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Hyperacusis in children: a clinical profile

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INTRODUCTION

Sensitivity to sounds, or hyperacusis, is common in children. [1-5] While for most children, this is transient and intervention is not sought, for some children, it can be a significant problem with a marked impact on the activities of the child and the family as a whole. Various terms have been used to describe the different ways in which sensitivity to sounds may present e.g. hyperacusis, phonophobia and misophonia. There is currently no universally agreed definition of hyperacusis. Phillips & Carr [6] defined hyperacusis as a disturbed loudness function remarking that the range of different reported definitions or descriptions used may describe different sensations, likely with different underlying mechanisms and aetiologies. Jastreboff & Jastreboff [7] defined hyperacusis as a decreased sound tolerance where there is a negative reaction to the physical characteristics of a sound. Katzenell & Segal [8] defined hyperacusis as an 'increased sensitivity to sound in levels that would not trouble a normal individual'. Phonophobia and misophonia are specific reactions to sounds. Phonophobia is a fear of sounds, often with anticipatory anxiety at the thought or sight of the object which generates the sound. The term misophonia [7] describes the dislike or, in some cases, distress caused by specific patterns of sound eg chewing, pen clicking, rather than intolerance to the loudness of the sound.

It is difficult to determine the prevalence of hyperacusis in children because studies have used different criteria to determine and quantify hyperacusis in children e.g. patient/parent interviews,

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