

Nuances of Tinnitus Management

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My Background

- Certified, licensed, and clinically privileged research audiologist employed at the National Center for Rehabilitative Auditory Research (NCRAR) located at the Department of Veterans Affairs (VA) Portland Health Care System
- Co-developer of Progressive Tinnitus Management (PTM), which is endorsed by the Department of Veterans Affairs (VA) Central Office as the standard method of tinnitus management for VA hospitals
- I work to understand the perspective of clinicians and patients using PTM, and to incorporate their needs and insights into PTM as it evolves

My Background (continued)

- Research Audiologist at the NCRAR for 17 years
- Work directly with people struggling with tinnitus
 - TRT
 - Masking
 - PTM (in person and over the phone)
 - Tinnitus Devices
 - Focus groups
- Train audiologists to provide care for tinnitus
- Develop materials

Translating Tinnitus Research Findings into Clinical Practice

- Incidental findings in the course of tinnitus research
- Informed by data and experience
- I'm going to do my best to relay what I have learned from people with tinnitus
- Have a pencil and paper handy

Overview

- Fostering a (Realistic) Sense of Hope About a Future with Tinnitus
- What to do When Your Patient Believes the Only Path to Feeling Better is to Quiet Tinnitus
- Figuring out What People *Really* Mean When They Say Their Tinnitus is a Problem
- Masking—a Cautionary Tale
- Ways to Respond When Patients Ask About the Impact of Sodium, Caffeine, Alcohol, Stress and Other Lifestyle Factors on Tinnitus
- Helping Your Patient Understand the Effects of Trying Multiple Methods to Quiet Tinnitus

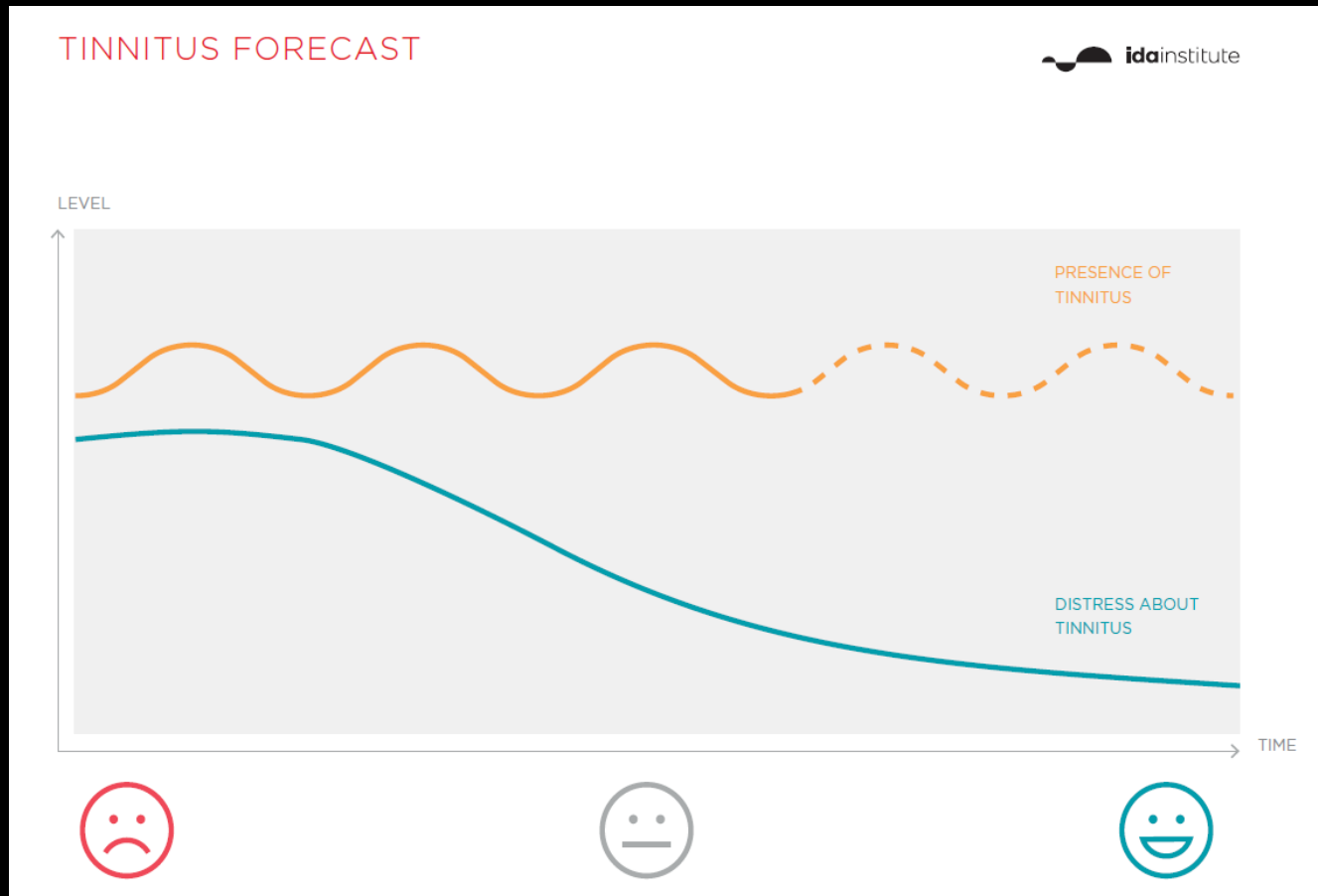
Fostering a (Realistic) Sense of Hope About a Future with Tinnitus

