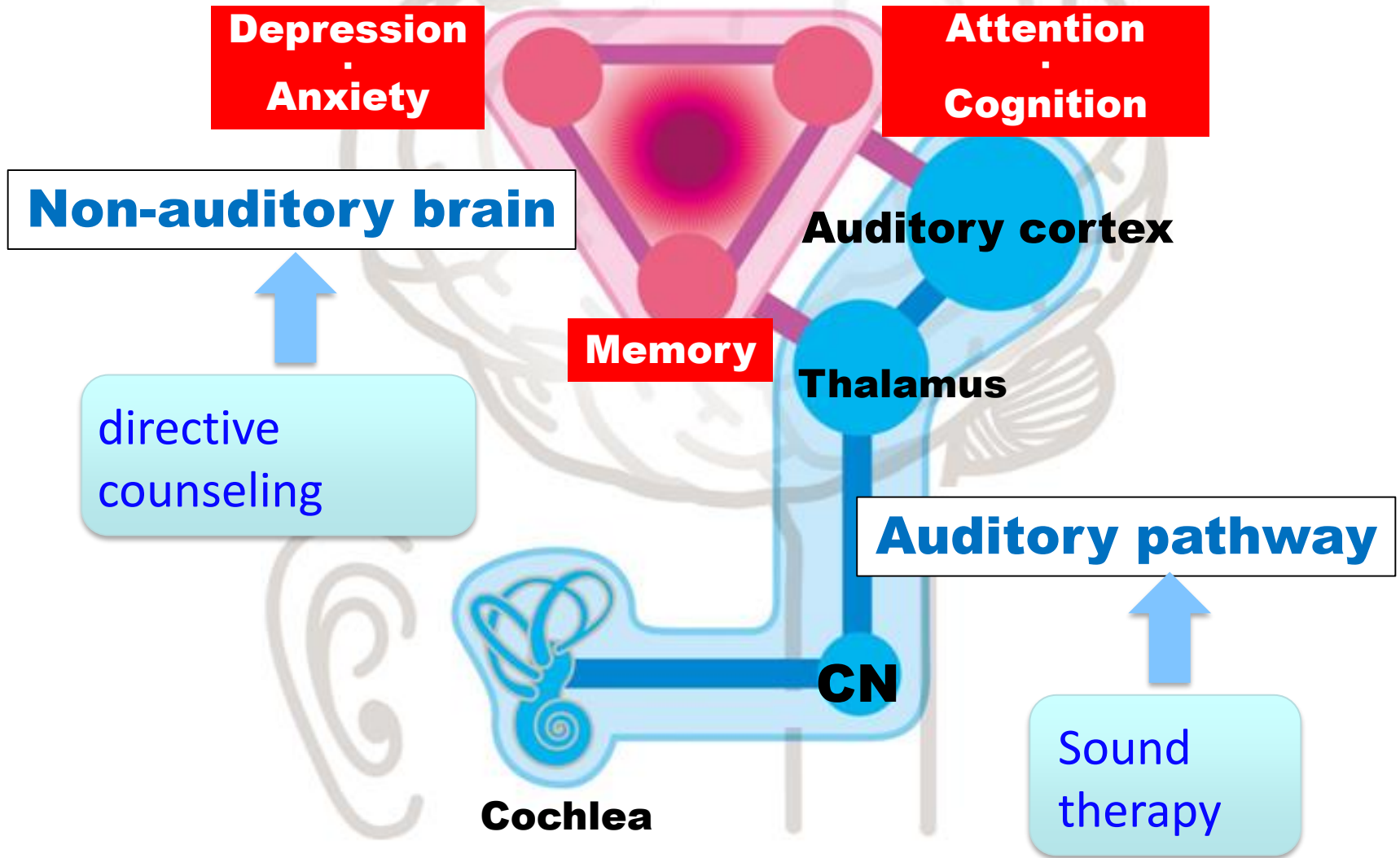
● Paroxetine:
10~20mg/d, 6 months



Patients with depression and anxiety showed better improvement



