

Tinnitus is Big Business

There's no cure for tinnitus, though plenty of people will try to sell you one, but there are some effective new treatment protocols from the United States Department of Veterans Affairs.



Many of us have a ringing or a buzzing in our ears from time to time, often after exposure to a loud noise. Tinnitus is that same kind of ringing or buzzing, but it never goes away. It usually but not always accompanies hearing loss. The more severe the hearing loss, in general, the more severe the tinnitus. Many people learn to ignore it, but for a small percentage it becomes debilitating.

Tinnitus can affect job performance, result in insomnia, and, as Sergei Kochkin, executive director of the Better Hearing Institute, wrote in a 2011 report accompanying a survey on tinnitus sufferers, it “can contribute to psychological disorders, such as depression, suicide ideation, post-traumatic stress disorder, anxiety and anger. The constancy of tinnitus and the perceived lack of control can provoke fear, which exacerbates the problem, leading to an ever increasing cycle of distress.”

A quarter of the respondents in Kochkin’s survey reported that their tinnitus was disabling or nearly disabling.

“Truly Frightful” Tinnitus

Disabling tinnitus was certainly true for Beethoven, perhaps the best-known tinnitus sufferer, who began losing his hearing in his late twenties. He was already an accomplished composer, with his *Symphony No. 1* and several other major pieces completed. Because he was a musician, his tinnitus—as well as hyperacusis (oversensitivity to sound) and progressive hearing loss—was especially painful, stressful and in his own words, humiliating:

“How could I possibly admit an infirmity in that one sense which ought to be more perfect in me than in others,” he wrote.

In 1801 when he was 31, he described his tinnitus this way: “My ears whistle and buzz continuously day and night,” a condition he characterized as “truly frightful.”

He referred to thoughts of suicide in a number of letters.

The American Tinnitus Association (www.ata.org) estimates that 40 to 50 million Americans have tinnitus, and that two million are so debilitated by it that they can’t function on a normal day-to-day basis. In many cases, the stress and anguish of hearing loss and tinnitus contribute to the suffering. Although pills and “cures” abound, most agree that the only way to alleviate tinnitus is through management of that stress and anguish, and learning to live with the sound in your ears.

Some also recommend a low-salt diet, which means not only laying off the salt shaker but also most processed foods, which are very high in sodium. There’s no quick fix, managing tinnitus takes time and commitment.

Progressive Tinnitus Management and the Military

The military has a vested interest in finding a way of alleviating tinnitus. Almost one million veterans received disability payments for tinnitus in 2012. It’s the largest single category for disability claims in the military, with hearing loss a close second. The third largest category is post-traumatic stress disorder (PTSD). Like traumatic brain injury, PTSD is often accompanied by tinnitus, and exacerbates it.

Dr. James Henry, a research scientist at the National Center for Rehabilitative Auditory Research (NCRAR) in the Department of Veterans Affairs (VA) Medical Center in Portland, Oregon, has been working on the problem since 2006, developing five progressively more refined treatment protocols. Dr. Henry, like others, emphasizes that there is no cure for tinnitus. The goal is management.

Progressive Tinnitus Management (PTM) is a five-step program, with gradually declining numbers of participants at each level.

Level 1 of the PTM program is triage, including guidelines intended for health care providers about when to refer patients to an audiologist.

Because so many people with chronic tinnitus also have hearing loss, **Level 2** is correction of that hearing loss with hearing aids. The VA provides hear-

You Say “Tin-night-us” ... I Say “Tin-nit-is”

No matter how you pronounce it, tinnitus is often described as a ringing in the ears. It also can sound like roaring, clicking, hissing, or buzzing. It may be soft or loud, high pitched or low pitched. People might hear it in either one or both ears, with or without hearing loss.

ing aids at no cost. If there is no hearing loss, the audiologist might fit the patient with an ear level “sound generator.”

Level 3 is where PTM differs from other treatment plans. It involves five group therapy sessions with an audiologist and a psychologist. The workshops are the core component of PTM—the component that teaches tinnitus sufferers how to manage tinnitus on their own.

