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Tinnitus Patient Education at Every Level

Tricia Scaglione, AuD

Brianna Kuzbyt, AuD

Tricia Scaglione, AuD

Tricia Scaglione, AuD, is a board-certified clinical audiologist, consultant and advisor. She specializes in tinnitus and sound sensitivities, auditory and vestibular diagnostic testing, and auditory evoked potentials. She holds sub-specialty certificates for tinnitus management and clinical precepting. Dr. Scaglione was responsible for the implementation and previous directorship of a nationally recognized multi-disciplinary Tinnitus and Sound Sensitivities Program at a major academic medical center. She is an internationally invited speaker and published author in evidence-based tinnitus practice.

Brianna Kuzbyt, AuD

Brianna Kuzbyt, AuD, is an Assistant Professor of Otolaryngology, board certified clinical audiologist, and clinician researcher in the Division of Audiology at the University of Miami Miller School of Medicine. She specializes in bone anchored implants, tinnitus and sound sensitivities, auditory and vestibular diagnostic testing, and auditory evoked potentials for English and Spanish speaking adults. She holds sub-specialty certificates for tinnitus management and clinical precepting. Dr. Kuzbyt is actively involved in research efforts and participates in clinical trials within the department, and she manages multiple studies within the division of audiology. In the field of tinnitus, her work has focused on the development, implementation, and modification of an evidence-based tinnitus education protocol for providers of tinnitus services. She also works with doctoral students and visiting health care providers in the clinical education and training program as a clinical preceptor, serves on various national audiology committees and subcommittees, and volunteers in her local community.

Disclosures

- **Presenter Disclosure**: Financial: Tricia Scaglione is a scientific advisor to TrueSilence Therapeutics. She received an honorarium for this presentation. Non-financial: Tricia Scaglione is a scientific advisor for the American Tinnitus Association. Financial: Brianna Kuzbyt is employed by the University of Miami Health System. She received an honorarium for this presentation. Non-financial: Brianna Kuzbyt has no relevant non-financial relationships to disclose.
- **Content Disclosure**: This learning event does not focus exclusively on any specific product or service.
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Learning Outcomes

After this course, participants will be able to:

- Discuss how to construct a tinnitus educational protocol that fits their clinical needs.
- Describe how to counsel patients effectively on understanding their tinnitus and establishing realistic expectations.
- Explain how to recommend resources for basic to advanced management strategies.

Tinnitus

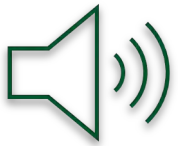
- Affects > 50 million Americans
- Linked to hearing loss
- Many precipitating factors
- Can negatively impact quality of life
- Burden on healthcare systems

Tinnitus & Sound Sensitivities Clinic

Tinnitus Education Sessions

Tinnitus assessments

Management



Devices

Multi-disciplinary management

Hyperacusis assessment & management

Misophonia assessment & management

Clinical education

"Why should I counsel my patients about tinnitus?"

