

Sudden Deafness

This feature was compiled from a full page article on sudden deafness which was published in *The Times* on 30 July 03. It appeared in our January 04 newsletter.

Meredith Hooper first noticed her sudden deafness in a conversation with a Eurostar attendant. A friend later told her that she should have seen a specialist immediately and then listed the treatment that she was too late to have. All she'd had was an autumn virus then, with no warning, no pain, she was deaf. The ENT consultant's diagnosis revealed that her deafness involved damage to the cochlea in the inner ear, resulting in severe neural hearing loss. A viral upper-respiratory infection was the possible cause. To her consultant, sudden deafness in an adult is an emergency. Immediate admission of patients with sudden deafness to hospital for treatment may, in some cases, lead to a return of hearing. Without treatment, some people do recover in the first two weeks.

Meredith had imagined that deafness meant silence but she also has heightened sensitivity to sounds (hyperacusis) and a hissing tinnitus. These, combined with her deafness, demand careful thought and consideration in her social and working life - e.g. choosing the right venue, the right seat, the quietest place, and suchlike.

Meredith is now learning THT (Tinnitus Habituation Therapy) to help her to listen to her tinnitus but not respond. She's on a steep learning curve, guided by a tinnitus retraining expert. Part of the retraining is coming to terms with the causes of tinnitus; in her case, sudden deafness. And part of her brain keeps repeating the phrase from the kindly, patient ENT consultant "sudden deafness in an adult is an emergency". And she wants to pass on that message.

Sudden Deafness and Loud Tinnitus

Our group's friendly audiologist responded to the above feature. Her advice is that anyone experiencing sudden deafness should present themselves to the nearest large casualty department. **In her opinion, sudden deafness should be regarded as a proper emergency and one which needs attention within 48 hours if hearing is going to be saved.**

Although a GP can refer a patient with sudden deafness for immediate hospital examination, very few do. Valuable time can be lost by waiting to consult a doctor and then embarking along the lengthy route to an ENT consultant. **She stressed that sudden deafness and sudden loud tinnitus should be treated as a matter of urgency.**