

Case Study: When Everyday Sounds Become Painful

Understanding acute onset hyperacusis and the path to recovery

Daniel's Story

Daniel* is 30 years old and had never given much thought to his hearing. He went to the gym regularly, caught up with friends on weekends, and generally lived his life without sound being something he noticed. That changed almost overnight.

It started in his left ear. A sensitivity that seemed to come from nowhere. Sounds that had never bothered him before suddenly felt too loud, too sharp, too much. Within weeks, the sensitivity had spread to both ears. His GP prescribed eardrops for what they thought might be an infection. The drops made everything worse.

Daniel's world began to shrink. He stopped going to the gym because the clanking weights and thumping music had become unbearable. Meeting friends at cafes or bars meant fighting through walls of sound that left him exhausted and headachy. When his brother announced his engagement, Daniel's first thought wasn't congratulations. It was dread. How was he going to survive a wedding?

The anxiety crept in. He'd never experienced sound sensitivity before, so why was this happening now? Was something seriously wrong? His GP referred him for an MRI, which came back clear. That ruled out the scary possibilities, but it didn't explain what was actually going on or how to fix it.

By the time Daniel walked into The Audiology Place, he'd already modified his entire life around his symptoms. He'd abandoned his regular gym for a quiet space where he worked out alone at odd hours. He was removing himself from social situations the moment they felt too loud. He'd started researching noise-cancelling headphones, hoping technology might solve what felt like an unsolvable problem.

And underneath all the practical adjustments sat something heavier: guilt. People around him were making accommodations, changing their behaviour, tiptoeing around his new sensitivity. He felt like a burden.

Putting Numbers to the Problem

Hyperacusis and misophonia often get confused, even by healthcare professionals. They're both sound sensitivity conditions, but they work differently. Misophonia is about

specific trigger sounds, usually soft and human-made, that provoke intense emotional reactions regardless of volume. Hyperacusis is about sound intensity. Sounds that wouldn't bother most people become physically uncomfortable or even painful.

We ran Daniel through a battery of validated questionnaires. His Misophonia Assessment Questionnaire scores didn't indicate misophonia. His Hyperacusis Questionnaire score of 33 pointed to severe hyperacusis. The Misophonia and Hyperacusis Questionnaire confirmed what the individual tests suggested: no misophonia, but significant hyperacusis on the subscale.

The audiological assessment filled in more of the picture. Daniel's hearing itself was fine. But his Uncomfortable Loudness Levels, the point at which sounds become genuinely distressing, were significantly lower than expected in both ears. This is the clinical hallmark of hyperacusis. His ears work properly. His brain has turned up the threat response to sound.

We also noted something important: Daniel didn't report any unusual sensitivity to particular sounds in quiet environments, which you'd expect with misophonia. His problem was sound volume, not sound type. A crying baby, a barking dog, a plate clattering, or a conversation. None of these bothered him specifically. They all bothered him when they got loud enough.

Why the Brain Hits the Panic Button

Hyperacusis develops when the brain's sound processing system gets miscalibrated. Your auditory system isn't just a passive microphone feeding signals to your consciousness. It's an active filtering and evaluation system that decides what deserves attention and what can be safely ignored.

Part of that evaluation involves threat assessment. Sounds get processed through brain regions that evolved to detect danger. Normally, everyday sounds pass through this system without triggering any alarm bells. With hyperacusis, the calibration has shifted. Sounds that should register as "fine" are being flagged as "potentially damaging." The limbic system, your brain's emotional processing centre, attaches anxiety and discomfort to sounds that don't warrant that response.

In Daniel's case, the trigger appears to have been the eardrops and the discomfort they caused. His brain associated sound with the pain and irritation of that experience. It learned, incorrectly, that sound was something to be wary of. And once that association formed, it began to generalise. First the left ear, then both. First extreme sounds, then moderate ones.

The good news about learned responses is that they can be unlearned. The brain's neuroplasticity works in both directions.

The Treatment Plan

Daniel's treatment started with something that might seem counterintuitive: stopping the avoidance.

When you have hyperacusis, your instinct is to protect yourself from sound. Wear earplugs everywhere. Stay home. Avoid anything loud. The problem is that this strategy backfires. When you remove sound from your environment, your brain interprets the silence as the new normal and becomes even more sensitised. The volume at which sounds feel "too loud" drops further. You end up in a spiral where you need more and more silence to feel comfortable, and less and less sound triggers discomfort.

