Tinnitus

**Assessment:**
Patient presents with persistent tinnitus, characterized by ringing in the ears without an associated hearing loss. It is noted that this is not a pulsatile tinnitus. Common causes considered include age-related hearing loss, noise exposure, earwax buildup, ototoxic medications, and underlying medical conditions such as hypertension or thyroid disorders. Cardiovascular-related tinnitus is also a possibility, particularly if the patient has a history of vascular issues or elevated blood pressure. However, vascular tinnitus is unlikely given the absence of carotid bruits.

**Plan:**
Refer to audiology for hearing assessment and tympanometry to evaluate middle ear function. There are no carotid bruits, making vascular malformation unlikely. Recommend lifestyle modifications, such as reducing exposure to loud noises and avoiding caffeine and alcohol, which may exacerbate symptoms. Educate the patient about potential sound therapy or hearing aids as management options. Schedule a follow-up appointment to discuss findings and further management. Document the patient’s response and any changes in symptoms at the next visit.