Benefits patients

Benefits providers

Benefits audiology

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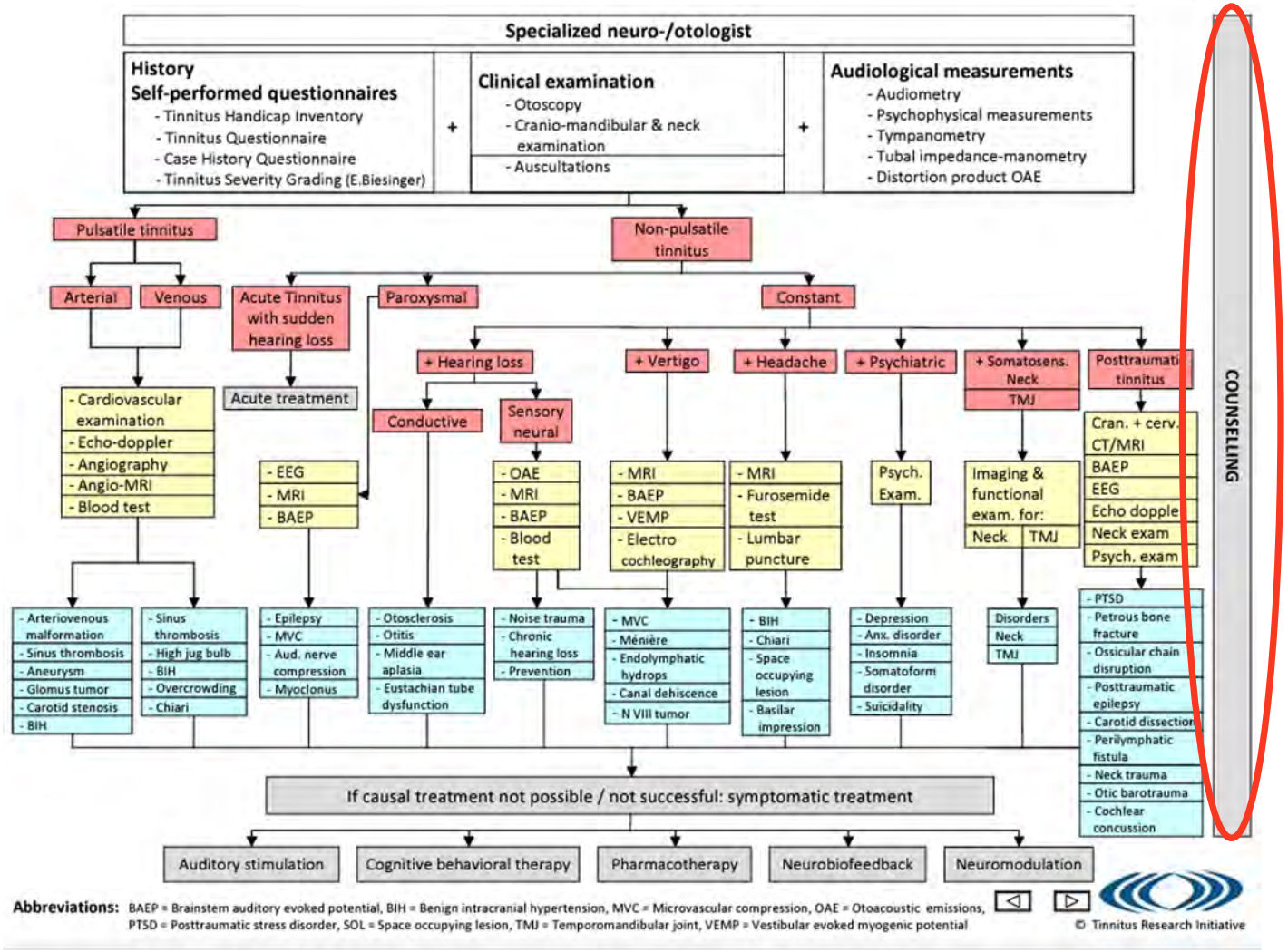
Diagnostic Flowchart for Clinicians



https://www.tinnitusresearch.net/index.php/for-clinicians/diagnostic-flowchart

Best Practice Guidelines

- Define tinnitus
- Distinguish tinnitus from other bodily sounds
- Assess hearing status
- Discuss temporary / persistent tinnitus
- Include information on drugs and tinnitus
- Inform that although there is no cure, tinnitus can be managed
- Present current theory on pathophysiology

https://www.entnet.org/quality-practice/quality-products/clinical-practice-guidelines/tinnitus/

