

Ototoxic Drug Information

The American Tinnitus Association is pleased to share several avenues where tinnitus patients can learn more about medications and tinnitus. Some prescription and over-the-counter drugs can affect/worsen existing tinnitus or, in some cases, cause tinnitus as a side effect.

In this packet is information on ototoxic drugs, including the latest copy of the PDR Drug Interaction Guide index for your reference. Also attached are some informative pieces that discuss ototoxic medications.

Before you consider any change in your medication(s) or treatment strategy, consult with your personal physician. Ask questions, and be sure to mention other medications, supplements and vitamins you currently take. These documents are designed to be utilized as a conversation tool with your doctor.

Additional resources:

- 🔗 Drugwatch.com/side-effects
- 🔗 Nlm.nih.gov/medlineplus/druginformation.html
- 🔗 <http://www.asha.org/public/hearing/Ototoxic-Medications/>
- 🔗 ATA.org/store/books/ototoxic-drugs-exposed-third-edition-neil-bauman-phd

SIDE EFFECTS AND INDICATIONS FOR TINNITUS



As listed in the Physicians' Desk Reference

When taken at recommended dosages, the following prescription and over-the-counter drugs have caused tinnitus in a small percentage of patients. Note: These drugs were not specifically tested on people who already had tinnitus. More information about these listed drugs can be found in the Physicians' Desk Reference. Page numbers follow the drug names on this list. All drugs listed have a reported minimum 1% occurrence of tinnitus unless otherwise noted.

Please consult with your physician before making any changes to your medication.

A		E	
ABELCET Injection.....	3111	ELDEPRYL Capsules 5 mg.....	3122
AGGRENOX Capsules.....	880	EMEND Capsules [<5% occurrence].....	2033
ALFERON N Injection.....	1686	EMEND for Injection [<5% occurrence].....	2042
ALOXI Injection.....	1000	ENGERIX-B Vaccine.....	1349
ALTACE Capsules.....	1704	EXELON Capsules and Oral Solution.....	2484
AMBIEN Tablets.....	2924	EXELON Patch.....	2489
AMBIEN CR CIV Tablets.....	2929	EXFORGE Tablets.....	2494
AMERGE Tablets.....	1219	EXFORGE HCT Tablets.....	2500
ANZEMET Injection.....	2934	F	
ANZEMET Tablets.....	2937	FANAPT Tablets.....	2517
APLENZIN Tablet Extended Release.....	2951	FROVA Tablets.....	1080
APRISO Extended Release Capsules.....	2900	FUROSEMIDE Tablets USP.....	2411
ARICEPT Tablets.....	1004	G	
ASACOL Delayed Release Tablets.....	3360	GABITRIL Tablets.....	962
ASACOL HD Delayed Release Tablets.....	3362	GENGRAF Capsules.....	439
ATACAND Tablets.....	3455	GEODON Capsules; GEODON Injection.....	2793
ATRIPLA Tablets.....	891	GLEEVEC Tablets.....	2541
ATRIPLA Tablets.....	3471	H	
AVELOX Tablets and AVELOX I.V. Injection.....	1939	HYZAAR Tablets.....	2091
B		I	
BIAXIN FILMTAB; XL FILMTAB; GRANULES.....	412	IMITREX Injection.....	1403
BICILLIN C-R (King).....	1712	IMITREX Nasal Spray.....	1410
BICILLIN C-R 900/300 (King).....	1712	IMITREX Tablets.....	1415
BICILLIN L-A (King).....	1712	INTRON A [<5% occurrence].....	2108
BOTOX Injection.....	603	K	
BUTRANS System for Transdermal Administration.....	2864	KALETRA Tablets; Solution for Oral Use.....	458
C		L	
CADUET Tablets.....	2778	LAMICTAL Tablets.....	1436
CAPASTAT SULFATE CAPREOMYCIN for Injection.....	1747	LAMICTAL XR Extended Release Tablets.....	1450
CARBATROL Extended Release Capsules.....	3095	LEVAQUIN Tablet, Solution for Oral Use; Injection.....	2707
CARDIZEM Extended Release Tablets.....	423	LEVITRA Tablets.....	2158
CELEBREX Capsules.....	3072	LEXAPRO Tablets and Oral Solution.....	1130
CHANTIX Tablets.....	2788	LIDODERM Patch.....	1084
CIALIS Tablets.....	1749	LIPITOR Tablets.....	2770
CIPRO I.V.....	1965	LUPRON DEPOT-3 MONTH [<3% occurrence].....	483
CIPRO Tablets.....	1965	LYRICA CV Capsules; Oral Solution.....	2802
CIPRO XR Tablets.....	1974	M	
CLINORIL Tablets [<1% occurrence].....	1993	MAXALT Tablets; MAXALT-MLT Tablets.....	2170
COARTEM Tablets.....	2454	MERIDIA CIV Capsules.....	492
COMBIGAN Ophthalmic Solution.....	610	N	
COREG Tablets.....	1326	NADOLOL Tablets.....	2416
COREG CR Extended Release Capsules.....	1333	NAMENDA Tablets/Oral Solution.....	1137
COZAAR Tablets.....	2001	NEORAL Capsules; Oral Solution.....	2560
CYMBALTA Delayed Release Capsules.....	1759	NEXIUM Capsules; Granules.....	695
D		NEXIUM I.V. for Injection.....	702
DAPSONE Tablets.....	1696	NOROXIN Tablets.....	2188
DEPAKOTE ER Tablet [<5% occurrence].....	425	NORVIR Tablets; Solution for Oral Use.....	521
DEXILANT Delayed Release Capsules.....	3178	NORVIR Capsules; Oral Solution.....	510
DIOVAN HCT Tablets.....	2470	NORVIR Tablets; Solution for Oral Use.....	521