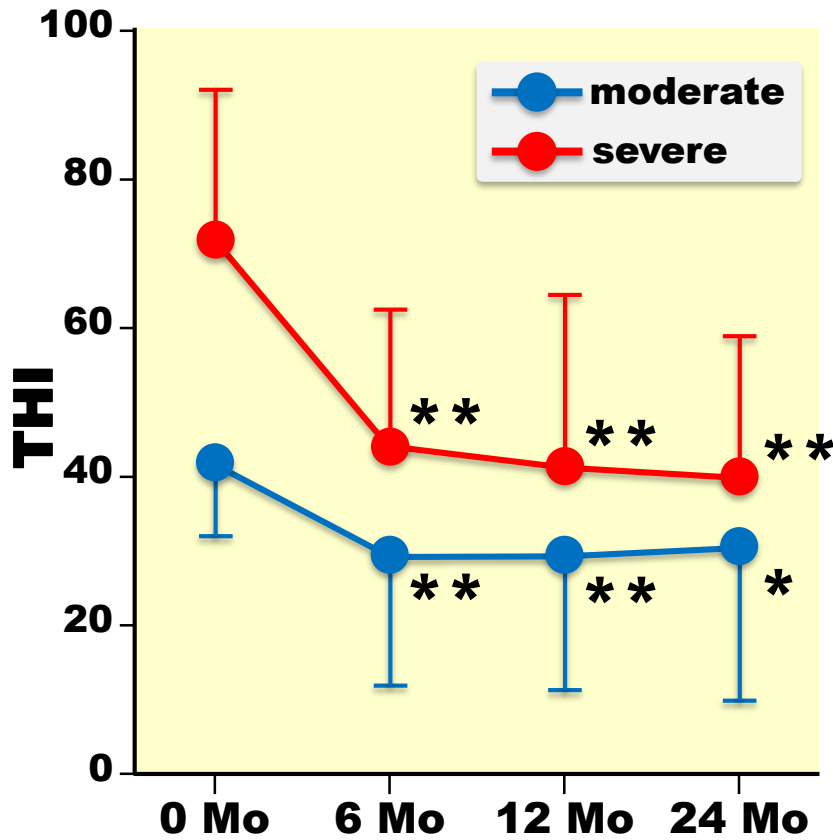
TRT





Treatment effects of SG

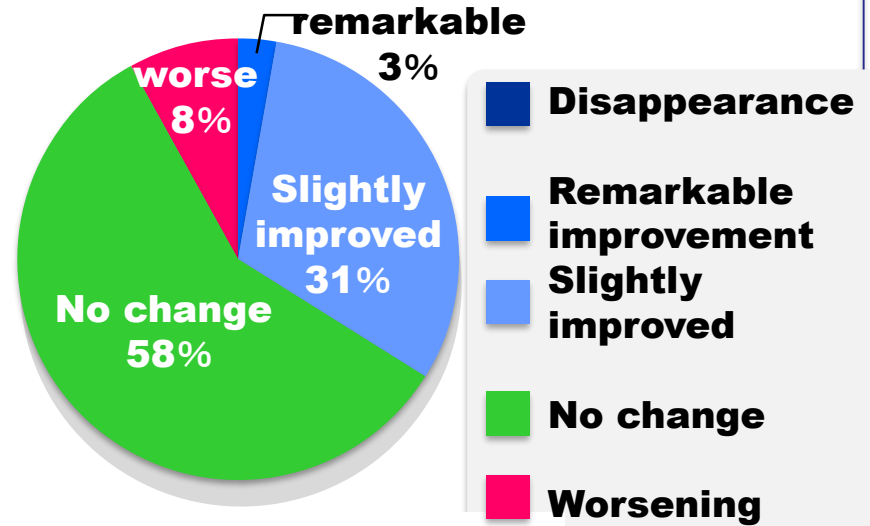
Treated with SG only for more than 1 year (n=95)