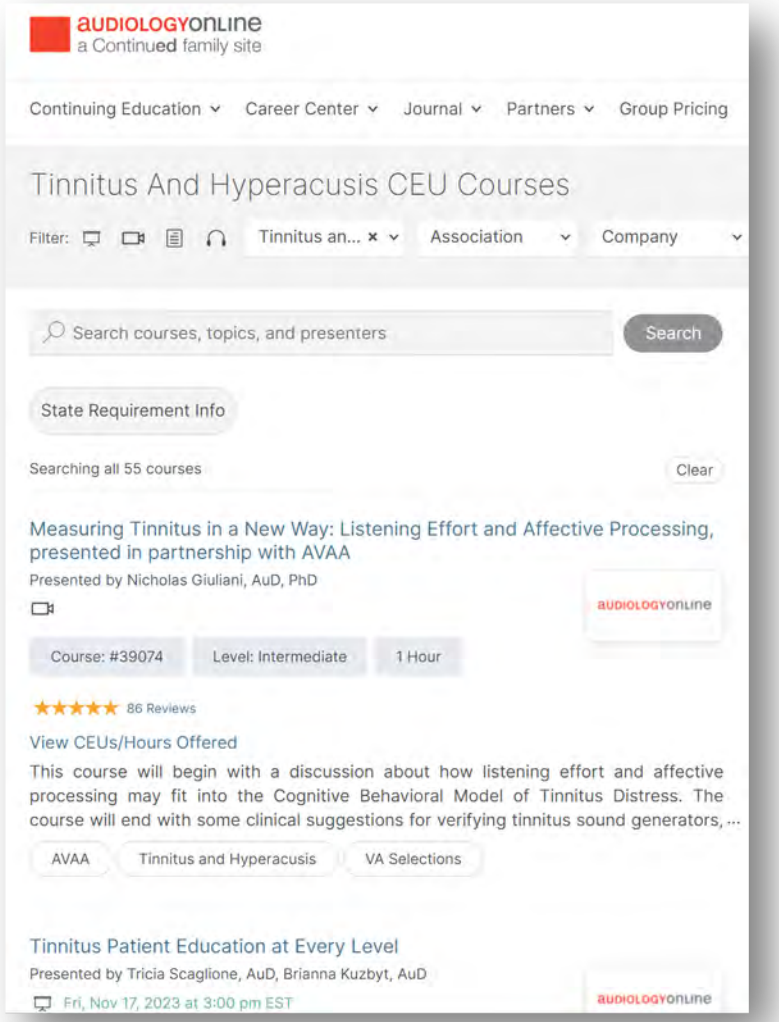
Current Tinnitus Management

- Highly variable, even between providers in same clinic
- Limited availability of services for non-English speakers
- Reimbursement limitations
- Online information of questionable reliability
- Access to hearing aids

Before You Start

Refresh your tinnitus understanding

- AudiologyOnline CE courses
- Tinnitus textbooks
- Local/National conferences
- American Tinnitus Association
- Tinnitus device manufacturers
- ABA CH-TM Program
- Tinnitus Practitioners Association Associate/Fellow Training Courses

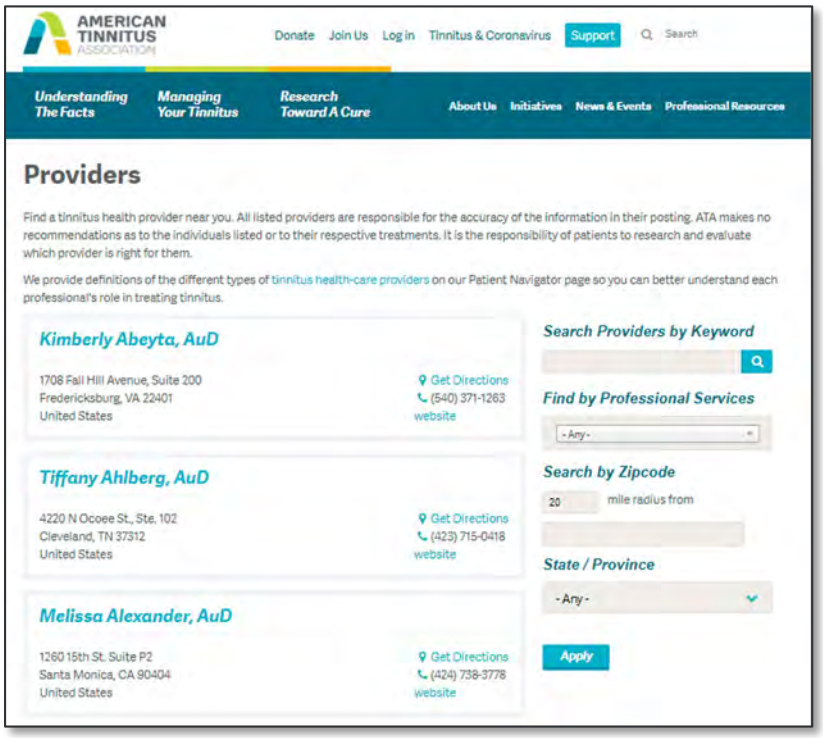


https://www.audiologyonline.com/audiology-ceus/all/#/category_id:tinnitus-and-hyperacusis