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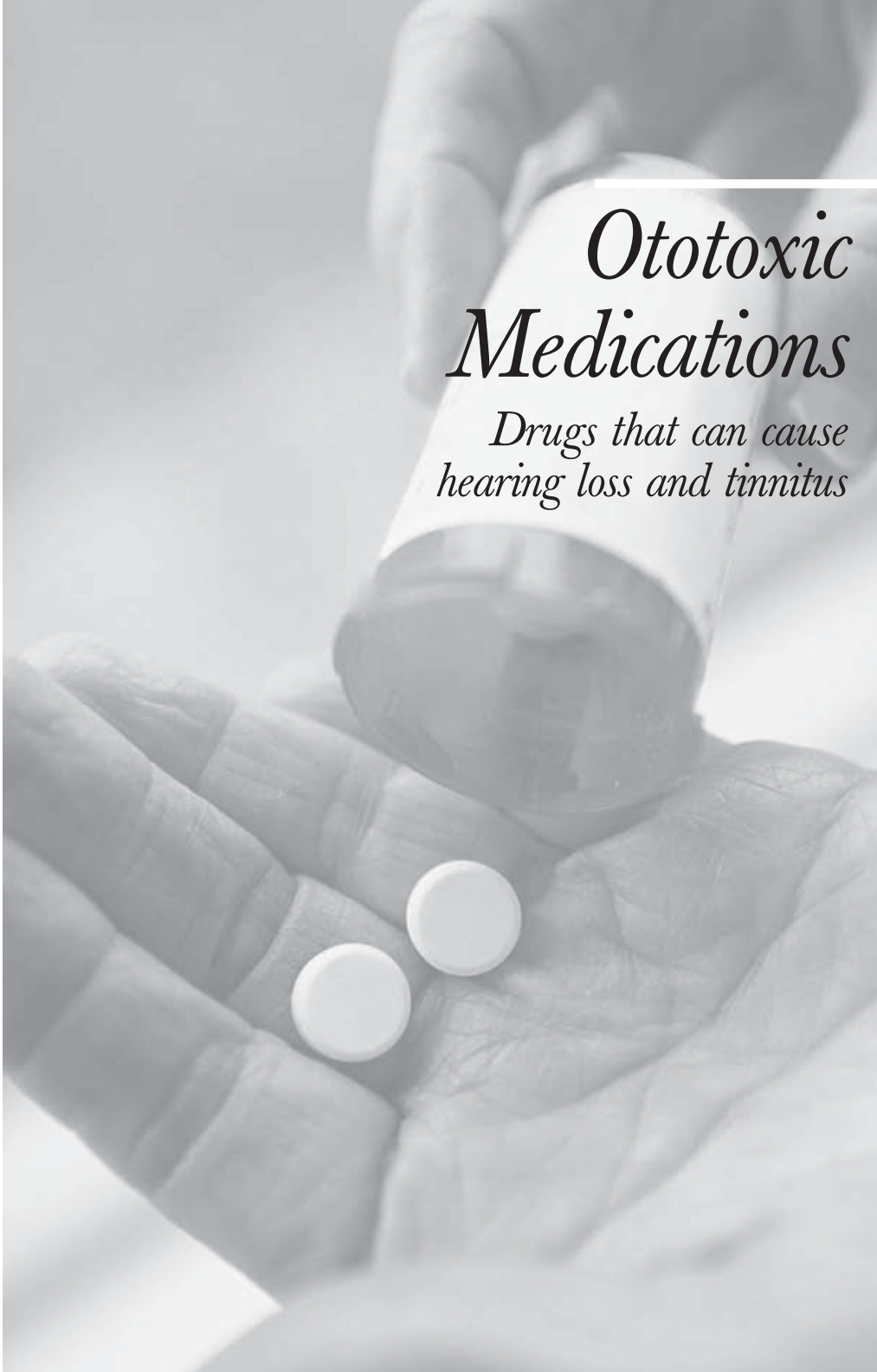
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As listed in the Physicians' Desk Reference