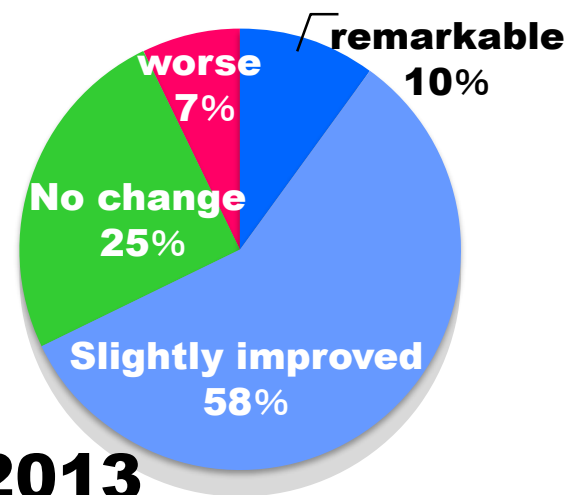
**p<0.01 *p<0.05

Oishi et al. 2013

Loudness of tinnitus

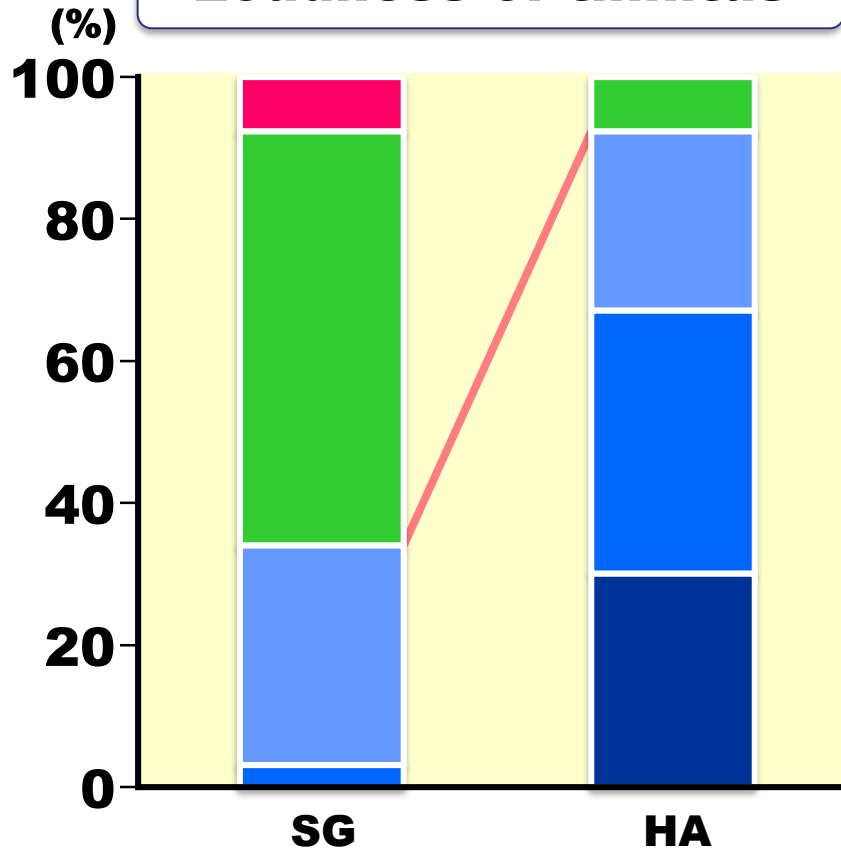


Distress of tinnitus

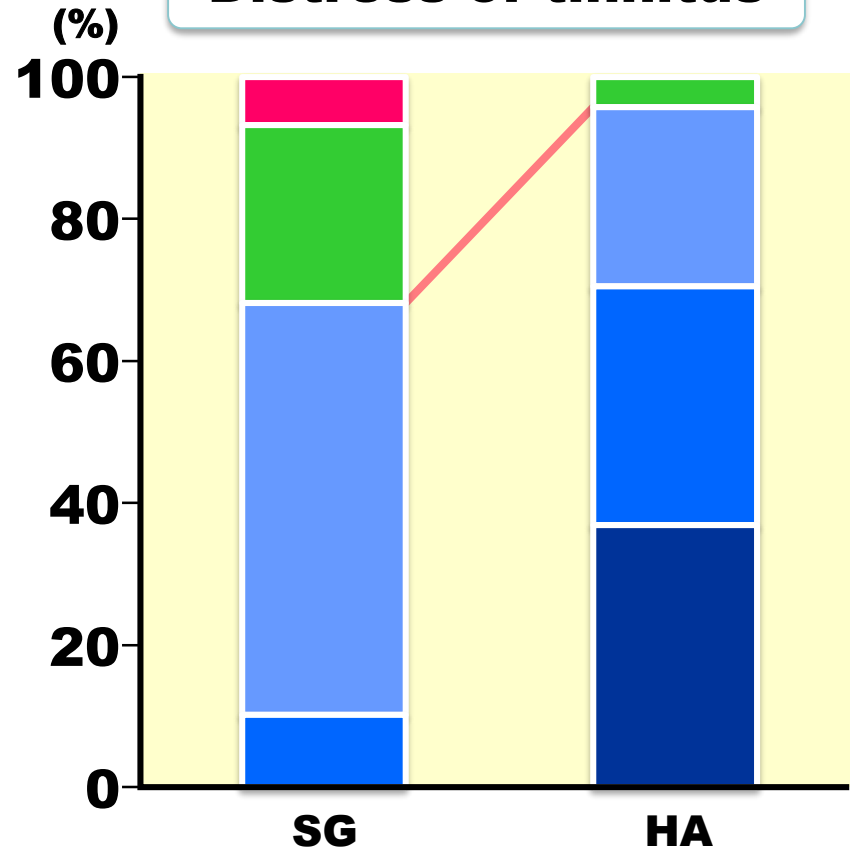


Treatment effect of HA

Loudness of tinnitus



Distress of tinnitus



Rate of improvement

34%

92%

Rate of improvement

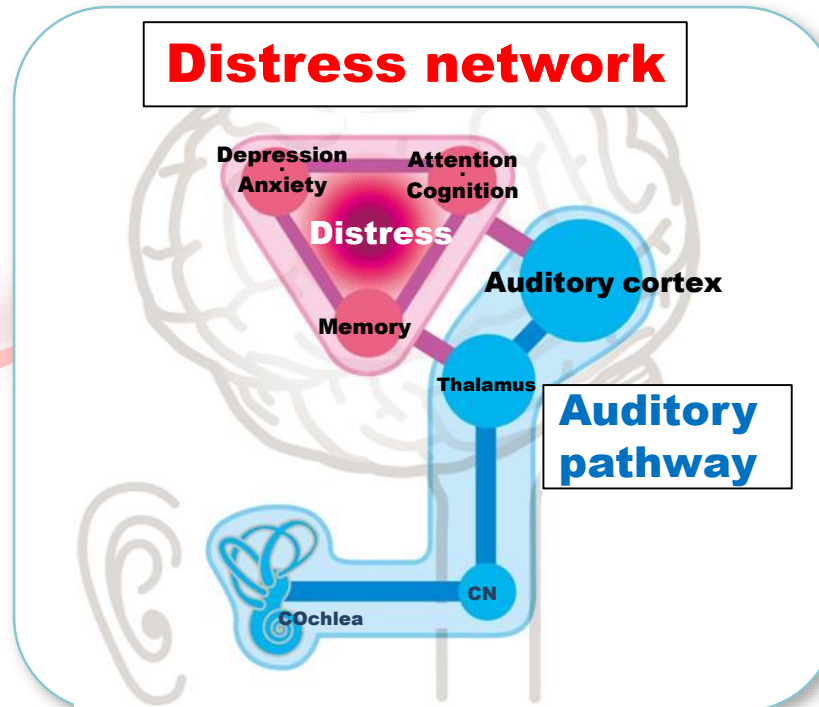
68%

95%

■ worse
 ■ No change
 ■ Slightly improved
 ■ Remarkable improve
 ■ disappearance

Rate of improvement : slightly improved \leq

Why is sound therapy with HA effective?



