

Table 1. Key distinctions between mild and severe tinnitus.		
Feature	Mild Tinnitus	Severe Tinnitus
Auditory Involvement	Primarily auditory; linked to cochlear damage or hearing loss	Extends beyond auditory pathways; involves systemic brain dysfunction
Stability	Relatively stable in loudness and perception	Unstable, fluctuating with triggers like stress or sleep disruption
Sensory Gating Dysfunction	Limited; largely confined to auditory pathways	Significant sensory gating issues across multiple brain regions
Neural Excitability	Moderate; limited to auditory pathways	Widespread excitation-inhibition imbalance affecting multiple sensory and emotional networks
Psychological Impact	Mild or moderate distress, often manageable	Severe emotional distress, cognitive dysfunction, and autonomic dysregulation
Triggers	Hair cell loss or synaptopathy	Hair cell loss/synaptopathy plus multi-factorial: stress, poor sleep, dietary triggers, hormonal fluctuations, noise, infections
Treatment Response	Often responds well to sound therapy or hearing aids	Requires multimodal approaches; sound therapy alone insufficient
Pathophysiological Parallels	Localized auditory dysfunction	Overlaps with conditions like atypical migraine and central sensitization syndromes