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Please consult with your physician before making any changes to your medication.

O		S	
OLEPTRO ER Tablets [$<1\%$ occurrence].....	3446	SABRIL Tablets.....	1886
ORTHOCLONE OKT3 Sterile Solution.....	939	ST. JOSEPH Aspirin Tablets.....	1905
OXYCONTIN (OXYCODONE HCl CR) Tablets.....	2879	SALAGEN Tablets.....	1040
P		SELEGIline HYDROCHLORIDE Tablets.....	
PARNATE Tablets.....	1488	SEROQUE Tablets.....	735
PAROXETINE HYDROCHLORIDE CR Tablets.....	2418	SOLODYN Extended Release Tablets.....	1919
PAROXETINE HYDROCHLORIDE ER Tablets.....	2428	SORIATANE Capsules [$<1\%$ occurrence].....	3138
PAXIL Tablets and Oral Suspension.....	1491	SPRYCEL Tablets [1% to 10% occurrence].....	3527
PAXIL CR Controlled Release Tablets.....	1501	SUSTIVA Capsules and Tablets.....	3532
PEPCID Tablets.....	2228	T	
PERCOCET CII Tablets.....	1096	TARKA Tablets.....	547
PERCODAN USP CI Tablets.....	1099	TASIGNA Capsules.....	2592
PRIMAXIN I.M. Injectable.....	2233	TEKAMLO Tablets.....	2598
PRIMAXIN I.V. Injection.....	2236	TEVETEN Tablets.....	552
PRINIVIL Tablets.....	2241	TEVETEN HCT Tablets	554
PRINZIDE Tablets.....	2246	TOBI Nebulizer Solution [$<3\%$ occurrence].....	2613
PRISTIQ Extended Release Tablets.....	3409	TOPROL-XL Tablets.....	724
PROMETRIUM Capsules.....	3177	TREXIMET Tablets.....	1578
PROVENTIL Inhalation Aerosol.....	2268	TRICOR Tablets.....	558
PYLERA Capsules.....	788	TRISENOX Injection [5% occurrence].....	983
R		U	
RANEXA Tablets Extended Release.....	1168	ULORIC Tablets.....	3194
REMERON Tablets.....	2282	V	
REMERONSolTab Tablets.....	2286	VIAGRA Tablets.....	2823
REQUIP Tablets.....	1527	VICOPROFEN CIII Tablets.....	578
RESCRIPTOR Tablets.....	3313	VIMPAT CV Tablet; Injection.....	3265
RISPERDAL CONSTA Long Acting Injection.....	2741	W	
RYTHMOL Tablets.....	1545	WELLBUTRIN Tablets.....	1615
RYTHMOL SR Extended Release Capsules.....	1549	WELLBUTRIN SR Tablets [6% occurrence].....	1621
		X	
		XIFAXAN Tablets.....	2911
		XYREM Oral Solution [$<5\%$ occurrence].....	2951