Before You Start

Refresh your tinnitus understanding

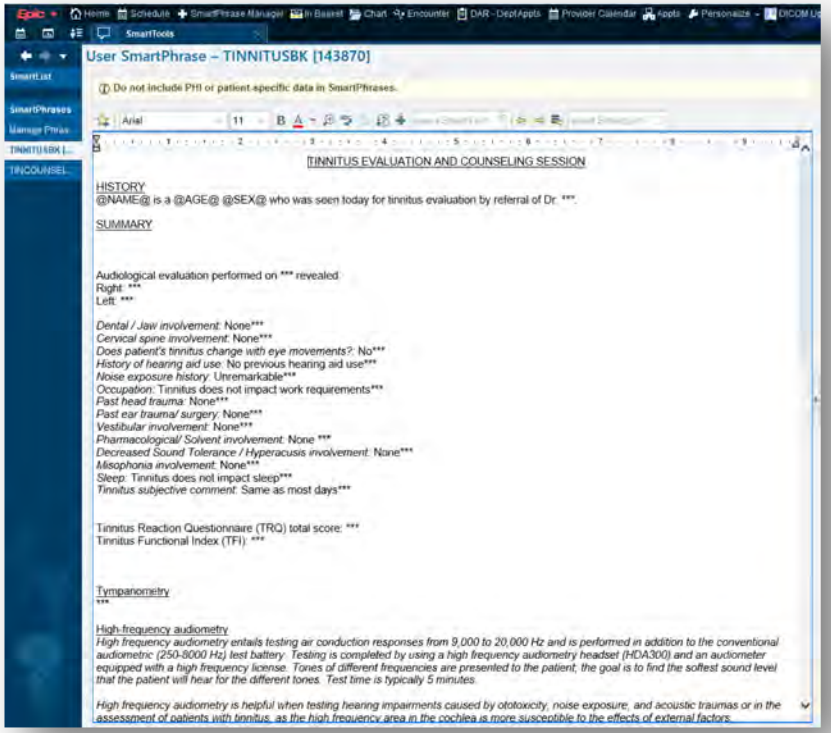
Find tinnitus providers in your area



https://www.ata.org/find-your-healthcare-provider/

Before You Start

- Refresh your tinnitus understanding
- Find tinnitus providers in your area
- Draft a documentation template



Tinnitus Counseling at Every Level

Basic tinnitus counseling	**Intermediate** tinnitus counseling	**Advanced** tinnitus counseling
• *Estimated time: 5 minutes* • Not regularly managing tinnitus patients • Referring for further care	• *Estimated time: 5-10 minutes* • Comfortable suggesting treatment options beyond hearing aids	• *Estimated time: 10+ minutes* • Regularly managing tinnitus patients through evaluation and treatment • Part of a multidisciplinary team • Precepting students

Preparedness

Basic

- General audiology competencies
- Tinnitus counseling best practice guidelines
- Working tinnitus knowledge
- Available management strategies
- Referral network
- Report template blurb
- Self-harm emergency protocol

Intermediate

- Plus…
- Subjective questionnaire(s) and ability to interpret results
- Efficacy of available management strategies
- Patient resources at the ready
- Triage system for scheduling longer appointments
- Multicultural sensitivity

Advanced

- Plus…
- Advanced mental health awareness
- Follow-up care options
- Treatment pricing and financial support options

History

Basic

- Onset
- Laterality
- Constant vs intermittent
- Pulsatile?
- Noise exposure hx
- Ototoxic medication
- Sleep disturbance

Intermediate

- Plus…
- Change throughout the day
- Patterns in perceptions
- Anything make it better or worse?
- Attention/awareness
- Subjective questionnaire(s) results
- Sensitivity to sounds?