Distress network

Auditory pathway

- **Relative reduction of tinnitus**
→ improve distress
- **Improve hearing impairment**
→ improve **QOL**
- **Change attention target**
tone induced by HA
→ **speech discrimination**
→ **positive emotional effects**

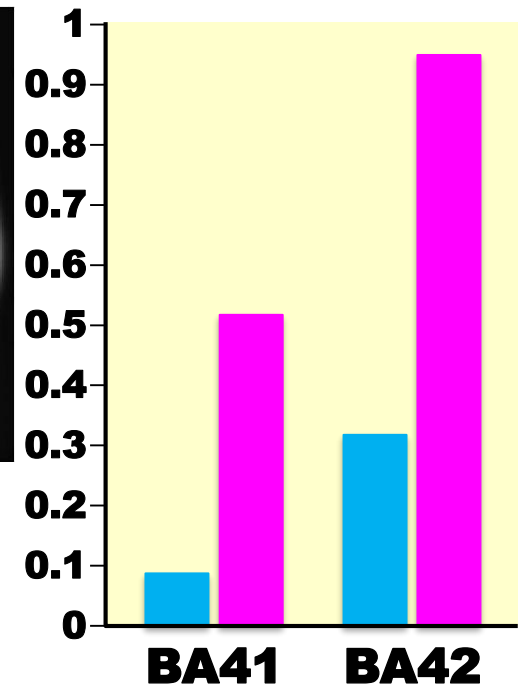
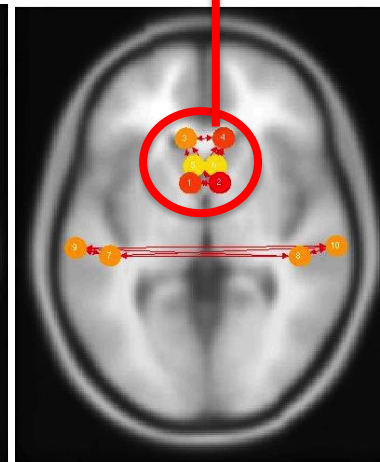
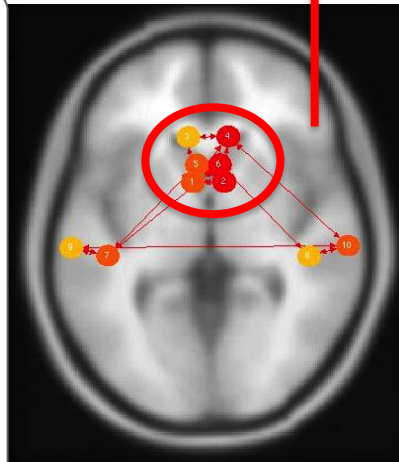
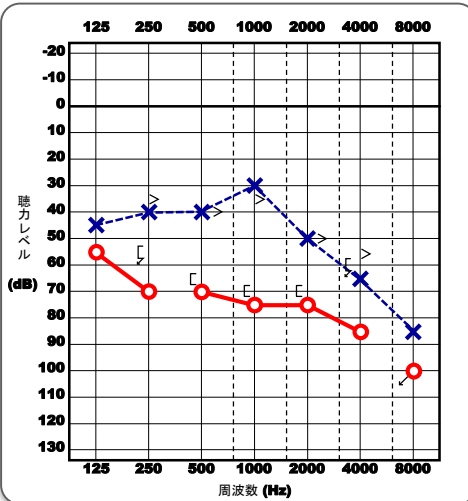
- **Normalization of neural activity of auditory pathway**
- **Rich sounds induce relative reduction of tinnitus tone**

