audifon

Tinnitus Survey

Solutions & support for Professional

From the Audiology Desk at audifon USA
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Introduction

According to the American Tinnitus Association, over 50 million people in the U.S. have tinnitus, with 16 million of those seeking medical treatment for the condition. There is currently no cure for tinnitus, although there are many tinnitus management techniques including: biofeedback, hypnosis, habituation therapy, sound therapy including the use of noisers and/or maskers, counseling, relaxation therapy, electrical stimulation, and others. The effectiveness of these techniques for each individual person with tinnitus depends on many factors.

Since tinnitus often co-occurs with hearing loss, audiologists and hearing care professionals will encounter many patients with tinnitus in the course of their daily practice. Regardless of whether or not they include tinnitus management as a particular service in their practice, hearing care professionals need to stay current in this area in order to know when treatment is indicated, what options are available, and when and whom to refer patients to for follow-up care.

To meet this need for available options, audifon has designed and developed innovative solutions for tinnitus sound therapy including ***switch 8 TRT*** *combination receiver-in-the ear hearing instrument/noise generator*, ***switch TRT*** *noise generator as well as* ***jump*** *BTE and custom analog noise generator devices.*

Survey

To assist audifon with meeting the needs of hearing care professionals for tinnitus solutions and education, a needs assessment survey was conducted. The goal of the survey was to understand the demographics of patients with tinnitus that are seen hearing care professionals' offices, and to determine the general needs for solutions and training among professionals.

The survey was published on audifon's microsite (Web Channel) on AudiologyOnline. Surveys were also received in response to a general mailing to professionals. Included were the following 4 questions:

- What % of your patients would you estimate present with complaint of tinnitus?

  0–20%

  21–40%

  41–60%

  61–80 %

- Would you estimate that patients with complaint of tinnitus are:

  Self referral related to complaint of hearing loss

  or

  Physician referral related to medical condition or hearing loss

- Do you or have you ever fit Tinnitus Maskers or Combination Masker/Hearing instrument?

  Yes

  No

- Would you benefit from Continuing Education regarding Tinnitus Maskers/Combination Systems or managing tinnitus patients?

  Yes

  No

Results

Twelve professionals responded to the online survey and six responded to the same survey via mail or e-mail for a total of 18 responses. Results can be seen in Table 1.

Question 1. What % of your patients would you estimate present with complaint of Tinnitus?	
	% of responses
0 - 20%	39
21 - 40%	50
41 - 60%	5.5
61 - 80%	11
Question 2. Type of referral	
	% of responses
Self-referral due to hearing loss	83.3
Physician referral related to hearing loss or medical condition	16
Question 3. Do you or have you ever fit tinnitus maskers or combination masker/hearing instruments?	
	% of responses
Yes	47
No	53 1 skipped this question
Question 4. Would you benefit from continuing education regarding tinnitus maskers/combination systems or managing tinnitus patients?	
	% of responses
Yes	82
No	18

Table1. Survey results by percentage of responses for each question.

Discussion

Although the survey garnered a relatively small number of responses (n = 18), a few conclusions can be made.

As expected, professionals are seeing patients with complaints of tinnitus: half of professionals surveyed indicated that 21 – 40% of their patients complain of tinnitus. While 39% of professionals indicate that 0 – 20% of their patients complain of tinnitus, these numbers may not be particularly descriptive, as in hindsight the category is rather broad; a response in this category could mean the professional sees *no* patients with tinnitus or up to 20% of their patients have tinnitus. However, given estimates of tinnitus

in the general population and the fact that tinnitus often co-exists with hearing loss, it is probable that most, if not all, survey participants who selected this response were indicating that up to 20% of their patients indeed *have* tinnitus. 11% of professionals surveyed indicated that most of their patients, 61 – 80%, have tinnitus.

Over 83% of professionals indicated that patients with tinnitus referred themselves to the professional due to complaint of hearing loss. These results indicate that the hearing care professional is an obvious point of entry into the treatment process for individuals with tinnitus, and that many patients with tinnitus indeed have concomitant hearing loss.