Ototoxic Medications

*Drugs that can cause
hearing loss and tinnitus*

LEAGUE
FOR THE HARD OF
HEARING

SINCE 1910

Connect To Life™

This pamphlet indicates which most commonly used medications could potentially cause damage to your hearing, or aggravate an already existing problem. It is important that you, the patient, take responsibility in knowing which drugs you should try to avoid. Usually any hearing problem will only be caused by exceeding the recommended dosage of the medications. Often these problems are reversible upon discontinuation of the drug. Occasionally there are times when this change in hearing can be permanent. If you are experiencing a hearing problem, or if there is a hearing disorder in your family, it is imperative that your treating physician and pharmacist be aware of this fact. If you are prescribed one of the medications found on this list, you should speak to your physician to see if another, potentially less toxic drug, could be used in its place. If the drug is over-the-counter, you should ask the pharmacist for a recommendation of a less toxic drug.

In the lists that follow, the generic name of the drug is given first, with the trade name, if available, followed in parentheses and capitalized. Many times a particular generic drug is manufactured under several trade names.

Orin S. Kaufman, D.O.

The trade names mentioned in this article were selected by the author randomly. The inclusion of a particular trade name and the exclusion of another should not be interpreted as prejudicial either for one nor against the other.

Drugs that can cause hearing loss

Salicylates

- aspirin and aspirin-containing products
- salicylates and methyl-salicylates (*linaments*)

(Toxic effects appear to be dose related and are almost always reversible once medications are discontinued.)

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

(Most NSAIDs have the potential for causing hearing loss and/or tinnitus. Because new drugs are being frequently approved for use, it is important that you check with your doctor or pharmacist to determine if the drug you were prescribed can cause a problem.)

- diclofenac (*Voltaren*)
- etocolac (*Lodine*)
- fenprofen (*Nalfon*)
- ibuprofen (*Motrin, Advil, Nuprin, etc.*)
- indomethacin (*Indocin*)
- naproxen (*Naprosyn, Anaprox, Aleve*)
- piroxicam (*Feldene*)
- sulindac (*Clinoril*)

(Toxic effects are dose related and are almost always reversible once medications are discontinued.)

Antibiotics

- aminoglycosides
 - amikacin (*Amikin*)
 - gentamycin (*Garamycin*)
 - kanamycin (*Kantrex*)
 - neomycin (*Found in many over-the-counter antibiotic ointments.*)
 - netilmicin (*Netromycin*)
 - streptomycin
 - tobramycin (*Nebcin*)

(Of particular interest is that topical ear drop medications containing gentamycin or neomycin do not appear to be ototoxic in humans unless the tympanic membrane

(ear drum) is perforated. When a solution of an aminoglycoside antibiotic is used on the skin together with an aminoglycoside antibiotic used intravenously, there is a risk of an increase of the ototoxic effect, especially if the solution is used on a wound that is open or raw, or if the patient has underlying kidney damage. Neomycin is the drug that is most toxic to the structure involved in hearing, the cochlea, so it is recommended for topical use only. But even topical therapy has resulted in hearing loss when large areas were treated which allowed for large amounts of the drug to be absorbed into the body. Hearing loss caused by this class of antibiotics is usually permanent.)

- erythromycin
 - (*EES*)
 - (*E-mycin*)
 - (*Ilosone*)
 - (*Eryc*)
 - (*Pediazole*)
 - (*Biaxin*)
 - (*Zithromax*)

(Usually ototoxic when given in intravenous doses of 2-4 grams per 24 hours, especially if there is underlying kidney failure.)

- vancomycin (*Vancocin*)

(Similar to aminoglycosides in that it may be ototoxic when used intravenously in life-threatening infections. The fact that aminoglycosides and vancomycin are often used together intravenously when treating life-threatening infections further exaggerates the problem.)

- minocycline (*Minocin*)
(Similar to erythromycin)
- polymixin B & amphotericin B
(Antifungal preparations)
- capreomycin (*Capestat*)
(Anti-tuberculosis medication)

Drugs that can cause tin

Diuretics

- bendroflumethazide (*Corzide*)
- bumetadine (*Bumex*)
- chlor-thalidone (*Tenoretic*)
- ethacrynic acid (*Edecrin*)
- furosemide (*Lasix*)

(These are usually ototoxic when given intravenously for acute kidney failure, acute hypertensive crisis, or acute pulmonary edema/congestive heart failure. Rare cases of ototoxicity have been found when these medications are taken orally in high doses by people with chronic kidney disease.)