- Explain that it is possible to feel better even if tinnitus doesn't change (and consider drawing a picture)
- Teach-back
- How was it for you to hear that?
- Offer source of accurate information

Hearing “Nothing Can Be Done” from a Health Care Provider Sometimes Feels *Devastating*

- I’ve been told this **many** times from people who didn’t share their reaction with their provider
- It is *usually* true that nothing can make the tinnitus quieter, but this message *must* be accompanied by the message that it is possible to feel better even if the tinnitus cannot be changed

Draw a Picture



Fostering a (Realistic) Sense of Hope About a Future with Tinnitus

Request teach-back to find out what your patient heard

- Purpose: misconceptions common, patient's understanding will deepen as they teach back

Ask “How was it for you to hear what I had to say about tinnitus?”

- Purpose: get feedback, allows patient to feel heard, *usually doesn't take long*

Offer a source of accurate information about tinnitus

- Purpose: provision of accurate information (it can be hard for patients to find), demonstrates to patient that the health-care system they are in has providers who know about tinnitus and want to help

What to do When Your Patient Believes the Only Path to Feeling Better is to Quiet Tinnitus

- Listen for it, gently point it out when you see/hear signs of it, review that there are two parts to this tinnitus story—what your tinnitus sounds like and how you feel
- I want to hold this out as a possibility for you...
- Be able to describe CBT
- Fears about the future

Figuring out What People *Really* Mean When They Say Their Tinnitus is a Problem

Tinnitus & Hearing Survey:

A. Tinnitus

	No, not a problem	Yes, a small problem	Yes, a moderate problem	Yes, a big problem	Yes, a very big problem	
Over the last week, tinnitus kept me from sleeping.	0	1	2	3	4	Grand Total
Over the last week, tinnitus kept me from concentrating.	0	1	2	3	4	
Over the last week, tinnitus kept me from relaxing.	0	1	2	3	4	
Over the last week, I couldn't get my mind off of my tinnitus.	0	1	2	3	4	

B. Hearing

	Total of each column					
Over the last week, I couldn't understand what others were saying in noisy or crowded places.	0	1	2	3	4	Grand Total
Over the last week, I couldn't understand what people were saying on TV or in movies.	0	1	2	3	4	
Over the last week, I couldn't understand people with soft voices.	0	1	2	3	4	
Over the last week, I couldn't understand what was being said in group conversations.	0	1	2	3	4	

C. Sound Tolerance

Over the last week, sounds were too loud or uncomfortable for me when they seemed normal to others around me.*	0	1	2	3	4
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If you responded 1, 2, 3 or 4 to the statement above, please list two examples of sounds that are too loud or uncomfortable for you, but seem normal to others:

*If sounds are too loud for you when wearing hearing aids, please tell your audiologist.

Masking—a Cautionary Tale

Ways to Respond When Patients Ask About the Impact of Sodium, Caffeine, Alcohol, Stress and Other Lifestyle Factors on Tinnitus

Sodium, Caffeine, Alcohol, Stress, Etc

- Lifestyle adjustments
 - May support improvements in overall health
 - Rarely result in changes to perception of tinnitus
- Help your patients
 - maintain realistic expectations about what lifestyle changes can accomplish
 - Keep an eye out for reductions in quality of life with no improvement in tinnitus (e.g. no longer eating out with friends to avoid the sodium in food from restaurants, but avoiding sodium doesn't seem to be helping with tinnitus)

Helping Your Patient Understand the Effects of Trying Multiple Methods to Quiet Tinnitus

Mind the Roller Coaster

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Homework

- During Dr. Schmidt's session tomorrow, come up with your own words to describe what CBT is and how it can help, write those words on paper
- At least once, after you go home
 - Describe to a patient what CBT is and how it can help
 - Draw a picture with a patient to illustrate that it is possible to feel better even if the tinnitus doesn't change
 - Ask a patient how it was to hear what you had to say about tinnitus
 - Use the teach-back method
 - Find a source of information about tinnitus for patients and make it available at work
- Email me to tell me how it went when you tried these things!

Questions?

- tara.zaugg@va.gov

What is PTM?

