



Tinnitus Management Standard

Implementation of management procedures to reduce the impact of tinnitus on individuals.

Clinical Indications

Individuals of all ages with tinnitus.

Clinical Process

Client's suspected of having active medical pathologies of the auditory system or medically treatable hearing loss are referred for a medical evaluation prior to hearing aid assessment and fitting.

Tinnitus management recommended on the basis of the individual needs of the client / patient.

1. Assessment for device fitting is based on:

- Client's needs and preferences
- Individual's adjustment to their tinnitus and any hearing loss and readiness to undertake the rehabilitation process.
- Consideration of particular management strategies and their suitability for the client.
- Discussions with client/patient/caregiver regarding rehabilitation options including counselling, masking (using hearing aids, maskers/ sound generators, combination instruments), habituation "tinnitus retraining" therapy, referral to cognitive behavioural therapy, stress management, and self-help groups.

2. Counseling should be considered a primary approach and as an adjunct to other management strategies. Counselling should include:

- Demystification of tinnitus by providing knowledge and discussion of:
 - -Auditory processing
 - -Tinnitus mechanisms
 - -Conditioned responses
- Reducing reaction to tinnitus

3. Habituation and Tinnitus Retraining Therapy (TRT) aims to provide habituation of the hearing system to tinnitus and reduced reaction to tinnitus. This therapy combines directive counselling with enrichment of the sound environment. Sound enrichment can be provided by:

- Informal methods (Tapes, CDs)
- Bedside sound conditioners
- Hearing Aids
- Ear level therapeutic noise generators
- Combination instruments

4. Masking aims to use an external sound to cover tinnitus. Masking can be



Tinnitus Management Standard

provided by:

- Informal methods (Tapes, CDs)
- Bedside conditioners
- Hearing aids
- Ear level maskers
- Combination instruments

5. Fitting of Instruments

NZAS guidelines for provision of hearing aids (see NZAS Standards of Practice; v) Hearing Aid Selection, Fitting and Follow-up) should be followed for the fitting of tinnitus instruments with the following qualification; in fitting hearing aids for tinnitus management the primary goal is amplification of environmental sound.

Instruments used for tinnitus management are similar for masking and TRT approaches however, for TRT sound is not used to cover the tinnitus as this negates the process of habituation. For TRT sound is used to reduce the contrast between activity in the auditory system due to ambient noise and tinnitus related activity. Sound stimulation should be at a level that is comfortable, audible, and does not mask the tinnitus. The ideal setting is when tinnitus and noise mix, but are both audible.

Documentation

Documentation contains identifying information, pertinent background information, type of amplification systems/sensory aid used if applicable, assessment result, specific discussion of recommendations. Recommendations may address the need for further assessment, follow-up, fitting or referral.

Related References

Agnew, J. and Johnson, R.M. (1993). New tinnitus masking devices allow patient, clinician tuning. *Hearing Instruments*, 44(1): 25-26.

Baguley, D.M. (1999). Tinnitus and the nature of evidence. *Proceedings of the 6th International Tinnitus Seminar, Cambridge, The Tinnitus and Hyperacusis Centre.*

Bauman, N. and Jastreboff, P.J. (1999). Real-ear measurement of the sound levels used by patients during TRT. *Proceedings of the 6th International Tinnitus Seminar, Cambridge, The Tinnitus and Hyperacusis Centre.*

Griffing, T. (1994). Tinnitus = 30 million new prospects. *Hearing Instruments*, 45 (7): 12-13.

Jastreboff, P.J. (1990). Phantom auditory perception (tinnitus). Mechanisms of generation and perception. *Neuroscience Research* 8: 221-254.



Tinnitus Management Standard

Jastreboff, P.J. (1999). Optimal sound use in TRT – Theory and practice. Proceedings of the 6th International Tinnitus Seminar, Cambridge, The Tinnitus and Hyperacusis Centre.

Johnson, R. (1998). The masking of tinnitus. Tinnitus: Treatment Relief. J. Vernon. Boston, Allyn and Bacon: 164- 172.

McKinney, C. (1999). Fitting noise generators for tinnitus management. Notes from the 19th European Instructional Course on Tinnitus and Hyperacusis, 49-50.

McKinney, C., Hazell J. W. and Graham R. (1999). An evaluation of the TRT method. Proceedings of the 6th International Tinnitus Seminar, Cambridge, The Tinnitus and Hyperacusis Centre.

Sandlin, R.E and Olsson, R. (1999). Evaluation and selection of maskers and other devices used in the treatment of tinnitus and hyperacusis. Trends in Amplification 4 (1): 6 – 26.

Searchfield, G.D. (2001). Therapeutic noise and tinnitus management. NZAS Bulletin

Sheldrake, J.B., Coles, R.R and Foster, J.R. (1995). Noise generators('maskers') for tinnitus. Proceedings of the 5th International Tinnitus Seminar, Portland, American Tinnitus Association.

Vernon, J. (1996). Treatment of tinnitus. Communicate, 5(4): 18-20.

Warr, A. (2000). Therapeutic noise level for tinnitus management. Masters of Audiology thesis. Auckland, The University of Auckland.