

Improving Accessibility of Cognitive Behavioral Therapy for Tinnitus Patients

Summary by John A. Coverstone, AuD

Cognitive behavioral therapy (CBT)

is established as a key treatment for people with bothersome tinnitus. However, a common limitation of CBT is that it be administered by specially trained psychologists and is therefore not readily available in many places in the United States and other countries, particularly in areas with low population density. This means patients may have to travel great distances for therapy, accept other treatments that may not be as effective, or go without treatment.

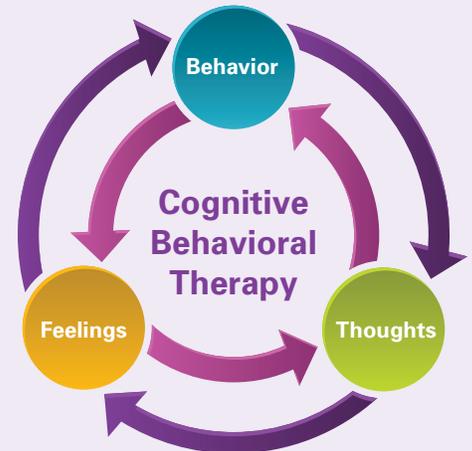
Two studies recently conducted in the United Kingdom studied alternative methods for providing CBT to patients with tinnitus. Each study engaged audiologists for the delivery of CBT intervention. Audiologists are already frontline providers of care for tinnitus patients, performing diagnostic examinations, providing counseling, and administering sound

therapy. As such, providing CBT may be a natural extension of the services they already provide.

Audiologist-Delivered CBT for Tinnitus and Hyperacusis in a Practice Setting

The first study utilized audiologists for delivery of CBT in a clinical setting.¹ Four audiologists from Royal Surrey County Hospital in the U.K. participated in the study. Each specialized in tinnitus and hyperacusis and received formal training in a tinnitus and hyperacusis master class that included CBT as one of its four primary subjects. Formal training was followed by six months of supervised practice.

Patients were recruited from the hospital and screened out if psychological disorders were identified. The study included six weekly sessions. In the first session, patients underwent a diagnostic examination and completed tinnitus



and hyperacusis questionnaires. Participants were briefed on study procedures and given the opportunity to opt out during this visit. After the weekly sessions of CBT, during the final visit, all questionnaires were administered again.

Participants who completed all visits with the audiologists showed significant improvements in tinnitus handicap, hyperacusis handicap, tinnitus loudness, tinnitus annoyance, and effect on life from tinnitus. In this study, the authors reported improvement in tinnitus and hyperacusis that was similar to improvements shown in a previous study. That study compared outcomes for patients receiving CBT and those receiving no intervention.

Effectiveness of Guided CBT Versus Clinical Care Treatment for Tinnitus

The second study focused on use of the internet to deliver tinnitus care

“The second study focused on use of the internet to deliver tinnitus care as a way to improve accessibility of CBT for people with tinnitus.”

as a way to improve accessibility of CBT for people with tinnitus.² This study was a follow-up to a pilot published in 2017 and included 92 adults who received either online care or personal care at one of three National Health Service hospitals. Participants assigned to online care received eight weeks of guided CBT. Those assigned to clinical care received two to three individualized visits at a tinnitus specialty clinic.

Participants were randomly assigned to one group or the other and all were tested on tinnitus distress, insomnia, anxiety, depression, hearing loss, hyperacusis, cognitive decline, and satisfaction with life. Pre- and post-treatment measures were

compared and positive outcomes were achieved on all measures after CBT for both groups of participants. There were no significant differences in the amount of improvement between groups. Both methods of administering CBT resulted in similar improvements on all scales.

These studies indicate that CBT may be more accessible when healthcare providers other than psychologists use CBT in their treatment of tinnitus and when CBT is provided through unconventional means such as online. If either of these alternative strategies can be used without compromising the quality of care, then CBT may be made available to many more patients

with distressing tinnitus who could benefit from CBT intervention. This can include people in areas of low population density, those whose work schedules are not conducive to treatment during typical business hours, and people who cannot easily reach clinical settings. 

- 1 Aazh, H., & Moore, B. C. J. (2018). Effectiveness of audiologist-delivered cognitive behavioral therapy for tinnitus and hyperacusis rehabilitation: Outcomes for patients treated in routine practice. *American Journal of Audiology*. Advance online publication. doi:10.1044/2018_AJA-17-0096
- 2 Beukes, E. W., Andersson, G., Allen, P.M., Manchaiah, V., & Baguley, D. M. (2018). Effectiveness of guided internet-based cognitive behavioral therapy vs face-to-face clinical care for treatment of tinnitus: A randomized clinical trial. *JAMA Otolaryngology – Head & Neck Surgery*. Advance online publication. doi:10.1001/jamaoto.2018.2238

The ATA Thanks You for Your Ongoing Support

The ATA extends its heartfelt appreciation to the Haar family and friends for their donation of \$7,132, raised for the second annual Silence Was Stolen: Tinnitus Awareness Fundraiser, which was held in memory of Michael Haar, who struggled with burdensome tinnitus and died at age 50. The event, which was held September 23 at Eisenhower Park, New York, included a walk and a gathering in the park, where guest speakers highlighted the importance of tinnitus management and support.



Haar family and friends at Eisenhower Park, NY, September 23, 2018.

Your donations support efforts to find cures for tinnitus and strengthen the tinnitus community. To see a complete list of donors and monies received between July 1, 2017, and June 30, 2018, visit our website: www.ata.org.