



Brazilian Journal of
OTORHINOLARYNGOLOGY

www.bjorl.org



ORIGINAL ARTICLE

Familial misophonia or Selective Sound Sensitivity Syndrome: evidence for autosomal dominant inheritance? ☆

Tanit Ganz Sanchez ^{a,b,*}, Fúlvia Eduarda da Silva ^c

^a Instituto Ganz Sanchez, São Paulo, SP, Brazil

^b Universidade de São Paulo (USP), Faculdade de Medicina, Departamento de Otorrinolaringologia, São Paulo, SP, Brazil

^c Universidade de São Paulo (USP), Pós-graduação em Ciências da Reabilitação, São Paulo, SP, Brazil

Received 18 February 2017; accepted 30 June 2017

KEYWORDS

Misophonia;
Tinnitus;
Hyperacusis;
Heredity;
Autosomal dominant inheritance

Abstract

Introduction: Misophonia is a recently described, poorly understood and neglected condition. It is characterized by strong negative reactions of hatred, anger or fear when subjects have to face some selective and low level repetitive sounds. The most common ones that trigger such aversive reactions are those elicited by the mouth (chewing gum or food, popping lips) or the nose (breathing, sniffing, and blowing) or by the fingers (typing, kneading paper, clicking pen, drumming on the table). Previous articles have cited that such individuals usually know at least one close relative with similar symptoms, suggesting a possible hereditary component.

Objective: we found and described a family with 15 members having misophonia, detailing their common characteristics and the pattern of sounds that trigger such strong discomfort.

Methods: All 15 members agreed to give us their epidemiological data, and 12 agreed to answer a specific questionnaire which investigated the symptoms, specific trigger sounds, main feelings evoked and attitudes adopted by each participant.

Results: The 15 members belong to three generations of the family. Their age ranged from 9 to 73 years (mean 38.3 years; median 41 years) and 10 were females. Analysis of the 12 questionnaires showed that 10 subjects (83.3%) developed the first symptoms during childhood or adolescence. The mean annoyance score on the Visual Analog Scale from 0 to 10 was 7.3 (median 7.5). Individuals reported hatred/anger, irritability and anxiety in response to sounds, and faced the situation asking to stop the sound, leaving/avoiding the place and even fighting. The self-reported associated symptoms were anxiety (91.3%), tinnitus (50%), obsessive-compulsive disorder (41.6%), depression (33.3%), and hypersensitivity to sounds (25%).

☆ Please cite this article as: Sanchez TG, Silva FE. Familial misophonia or Selective Sound Sensitivity Syndrome: evidence for autosomal dominant inheritance? Braz J Otorhinolaryngol. 2017. <http://dx.doi.org/10.1016/j.bjorl.2017.06.014>

* Corresponding author.

E-mail: tanitsanchez@gmail.com (T.G. Sanchez).

Peer Review under the responsibility of Associação Brasileira de Otorrinolaringologia e Cirurgia Cérvico-Facial.

<http://dx.doi.org/10.1016/j.bjorl.2017.06.014>

1808-8694/© 2017 Associação Brasileira de Otorrinolaringologia e Cirurgia Cérvico-Facial. Published by Elsevier Editora Ltda. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

PALAVRAS-CHAVE

Misofonia;
Zumbido;
Hiperacusia;
Hereditariedade;
Herança autossômica
dominante

Conclusion: The high incidence of misophonia in this particular familial distribution suggests that it might be more common than expected and raises the possibility of having a hereditary etiology.

© 2017 Associação Brasileira de Otorrinolaringologia e Cirurgia Cérvico-Facial. Published by Elsevier Editora Ltda. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

Misofonia familiar ou Síndrome da Sensibilidade Seletiva a Sons: evidência de herança autossômica dominante?