Sound therapy with HA restores the FC changes

80 years old male
Right tinnitus

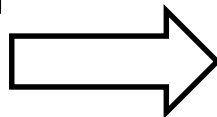
Anterior cingulate gyrus

β -value between left and right auditory cortex



Before HA

THI 64
SDS 49
STAI
state 65
trait 54



After HA

THI 20
SDS 27
STAI
state 36
trait 41

■ before HA ■ after HA



Multimodality treatment

Directive Counseling

Follow-up

slight (**Grade1**): THI<18

moderate (**Grade 2**): THI<56

Drug therapy

Sound therapy
(**CD, radio etc.**)

severe (**Grade3**): THI>58

Drug therapy

Sound therapy
(**SG, HA etc.**)

severe (**Grade4**): depression

Drug therapy

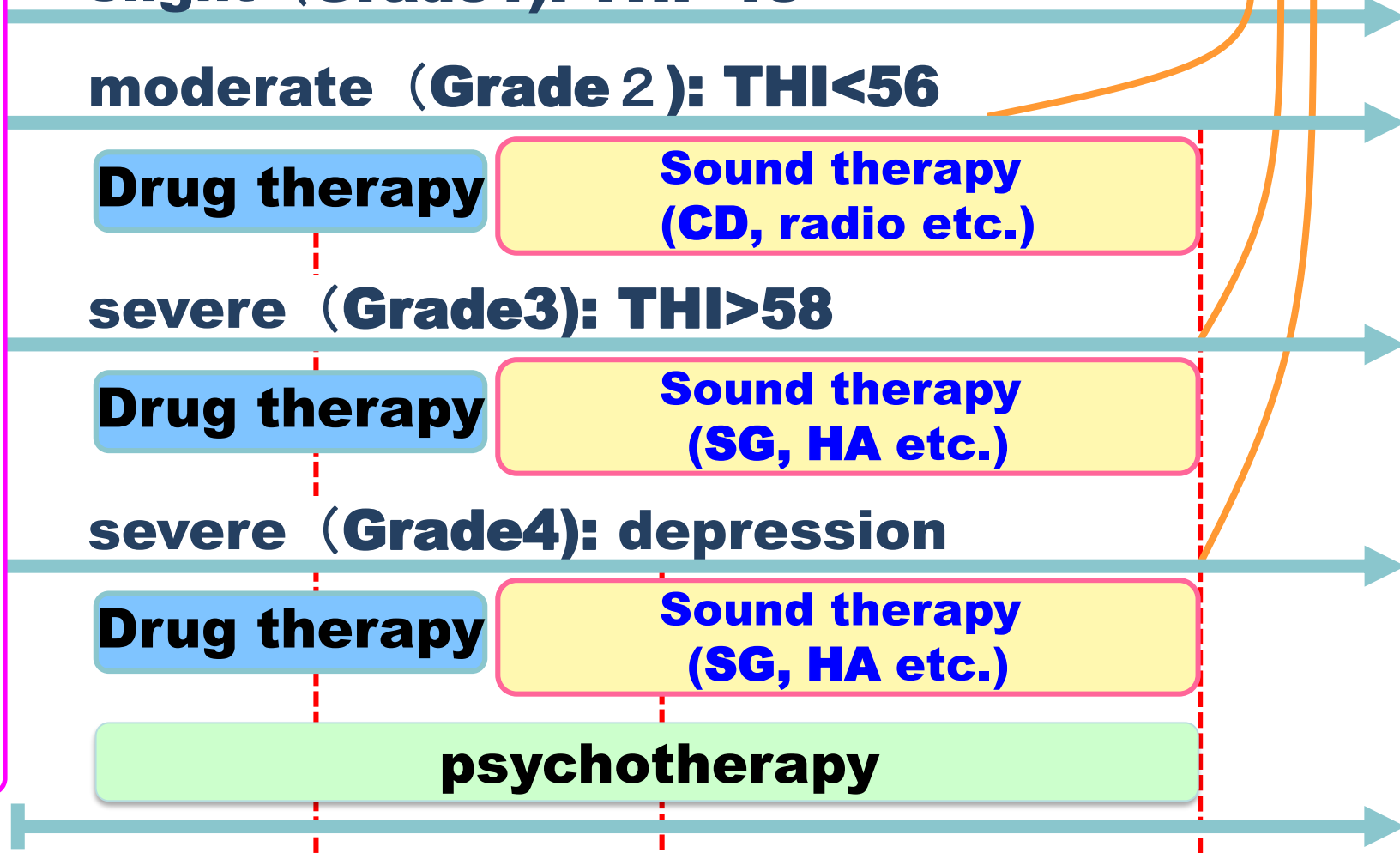
Sound therapy
(**SG, HA etc.**)