Over half (53.3%) of professionals surveyed have never fit a tinnitus masker or combination masker/hearing instrument device. Given that the responses to the previous questions indicated those surveyed see patients with tinnitus, and most of those patients are self-referred for hearing loss, it may seem surprising that a majority of professionals surveyed have not fit devices that support accepted tinnitus management strategies (i.e. sound therapy).

Tinnitus is clearly within the scope of practice for audiologists as defined by ASHA:

> *Policy for Audiologists: SP2004-00192: "Assessment and non-medical management of tinnitus using biofeedback, behavioral management, masking, hearing aids, education, and counseling"*

and the American Academy of Audiology:

> *Audiologists assess and provide audiologic treatment for persons with tinnitus using techniques that include, but are not limited to, biofeedback, masking, hearing aids, education, and counseling.*

What are possible explanations for low percentage of surveyed professionals utilizing tinnitus devices relative to the % patients presenting with tinnitus complaint? One reason could be that tinnitus is addressed on a fundamental level related to the patient history and possible referral with hopes that the benefits of amplification (i.e. hearing aids) will provide the relief that the patient may require for tinnitus complaint.

Another possible explanation for the discrepancy between patient need and delivery of devices may be that professionals adhere, to some extent, to the belief that patients with tinnitus should "learn to live with it" because there is no cure and no proven approach that provides consistent relief for patients. Perhaps this view prevents many professionals from addressing tinnitus in a more proactive manner.

Other possibilities include:

1. Tinnitus Management protocols are time intensive with limited financial reimbursement relative to time investment, i.e. not profitable for practice as compared to other services such as hearing aid dispensing

2. A lack of confidence in tinnitus devices as an effective method of addressing tinnitus complaints.

3. Lack of sufficient outcome data from active tinnitus programs or poor anecdotal reports from colleagues regarding their personal outcomes with tinnitus device fittings.

4. The survey did not define tinnitus as severe, chronic, handicapping or otherwise of the type substantiating treatment. It is possible that *all* cases of tinnitus (including fleeting, infrequent, not bothersome, etc.) were taken into account in the survey participants' responses including those that did not require treatment.

5. Lack of sufficient emphasis on and preparation for tinnitus management within the audiology education programs and therefore a lack of understanding and practical skill in graduating clinicians. This is supported by anecdotal discussion with professionals who have attended audifon continuing education courses. Many have expressed feeling ill-equipped to effectively evaluate, select and fit a tinnitus device. This is corroborated by communication from Gerald Church, Ph.D., CCC-A, professor at the University of Michigan (personal communication) who indicated that although he has not formally investigated the issue, his opinion is that "the coverage of tinnitus in most AuD programs is inadequate".

Eighty-two percent answered yes to Question 4 on the survey, *Would you benefit from continuing education regarding tinnitus maskers/combination systems or managing tinnitus patients?* These results may support the prior discussion that many professionals feel ill-prepared in tinnitus management, or perhaps it simply indicates that even those confident in this area would find more training to be useful. Regardless, it underscores the need for professional education in tinnitus management.

Summary

An audifon survey of professionals regarding tinnitus and tinnitus management found:

- Hearing care professionals see patients with tinnitus, and in some cases they are a majority of patients seen
- Most patients seen for tinnitus self-refer to a hearing care professional for the complaint of hearing loss, indicating that this is an obvious point of entry in the treatment process for these patients
- Over half hearing care professionals surveyed have not fit a tinnitus masker or combination masker/hearing aid device
- Professionals indicate that they would benefit from continuing education regarding tinnitus solutions and management

As a manufacturer of hearing instruments and tinnitus solutions as well as a provider of Continuing Education regarding tinnitus management, audifon is committed to supporting hearing care professionals in the evaluation and management of patients with tinnitus. Results of this brief survey provide a general overview of professionals' experiences and needs in this area in order to assist in the development of further solutions and resources from audifon.

References

American Academy of Audiology. (2004). Scope of practice. Available from www.audiology.org

Direct
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American Speech-Language-Hearing Association. (2004). *Scope of practice in audiology* [Scope of Practice]. Available from www.asha.org/policy. Direct URL: http://www.asha.org/docs/html/sp2004-00192.html