Chemotherapeutic Agents

- bleomycine (*Blenoxane*)
- bromocriptine (*Parlodel*)
- carboplatinum (*Carboplatin*)
- cisplatin (*Platinol*)
- methotrexate (*Rheumatrex*)
- nitrogen mustard (*Mustargen*)
- vinblastin (*Velban*)
- vincristine (*Oncovin*)

(The ototoxic effects can be minimized by carefully monitoring blood levels.)

Quinine

- chloroquine phosphate (*Aralen*)
- quinacrine hydrochloride (*Atabrine*)
- quinine sulfate (*Quinam*)

(The ototoxic effects are very similar to those of aspirin.)

Mucosal Protectant

- misoprostol (*Cytotec*)

Narcotic Analgesics

- hydrocodone (*Lorcet, Vicodin*)

Vapors, Solvents

- cyclohexane
- dichloromethane
- hexane (*gasoline*)
- lindane (*Kwell*)
- methyl-chloride
- methyl-n-butyl-ketone
- perchlor-ethylene
- Styrene
- tetrachlor-ethane
- toluol
- trichloroethylene

Antibiotics

- aminoglycosides (*see previous section*)
- amphotericin B
- chloramphenicol (*Chloromycetin*)
- minocycline (*Minocin*)
- polymyxine B
- sulfonamides (*Septra, Bactrim*)
- vancomycin (*Vancocin*)

Anti-neoplastics

- bleomycin (*Blenoxane*)
- cis-platinum (*Platinol*)
- carboplatinum (*Paraplatin*)
- methotrexate (*Rheumatrex*)
- nitrogen mustard (*Mustagen*)
- vinblastin (*Velban*)

Diuretics

- acetazolamide (*Diamox*)
- bumetanide (*Bumex*)
- bendrofluazide
- clorothalidone (*Hygroton, Tenoretic*)
- diapamide
- ethacrynic acid (*Edecrin*)
- furosemide (*Lasix*)
- hydrochlorthiazide (*Hydrodiuril*)
- methylchlorthizide (*Enduron*)

Cardiac Medications

- celiprolol
- flecainide (*Tambocar*)
- lidocaine
- metoprolol (*Lopressor*)
- procainamide (*Pronestyl*)

- propranolol (*Inderal*)
- quinidine (*Quinaglute, Quinidex*)

Psychopharmacologic Agents

- amitriptyline (*Elavil*)
- benzodiazepine class
 - alprazolam (*Xanax*)
 - clorazepate (*Tranxene*)
 - chlordiazepoxide (*Librium*)
 - diazepam (*Valium*)
 - flurazepam (*Dalmane*)
 - lorazepam (*Ativan*)
 - midazolam (*Versed*)
 - oxazepam (*Serax*)
 - prozepam (*Centrax*)
 - quazepam (*Doral*)
 - temazepam (*Restoril*)
 - triazolam (*Halcion*)
- bupropion (*Wellbutrin*)
- carbamazepine (*Tegretol*)
- diclofenac
- doxepin (*Sinequin*)
- desipramine (*Norpramin*)
- fluoxetine (*Prozac*)
- imipramine (*Tofranil*)
- lithium
- melitracen
- molindon (*Moban*)
- paroxetine
- phenelzin (*Nardil*)
- protriptylin (*Vivactil*)
- trazodon (*Desyrel*)
- zimeldin

Non-Steroidal Anti-inflammatory Drugs (NSAIDs)

(Please see notation for NSAIDS under “hearing loss.”)

- aspirin
- acetaminophen
- benorilate
- benoxaprofen
- carprofen
- diclofenac (*Voltaren*)
- diflunisal (*Dolobid*)
- fenoprofen (*Nalfon*)
- feprozon
- ibuprofen (*Motrin, Advil, Nuprin*)

- indomethacin (*Indocin*)
- isoxicam
- ketoprofen (*Orudis*)
- methyl salicylates (*BenGay*)
- naproxen (*Naprosyn, Anaprox, Aleve*)
- D-Penicilliamin
- phenylbutazone (*Butazolidine*)
- piroxicam (*Feldene*)
- proglumetacin
- proquazon
- rofecoxib (*Vioxx*)
- salicylates
- sulindac (*Clinoril*)
- tolmetin (*Tolectin*)
- zomepirac