psychotherapy

3 mo

6 mo

12 mo





rTMS

Repetitive transcranial magnetic stimulation

Basis

A method of non-invasive stimulating the brain through the intact scalp by law of electromagnetic induction.

Feature

**Single pulse : produce complex but short responses.
Repeated pulse : more prolonged effects on the brain**

High frequency(5-20Hz)

: increase cortical excitability

Low frequency(≤ 1 Hz)

: decrease cortical excitability



**Tinnitus
treatment**

MRS1000/30



(Magstim Rapid)

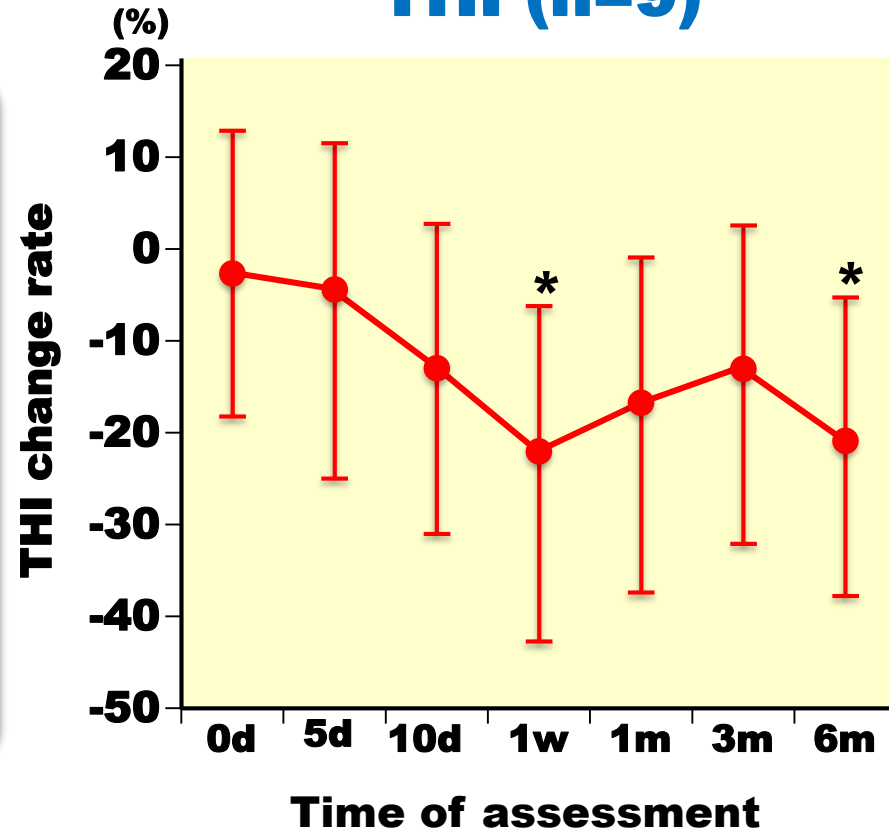


Effect of rTMS

Stimulation protocol

- Intensity
: **110% of individual resting motor threshold**
- Coil position
: **left auditory cortex**
- Frequency
: **low frequency(1Hz)**
- Number of pulses
: **1200 stimulations (20 min)**
- Number of sessions
: **10 sessions**

THI (n=9)



