ABOUT MISOPHONIA

A rare and poorly understood condition

Misophonia is sometimes called Selective Sound Sensitivity Syndrome, or 4S. It is characterized by a strong negative reaction to particular sounds, called triggers. These are usually, but not always, associated with mouth and body sounds being produced by particular people and in certain situations. Patients with misophonia can often tolerate high levels of similar sounds produced by non-trigger people, and similar environmental sounds produced in non-trigger situations. Triggers can also be visual or associated with certain environmental settings, thoughts, or senses, such as smell or touch. Often, triggers can have an anticipation or apprehension stage, which occurs before a trigger sound is experienced.

Misophonia was coined by neuroscientists Pawel and Margaret Jastreboff in 2001. Previously, misophonia had not been identified as a distinct condition in medical, audiological or psychological literature. Dr. Jastreboff was a pioneer in treating the disorder, using TRT techniques. Audiologist Marsha Johnson, AuD, coined 4S in 1999.

Misophonia is thought to be a neurological miswiring that results in hypervigilance of sounds which activates the limbic and autonomic nervous system setting the body up for a fight or flight response.

The onset

Misophonia usually occurs in childhood, but can also occur in adulthood. It typically begins with a sudden onset after some emotionally significant event associated with exposure to a first trigger sound, activating a strong emotional and behavioral reaction. Misophonia also occurs as a secondary symptom accompanying tinnitus or hyperacusis, usually associated with a condition of hearing loss, auditory damage or head trauma.

Common sound triggers

Typical triggers include mouth noises, such as eating, chewing, breathing, lip smacking, licking, whistling, or the sound of certain speech sounds. Most often, reactions begin in response only to particular individuals, usually parents or siblings. Sometimes non-speech sounds are also problematic. Examples include pen clicking, rustling paper and keyboard sounds.

Decreased sound tolerance must be considered in the context of overall health status and may be a symptom of a variety of medical and psychological problems. Some of these include tinnitus, hyperacusis, hearing loss, family relation problems, depression, anxiety, and autism or brain injury. Because multiple forms of decreased sound tolerance may be involved simultaneously, we carefully consider evaluating all conditions, especially hyperacusis.

Diagnostic assessment

The most effective treatment almost always follows an accurate evidence-based medical, audiological and psychological diagnosis. We begin with a comprehensive hearing test battery especially formulated for misophonia. An essential feature of Misophonia assessment is a detailed clinical interview to differentiate between the types of sound and non-sound triggers that are being reacted to, and the types of reactions. The interview will also determine whether reactions are multi-sensory in nature, involve non-auditory anticipation and visual triggers, and if family relationships are being affected.

What to expect when you visit

1. Comprehensive audiological evaluation and case history (60 minutes)

We will evaluate your hearing with particular attention to your misophonia. It is important to rule out auditory issues that may not be related to your specific sound tolerances, in order to make an accurate diagnosis of misophonia. The case history, as well, is equally as important in determining the diagnosis.

2. Counseling (90 minutes)

We will go over your test results, and provide you with education regarding misophonia. We will make any appropriate referrals. We can discuss appropriate accommodations for home, school, or work, and contact school or human resources personnel as needed on your behalf. Management recommendations will be given. Audiologists are uniquely qualified to provide support through fitting of ear worn sound generators. We will discuss recommended follow up as well.

For more information

www.misophonia-association.org or www.landmarkhearing.com/misophonia/



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