Glucocorticosteroids

- prednisolone (*Prednisone*)
- ACTH (*adrenocorticotrophic hormone*) (*Acthar*)

Anesthetics

- bupivacain
- tetracain
- lidocaine (*Novacaine*)

Antimalarials

- chloroquine (*Aralen*)
- hydroxychloroquine (*Plaquinil*)

Others

- thalidomide (*Thalomid*)

Miscellaneous Toxic Substances

- alcohol
- arsenum
- caffeine
- lead
- marijuana
- nicotine
- mercury
- auronofin (*gold, Ridaura*)

(Ironically, several of these drugs found to cause tinnitus, are also used to treat tinnitus (e.g., amitriptyline, benzodiazepine class, carbamazepine, furosemide, lidocaine, prednisone).)

About the League

A pioneer in hearing rehabilitation, human services, and hearing conservation. The League for the Hard of Hearing, founded in 1910, is a private not-for-profit rehabilitation agency for infants, children and adults who are hard of hearing, deaf, and deaf-blind.

The mission of the League for the Hard of Hearing is to improve the quality of life for people with all degrees of hearing loss. This is accomplished by providing hearing rehabilitation and human service programs for people who are hard of hearing and deaf, and their families, regardless of age or mode of communication.

We strive to empower consumers and professionals to achieve their potential and to provide leadership to, and be the model for, disciplines that relate to hearing rehabilitation.

We promote hearing conservation and provide public education about hearing.

Ototoxic Drugs: Bibliography

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When Jonathan took a course of erythromycin prescribed by his doctor, the last thing on his mind was that this drug would cause him to lose his hearing in one ear, give him hyperacusis (some normal sounds seem very loud) and balance problems and result in horrific bilateral (in both ears) tinnitus.

Drugs and Tinnitus: Put Yourself in the Driver's Seat

By NEIL BAUMAN, PH.D.

No one warned Eunice that taking the anti-depressant drug amitriptyline (Elavil®) would result in *screaming tinnitus*, a condition much worse than her original depression. Without warning, the drugs prescribed for Jonathan (mentioned above) and Eunice to treat other health issues resulted in loud, intrusive tinnitus, making their lives almost unbearable. These stories are true, though I've changed the patients' names for this article.

about the side effects of any drug before you begin taking it. Be particularly cautious until you know that any given drug won't adversely affect your ears.

Which Drugs Can Cause Tinnitus?

There are more than 450 prescription and over-the-counter drugs from acebutolol (Sectral®) to zuclopenthixol (Clopixol®) that can trigger tinnitus, make existing tinnitus worse or cause another (new) tinnitus sound to appear.

Most of the drug classes have tinnitus-causing drugs sprinkled throughout. For example, antibiotics, painkillers, anti-anxiety and anti-depression drugs, anti-malarial medications, anti-cancer drugs and blood pressure controlling medications, to name a few, can all trigger tinnitus.

Is Drug-Induced Tinnitus Temporary or Permanent?

Tinnitus arising from taking ototoxic drugs may, or may not, be permanent. The good news is that tinnitus resulting from taking such drugs is often temporary and goes away in a few days to a few weeks after you stop taking the drug. For example, ototoxic anti-inflammatories such as acetylsalicylic acid (aspirin), ibuprofen (Advil®) and naproxen (Aleve®) generally cause temporary tinnitus. But there are no guarantees.

The bad news is that the resulting tinnitus may be permanent. For example, if you are taking an aminoglycoside antibiotic, you are lucky if the tinnitus stops within a couple of weeks after you finish the drug therapy. For a good number of people, this kind of tinnitus never goes away.

Some Drugs Produce Distinctive Tinnitus Sounds

Drug-induced tinnitus usually first appears as a continuous high-pitched sound in both ears. However,



Neil Bauman, Ph.D.

The author's comprehensive book, *Ototoxic Drugs Exposed*, describes the ototoxic (ear damaging) side effects of 447 drugs and 29 chemicals known to trigger tinnitus, about 300 drugs associated with hearing loss and the hundreds of drugs that affect balance and cause other ototoxic side effects. This book, as well as Dr. Bauman's *When Your Ears*

Ring (Cope with Your Tinnitus—Here's How), is available with member discount pricing in the online ATA Store at www.ata.org.