Effects of rTMS continued until 6 month later

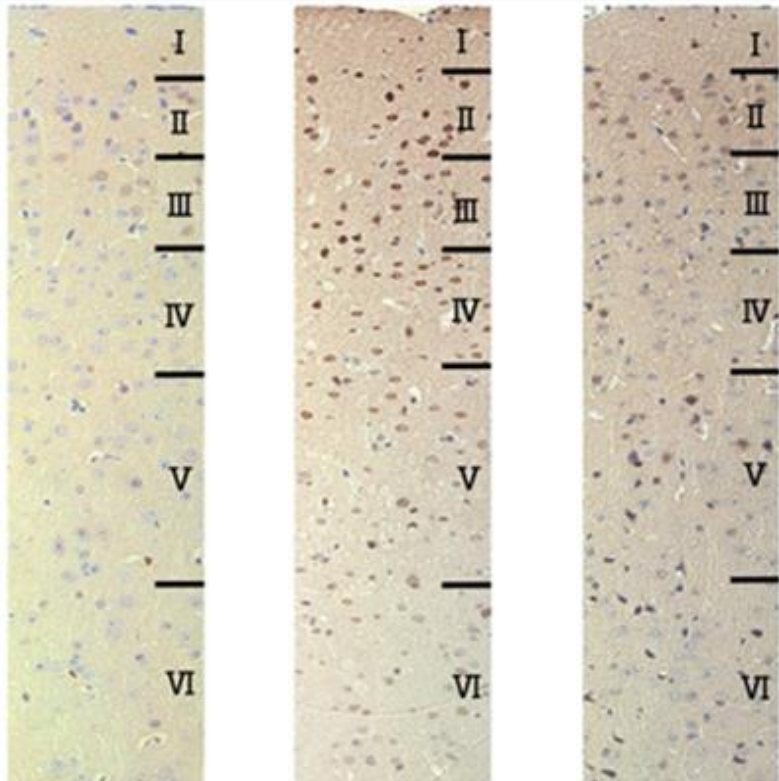


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rTMS induces c-Fos expression in auditory cortex

Left auditory cortex

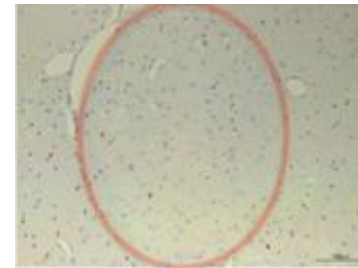
Medial geniculate body



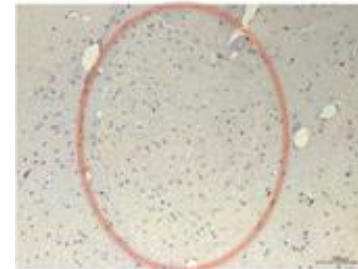
Sham
1 h

rTMS
1 h

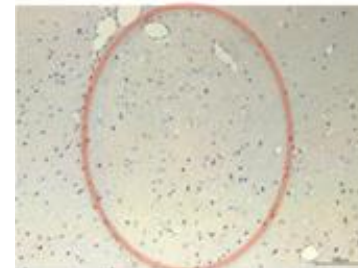
rTMS
1 d



Sham
1 h



rTMS
1 h



rTMS
1 d

rTMS induce plasticity of auditory cortex



tDCS

Transcranial direct current stimulation

Basis

- A non-invasive procedure of cortical stimulation.
- **Anodal** tDCS has an excitatory effect on the underlying cerebral cortex by depolarizing neurons
- **Cathodal** tDCS decreases cortical excitability by inducing hyperpolarization

