## When Sound Causes Rage: Misophonia

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I became acquainted with Misophonia, alias "hatred of sound," a decade ago when an immediate family member began to experience unusual disdain for common human noises. Then I started to identify it in my patients. Most of us have experienced the annoyance of a noise or two, but those with Misophonia have extreme physiological responses to certain sounds. The sounds lead to intense emotional experience and panic. Those extreme responses can lead to avoidance of work or school, difficulty living with others, and travel struggles with fear of being "stuck' in a car, plane, or bus where escape is impossible from the sounds. Misophonia can limit one's ability to interact with others and severely impair the sufferer's social and professional life. Misophonics describe the extreme dislike of the sound of fingernails on a chalkboard for the average population as an example of what they experience with a variety of common human noises. In general, Misophonics have erringly similar symptoms:

- Sudden onset typically between 8-10 years of age
- Trigger noises begin with the family then generalizes to public
- Trigger noises are similar
- Rage response
- Generalization from noises (auditory) to movements (visual)
- Usually worse with certain individuals

• Runs in the family

Some of the common triggers or sounds that create distress consist of:

- Sniffing
- Breathing
- Snoring
- Smacking
- Crunching
- S/C/P and K sounds
- Keyboard clicking
- Gum chewing...but the list goes on

Trigger noises are typically everyday noises, especially worse if made by family members, are heard in an amplified volume, and result in extreme agitation/anxiety by the Misophonic. The agitation is wrought with anxiety and leads to a strong impulse to physically lash out, however, most Misophonics do not act out their anger, but will verbalize something unpleasant which can reduce the tension, such as "Stop It!" They describe the sounds as invasive, offensive, and intrusive.

Unfortunately, there is no neurobiological explanation for this condition. Research is only in its infancy. There is considerable agreement that Misophonia is associated with a hyperconnection between the part of the brain that processes sound and the part of the brain that evokes emotion. As with little research of the etiology, come few options for treatment. Most treatment is aimed at reducing the discomfort, but are not seen as cures:

- Avoiding certain situations where triggers are significant
- Earplugs/headsets/music
- Distraction
- Management of rage in a adaptive way
- Intervention as early as possible
- Cognitive Behavioral Therapy
- Mindfulness practice
- White noise generators to help block noises
- Medication for anxiety (a secondary condition-this can help some Misophonics to reduce the burden of the illness, but does not eliminate it)
- Avoid caffeine
- Meditation

Having this disorder does not mean that you cannot live a life of happiness, but it is an every day struggle as we move forward with research and hopefully more specific intervention in the near future.

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