Resumo

Introdução: A misofonia é uma condição recentemente descrita, mal compreendida e negligenciada. É caracterizada por fortes reações negativas de ódio, raiva ou medo quando os indivíduos precisam enfrentar alguns sons repetitivos seletivos e de baixa intensidade. Os mais comuns que desencadeiam tais reações aversivas são aqueles provocados pela boca (mascar goma ou mastigar comida, estalar os lábios) ou nariz (respirando, cheirando e soprando) ou pelos dedos (digitando, amassando papel, clicando a caneta, tamborilando na mesa). Artigos anteriores citam que esses indivíduos geralmente conhecem pelo menos um parente próximo com sintomas semelhantes, sugerindo um possível componente hereditário.

Objetivo: Encontramos e descrevemos uma família com 15 membros com misofonia, detalhando suas características comuns e o padrão de sons que desencadeiam um desconforto tão forte.

Método: Todos os 15 membros concordaram em nos fornecer seus dados epidemiológicos e 12 concordaram em responder a um questionário específico que investigou os sintomas, sons de gatilho específicos, principais sentimentos evocados e atitudes adotadas por cada participante.

Resultados: Os 15 membros pertencem a três gerações da família. A idade variou de 9 a 73 anos (média de 38,3 anos, mediana de 41 anos) e 10 eram mulheres. A análise dos 12 questionários mostrou que 10 indivíduos (83,3%) desenvolveram os primeiros sintomas durante a infância ou a adolescência. A média do escore de irritação na Escala Visual Analógica de 0 a 10 foi de 7,3 (mediana 7,5). Os indivíduos relataram sentimentos de ódio/raiva, irritabilidade e ansiedade em resposta a sons, e enfrentaram a situação pedindo para interromper o som, deixando/evitando o lugar e até mesmo discutindo. Os sintomas associados auto-relatados foram ansiedade (91,3%), zumbido (50%), transtorno obsessivo-compulsivo (41,6%), depressão (33,3%) e hipersensibilidade aos sons (25%).

Conclusão: A alta incidência de misofonia nessa distribuição familiar em particular sugere que possa ser mais comum do que o esperado e suscita a possibilidade de haver uma etiologia hereditária.

© 2017 Associação Brasileira de Otorrinolaringologia e Cirurgia Cérvico-Facial. Publicado por Elsevier Editora Ltda. Este é um artigo Open Access sob uma licença CC BY (<http://creativecommons.org/licenses/by/4.0/>).

Introduction

Misophonia (miso = dislike; phone = sounds) is unknown among most professionals who study hearing. Also known as Selective Sound Sensitivity Syndrome (4S), it applies to patients who have aversion to very specific sounds, such as chewing, breathing, click pen, snapping lips, wheezing etc.¹⁻⁶ These are usually low level, but repetitive sounds, causing the individuals a strong, sudden, uncontrolled and disproportionate emotional reaction.

The causes and prevalence of misophonia remain unknown.³ However, there are online groups with thousands of members in English, Spanish and Portuguese, suggesting that it may be bigger than established by research.

Misophonia sufferers are fully aware of their abnormal reactions to sounds.³ They avoid situations where

such particular sounds can be produced and consequently have the familial, social and professional interactions severely limited.³ Some subjects even feel themselves as “ridiculous”, but they cannot overcome the problem by themselves. Patients often recognize that present symptoms started during childhood/adolescence.⁷

Misophonia has some similarities with tinnitus,³ which is an internal sound that 10–22% individuals perceive in the ears or head.⁸⁻¹² Tinnitus has been a growing phenomenon worldwide, also reaching high prevalence among children and adolescents,^{13,14} which is the age range that misophonia is reported to start. It is accepted that, if tinnitus is associated with a negative connotation, the connections between auditory, limbic and autonomic systems increase¹⁵ and cause further nuisance, with consequent failure of the spontaneous habituation to sounds.¹⁶ This mechanism can

Download English Version:

<https://daneshyari.com/en/article/11013460>

Download Persian Version:

<https://daneshyari.com/article/11013460>

[Daneshyari.com](https://daneshyari.com)