Protocol

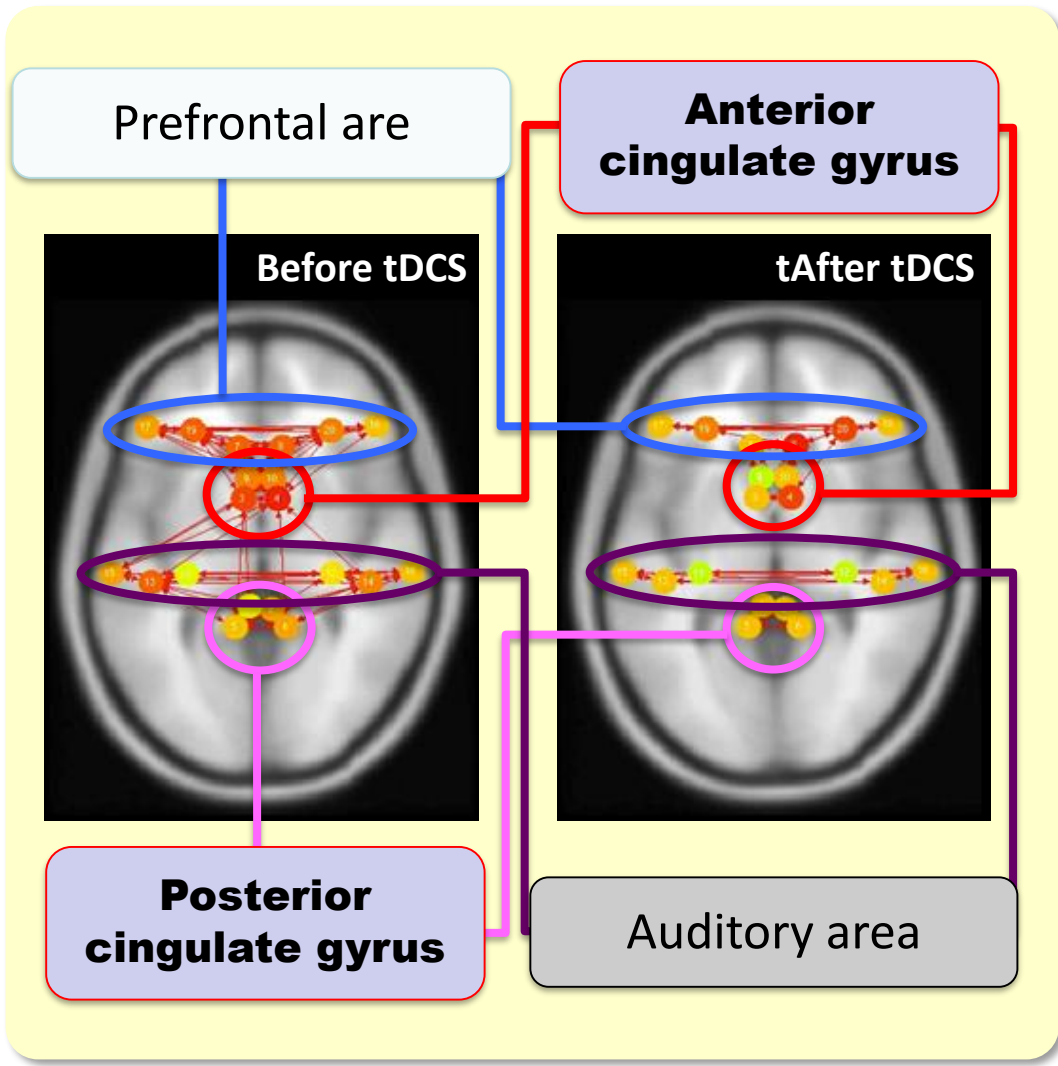
- Device : DC-Stimulator (NeuroConn)
- Cathode was placed over **the left primary auditory cortex.**
- Anode was placed over **the right primary auditory cortex.**
- Intensity : 1mA、 Duration : 10 min



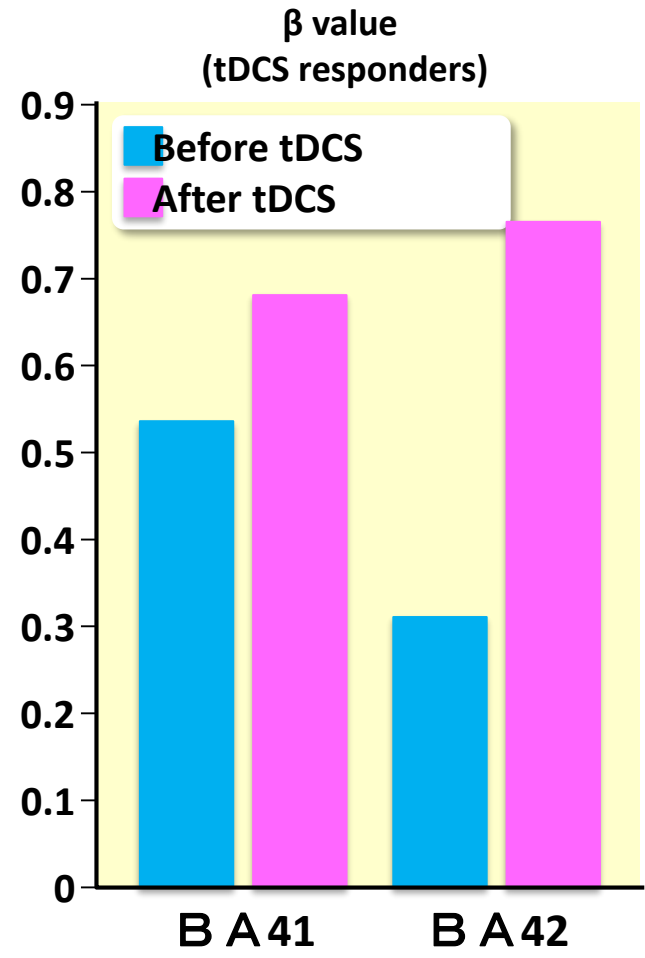
tDCS



Change of fMRI after tDCS



61 y/o male





Central management