Annual Physician's Desk Reference (PDR) guides are available by contacting ATA at (800) 634-8978 x219 or lisa@ata.org.

Ototoxic Drugs—What Are They?

Ototoxic (OH-toe-TOKS-ik) drugs are those medications that can cause ototoxic (ear damaging) side effects to your ears. Such drugs can cause hearing loss, hyperacusis, tinnitus and other phantom sounds and a whole host of balance problems. This does not happen to everyone who takes drugs, by any means, but it does happen to a significant number of unfortunate people.

Note this well. Even though a drug's description lists tinnitus as a side effect, this does not mean that you will develop tinnitus if you take it. Some people do. Many don't. The problem is that you don't know into which class you will fall. Therefore, you should learn

certain ototoxic drugs produce distinctive tinnitus sounds. For example, tinnitus caused by aspirin and quinine (and related drugs) is generally a high-pitched or hissing sound, and may sound like a continuous musical note. In contrast, tinnitus caused by erythromycin can produce what sounds like “blowing,” while loop diuretics (such as furosemide [Lasix®]) may produce a middle-frequency sound.

How Soon Will the Tinnitus Occur After Taking a Drug?

Tinnitus may show up very quickly after you begin taking an ototoxic medication, or it may take several days for it to become obvious to you. For example, tinnitus from loop diuretics may start just minutes after you begin receiving them intravenously (directly into a vein). In contrast, tinnitus may not show up until two or three days after taking an aminoglycoside antibiotic. Strangely enough, with certain drugs, such as the benzodiazepines (a class of tranquilizers), tinnitus may only start after you have stopped taking the drug.

Tinnitus, Hearing Loss and Drugs

Hearing loss and tinnitus often go together. I have seen it reported that about 70 percent of people with hearing loss also have tinnitus. Therefore, if you preserve your hearing, you can help yourself avoid unnecessary tinnitus. To this end, you should be aware that there are around 300 drugs associated with hearing loss. Taking such drugs may result in both hearing loss and tinnitus.

Tinnitus often precedes or accompanies hearing loss. In fact, tinnitus is the number one indicator that you may be doing damage to your ears from an ototoxic drug. It also may be the only warning you’ll ever get, so don’t ignore it!

It’s All About Choices— What You Can Do About Tinnitus

Knowledge is power. When you are aware of the many drugs that can damage your ears, and the many risk factors that can make you even more



Just because a drug label does not list tinnitus as a possible side effect, does not mean it will not cause tinnitus. For example, when Sarah’s doctor doubled her dose of irbesartan (Avapro®), her existing tinnitus became noticeably louder. When she complained to her doctor, he reduced her dose and her tinnitus returned to its previous level. But still, irbesartan is not listed as causing tinnitus.

susceptible to ototoxic side effects, you are in a position to help protect your precious ears.

If your ears start to ring after you begin taking a new drug, or an increased dose of an existing drug, you should immediately report this to your doctor. Together, you should then decide what to do – whether to reduce the dose to a level below where it causes tinnitus, or stop taking the medication altogether and try another.

You need to decide for yourself about the trade offs to taking

any given medication. For example, Joan takes celecoxib (Celebrex®) for her arthritis. When she takes it, her tinnitus gets louder, but her arthritis pain improves. She chooses the increased tinnitus (which doesn’t really bother her) over the arthritis pain (which she definitely doesn’t like). That is her choice, and she is content to live with it.

Harold, on the other hand, began taking amitriptyline and soon noticed he had severe tinnitus. As he says, his tinnitus was driving him “buggy,” so he contacted me for help. I suggested the amitriptyline might be causing his tinnitus. With his doctor’s permission, he stopped taking the drug. Twelve days later, he joyfully reported that his tinnitus went away. That was his choice and he is glad he made it.

When it comes to your ears, don’t let ototoxic drugs flip your world upside down! Remain in the driver’s seat and take control by reading, asking questions and making the best choices you can. ☺☺☺

Neil Bauman, Ph.D. is the Executive Director of the Center for Hearing Loss Help. His mission is educating and helping people successfully live with their hearing losses, tinnitus and other ear conditions. Dr. Bauman is both a speaker and the author of ten books and hundreds of articles related to hearing loss.