Advanced

- Plus…
- Mental health concerns
- Attempted management strategies
- Impact on QoL
- Health status/ Medication review
- Review of previous multispecialty consultations
- Specifics re: sensitivity to sounds

Four pillars of an effective counseling protocol

- Basic
  - *"I understand how bothersome the tinnitus must be for you. Many people often feel negative emotions, like frustration, annoyance, or sadness."*
- Intermediate
  - *"…Your questionnaire scores are consistent with your reported disturbance. You've identified sleep and concentration as most impacted by the tinnitus."*
- Advanced
  - *"…Let's review what strategies you've already tried in each of these domains to better understand what has worked for you and what hasn't."*

- Basic
  - *"Tinnitus is common- about a quarter of the population has tinnitus. It is typically a benign symptom of hearing loss that is generated in the sound portion of the brain. For some people, tinnitus is temporary, and for others, it can persist."*
- Intermediate
  - *"…Tinnitus can fluctuate, even as it improves over time. Many things can influence tinnitus perception and disturbance, including stress, noise exposure, quality of sleep, and other ear issues. Tinnitus can become less bothersome even if it doesn't decrease in volume."*
- Advanced
  - *"…There is a part of your brain called the limbic system. This system controls how you respond when you hear your tinnitus. Management involves retraining how your brain interprets and responds to your perception of tinnitus."*

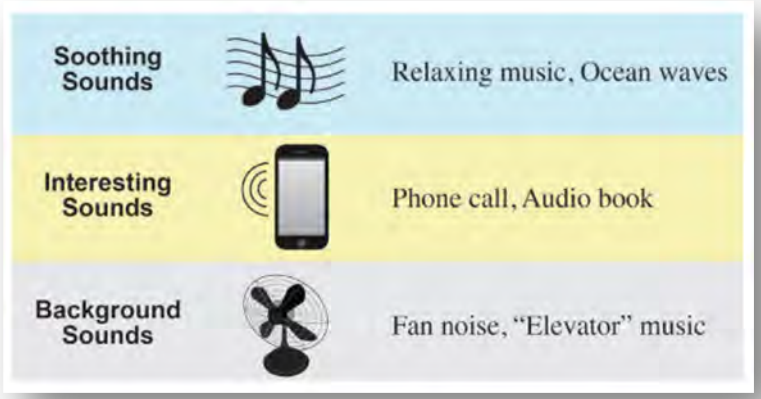
- Basic
  - *"Your hearing test revealed a high frequency hearing loss, which may be causing or contributing to your perception of tinnitus. Hearing aids may improve your hearing, and they may help make the tinnitus less disturbing or noticeable."*
- Intermediate
  - *"Results from the questionnaire you completed indicate you are having trouble sleeping due to your tinnitus. While wearing hearing aids can be helpful during the daytime, I would like to suggest devices that can be useful when you are trying to sleep."*
- Advanced
  - *"Based on what you have shared with me, I believe you may be experiencing a sensitivity to sounds called 'hyperacusis', in addition to your tinnitus. Let's discuss how we can further assess and manage both symptoms."*

- Basic
  - *"Although there is no scientifically validated cure for tinnitus at this time, there are strategies that you can start using today to help you reduce its disturbance. I will provide you with information regarding useful coping tips you can start using right away as well as the contact information for a tinnitus specialist in the community."*
- Intermediate
  - *"I would like to have you scheduled to return for a tinnitus assessment. This assessment will better allow me to both understand the sounds that you are hearing and create an individualized management plan for you. In the meantime, I would like for you to review this information sheet with useful coping tips you can start using right away."*