We gave Daniel a decibel meter app, the Decibel X sound level meter, to use in his daily life. Not to avoid loud environments, but to reassure himself that the sounds around him weren't actually dangerous. When you have hyperacusis, sounds feel louder and more threatening than they objectively are. Being able to check the actual decibel level provides tangible evidence that your ears aren't at risk. This helps disrupt the fear-of-damage cycle that keeps hyperacusis going.

Daniel responded well to this approach. He's a practical person who likes concrete information. Seeing that a restaurant measured at 75dB, well below any level that could cause harm, gave him something to hold onto when his brain was telling him to leave.

Sound therapy through bone conduction headphones forms the core of Daniel's rehabilitation. Using headphones like Shokz, he introduces a gentle layer of background sound (white noise, pink noise, or nature sounds) that acts as an acoustic cushion. The key detail here is that bone conduction leaves the ear canals open. All the everyday sounds still enter through the normal pathway. The background noise doesn't block anything. It creates a softer environment for those sounds to land in.

Over time, this combination, where the brain receives both its trigger sounds and a simultaneous calming signal, helps retrain the threat response. The brain learns that these sounds don't need to be flagged as dangerous. We told Daniel that if the sound therapy ever feels like it's making things worse, he should take a break. The goal is gradual desensitisation, not pushing through discomfort.

For genuinely loud environments,

Loop earplugs provide real protection without the total sound isolation that worsens hyperacusis. They attenuate sound levels while still letting sound through. This is

different from noise-cancelling headphones, which Daniel had been considering. Noise-cancelling technology can worsen hyperacusis by creating too much silence.

We also discussed

psychological support as an option if Daniel feels he needs it. Cognitive Behavioural Therapy and Acceptance and Commitment Therapy can help address the anxiety component of hyperacusis and build psychological flexibility around sound. For now, Daniel wanted to try the audiological interventions first and see how far they take him.

Perhaps most importantly, we prescribed

daily dedicated relaxation time. Hyperacusis keeps your nervous system in a heightened state. The constant vigilance, the flinching at sounds, the effort of pushing through uncomfortable environments. All of that takes a toll. Regular periods where Daniel can consciously relax his fight-or-flight response aren't optional extras. They're part of teaching his brain that sound doesn't require constant alertness.

What Validation Looks Like

When we explained to Daniel that he had severe hyperacusis, a recognised neurological condition with a clear mechanism and treatment pathway, something visibly shifted. He'd been wondering if he was somehow imagining the problem or making it worse through his own anxiety. He wasn't. His brain had genuinely learned an inappropriate response to sound, and that response was measurable in his lowered Uncomfortable Loudness Levels.

We talked about how to explain hyperacusis to his family and friends. The core message: this isn't about being dramatic or oversensitive. Daniel's brain is processing sound differently at a neurological level. He's not choosing to find things too loud any more than you choose to flinch when something flies at your face. What he can do, with time and the right treatment, is help his brain recalibrate.

The guilt about accommodations was something we addressed directly. Yes, people around Daniel are adjusting their behaviour. That's what people who care about each other do. And as his brain responds to treatment, he'll need fewer accommodations. This is a temporary situation with a realistic path forward, not a permanent burden.

Recovery Is Realistic

Daniel left our clinic with a clear diagnosis, practical tools, and something he'd been missing since his symptoms started: realistic optimism. Hyperacusis recovery isn't instantaneous. It takes consistent work with sound therapy, careful management of

sound exposure (neither too much avoidance nor too much pushing through), and patience as the brain slowly recalibrates.

But it does happen. The research supports it. The clinical experience supports it. And Daniel's own understanding of what's happening in his brain gives him agency in his recovery. He's not passively waiting for this to go away. He's actively retraining his auditory system to process sound normally again.

His brother's wedding is still on the calendar. With the treatment plan we've put in place, there's a good chance Daniel will be able to celebrate properly.

Sound Familiar?

If you're reading Daniel's story and recognising your own experience, sound sensitivity after illness, after medication, after a traumatic noise event, or for no clear reason at all, you don't have to keep managing it alone.

At The Audiology Place in Forestville, we conduct comprehensive hyperacusis assessments that differentiate between hyperacusis, misophonia, and other sound sensitivity conditions. We use validated questionnaires, full audiological testing including Uncomfortable Loudness Levels, and detailed case history to understand exactly what's happening with your hearing. As an independent clinic, we're not locked into any particular treatment approach. We build a plan around what you specifically need.

If everyday sounds have become a source of distress, book an appointment. Let's figure out what's going on and start the path back to normal.

Book your hyperacusis assessment: Call (02) 9315 8327 or visit theaudiologyplace.com.au

**Name changed to protect patient privacy. Case details shared with patient consent.*