

## MEDICATIONS

We're often told that *'tinnitus can't be cured'*. The message we should be given is, "*Tinnitus symptoms can be treated.*"

A number of medications can help reduce the distress of these symptoms, especially the most important one: *SLEEP DISTURBANCE*. Closer to normal sleep on a consistent basis is often the best remedy for tinnitus. However, for anything more than temporary use, it's necessary to choose medicines that are not habit-forming.

---

### **BENZO-DIAZEPINES** (tranquillizers)

**Valium** (diazepam); **Ativan** (lorazepam); **Rivotril** (clonazepam); **Xanax** (alprazolam); **Serax** (oxazepam); bromazepam; and *all others with generic names ending in 'pam'*

These are advised for short term or off-and-on use. If needed for a longer time, another medication such as an anti-depressant should be taken as well, with the tranquillizer reserved for back-up at difficult times. These medications have their effect by depressing part of the nervous system, and taken over time may contribute to depressed mood. *Their best use is to control panic attacks.*

*Tranquillizers aren't effective in treating depression except in conjunction with an anti-depressant or anti-convulsant.*

---

### **ANTI-DEPRESSANTS**

These fall into two main classes. None are addictive. Must be increased or decreased gradually.

**Tricyclics: amitriptyline, nortriptyline, doxepin, imipramine.**

These were the first anti-depressants to become available, and continue to be widely used. *Amitriptyline* especially is often prescribed for sleep problems and chronic pain. (Can be drying and constipating at higher doses.) All are started with a small dose (10 – 25 mgs.) and gradually increased according to response. A very small dose may improve sleep but not have much anti-depressant effect.

**S.S.R.I.'s: Celexa; Prozac; Effexor; Remeron; Ciprolex; Cymbalta**

Newer anti-depressants. Can improve sleep and reduce depressive symptoms. They may help those who don't respond to tricyclics, and vice-versa.

**Combination therapy.** *A combination of an anti-depressant from each of the two classes noted above may be more effective than one alone.*

## **ANTI-PSYCHOTICS**

If the seriously disturbing quality of tinnitus isn't moderated by an anti-depressant, or if sleep fails to improve after dose adjustment, the addition of a 'novel' anti-psychotic may provide relief. These have a calming effect on the emotional centres of the brain.

These medicines are still under patent so are more expensive than the older anti-psychotics, whose side-effects are more pronounced. However, some weight gain is common. *Some psychiatrists prescribe **a combination of a novel anti-psychotic + an anti-depressant for serious tinnitus, Not habit-forming.***

**Novel anti-psychotics:** **Zyprexa** (olanzapine); **Seroquel** (quetiapine); **Risperdal** (risperidone); **Abilify** (aripiprazole) 10-15 mgs. **Geodon** (ziprasidone) up to 200 mgs. (post-trauma disorder)

**Original anti-psychotics:** **perphenazine**; (phenazine) **Haldol** (haloperidol)

---

## **SLEEPING PILLS**

**Immovane (zopiclone)** is currently the only sleeping pill available in Canada. (Others such as Lunesta are sold in the U.S.)

For delayed sleep onset, a sleeping pill can be substituted for a benzo-diazepine. If one type loses effectiveness, the other may be tried as a substitute. Both are intended for short-term or intermittent use. Long-term use can cause the nerve cells to become unresponsive to this type of medicine.. Suspending use for a time may help restore effectiveness.

**MELATONIN** Seasonal changes in the amount of available daylight, working shifts, crossing time zones, irregular bedtimes, or changes in the length of time asleep (often the case with tinnitus) can reduce the amount of melatonin secreted by the pituitary gland, the body's built-in time-keeper. Melatonin supplements may help remedy this form of sleep disturbance. Melatonin is a naturally occurring amino acid and is available, without prescription, in drugstores and healthfood stores. Amounts of 1 mg to 3 mgs. are suggested, taken at bedtime only.