The audiologist focuses on showing patients how to use sound (either soothing sound, background sound, or “interesting” sound, which engages the patient and helps take his or her mind off the tinnitus). The psychologist, using cognitive behavioral therapy, teaches relaxation exercises, “cognitive restructuring” (putting a more positive spin on negative thoughts about tinnitus) and diversion (activities to take their minds off tinnitus). Patients are also given a self-help workbook, “How to Manage Your Tinnitus.” The workbook is available as a free download from the NCRAR website: www.ncrar.research.va.gov, then search for “Tinnitus” in the search box.

Dr. Henry found that 95 percent who attend the Level 3 workshop succeed in managing their tinnitus. A small minority go on to Levels 4 and 5. In **Level 4**, after a multidisciplinary evaluation, the researchers propose a program tailored for the veteran, which includes one-on-one sound management therapy as well as one-on-one meetings with a psychologist. **Level 5** is a more intensive version of Level 4.

continued on page 22

Tinnitus is Big Business

continued from page 21

Dr. Henry's ongoing studies now include tele-audiology, primarily for patients with tinnitus and traumatic brain injury. Since these patients tend to be scattered around the country, the study is measuring the effectiveness of using the telephone for evaluations and consultations. Workbooks supplement telephone consultations. The study compares the effectiveness of this treatment on veterans with mild traumatic brain injury (TBI), moderate or severe TBI, and those who have bothersome tinnitus but no TBI.

The Progressive Tinnitus Management program incorporates techniques that have already proven at least partially effective on their own: hearing correction, masking, cognitive behavioral therapy, and relaxation training.

Whether Progressive Tinnitus Management is actually more effective than any of these alone is the subject of a randomized clinical trial he and his

colleagues are conducting at three VA centers, with 300 patients. Preliminary data analyses suggest that including counseling makes a measurable difference.

For a soldier returning from war, tinnitus might seem a small thing when compared to disabling injuries like PTSD and TBI. But, as Kochkin pointed out, the persistence of tinnitus and the powerlessness of sufferers to do anything about it, can be highly distressing.

Major Jim Stevens is a 62-year-old Air Force officer, enrolled in a tinnitus management program at the Walter Reed National Military Medical Center in Bethesda, Maryland. While his tinnitus came on gradually and was manageable, the class showed him how severely others may be affected by it:

"I was surprised to hear the other students describe all manner of problems they experience including inability to focus on reading, sleeping, conversation, etc. One lady said she experienced physical pain."

Despite research showing that programs like Progressive Tinnitus

Management, mindfulness meditation, and cognitive behavioral therapy are effective in managing tinnitus, many sufferers continue to look for a quick fix, trying everything from ear candling to nasal saline irrigation. Last year, the Center for Hearing Loss Help released a comprehensive list of the drugs, herbs and chemicals that can cause tinnitus. They numbered 563, sold under 1,131 brand names. Tinnitus is a profitable business. **HLM**

Katherine Bouton is the author of Shouting Won't Help: Why I—and 50 Million Other Americans—Can't Hear You. A version of this article first appeared on her blog, What I Hear: Life with Hearing Loss. Ms. Bouton is a member of the HLAA Board of Trustees and lives in New York City. She can be reached through her website at www.katherinebouton.com.



HLAA CONVENTION 2014 - AUSTIN, TEXAS

Texas Swing at Historic Scholz Garten

Sponsored by Sprint CapTel

Friday, June 27, 2014 - 6 p.m. - 10 p.m.

\$25 with Advance Convention Registration | \$40 at the HLAA Convention

Your ticket includes:

- ♦ Raffle for two round-trip tickets anywhere Southwest Airlines flies!
- ♦ Complimentary transportation from the Renaissance Austin Hotel
 - ♦ Lip Smackin' Good Texas BBQ and Texas Beer
- ♦ Texas Swing Bands (loop will be provided for access)
- ♦ Boot-scootin' Lessons



Get your boots out and y'all come!