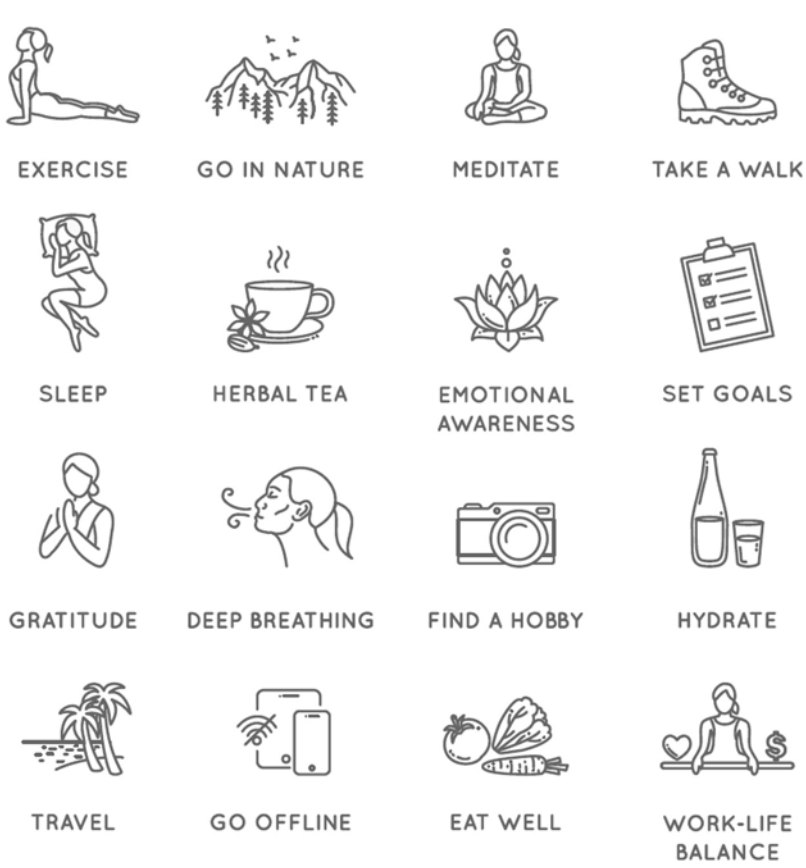
- Basic
  - *"Although there is no scientifically validated cure for tinnitus at this time, there are strategies that you can start using today to help you reduce its disturbance…"*
- Intermediate
  - *"I would like to have you scheduled to return for a tinnitus assessment…"*
- Advanced
  - *"It appears your tinnitus is causing significant distress to you. I want to assure you that you are not alone in the way that you feel. I am here for you and would like to see you as soon as possible so that we can discuss a management plan. However, I would also like for you to contact a mental health specialist in the area to discuss Cognitive Behavioral Therapy."*

Reviewing management strategies

- Sound therapy
- Avoiding external triggers
- Stress management
- Mental health support
- Referral to health specialists



https://www.ncrar.research.va.gov/Documents/TinnitusQA.pdf



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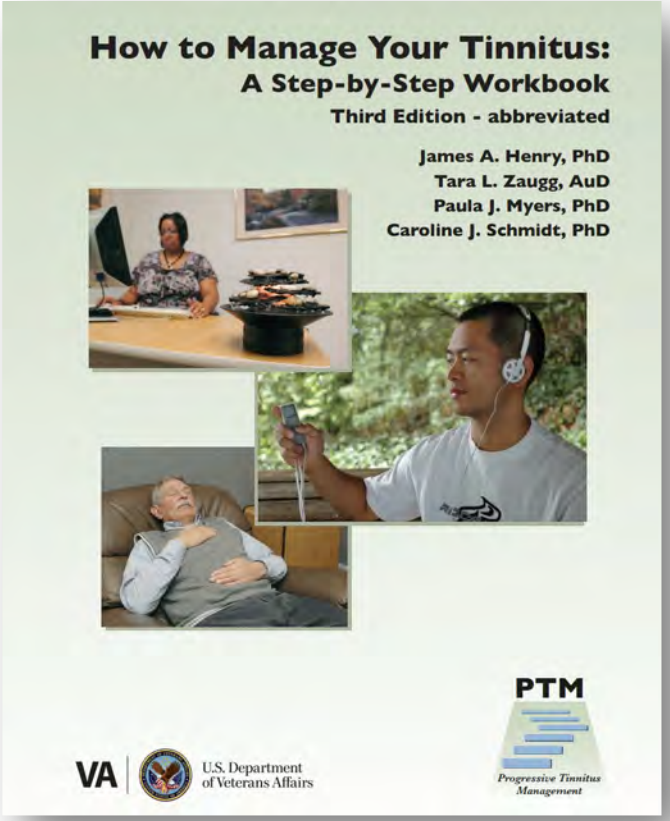
Online Resources

- American Tinnitus Association: www.ata.org
- VA Progressive Tinnitus Management Workbook
- Free smartphone apps
- Clinical trials
- Stress management
- Sleep hygiene

Free tinnitus workbook at ncrar.research.va.gov!

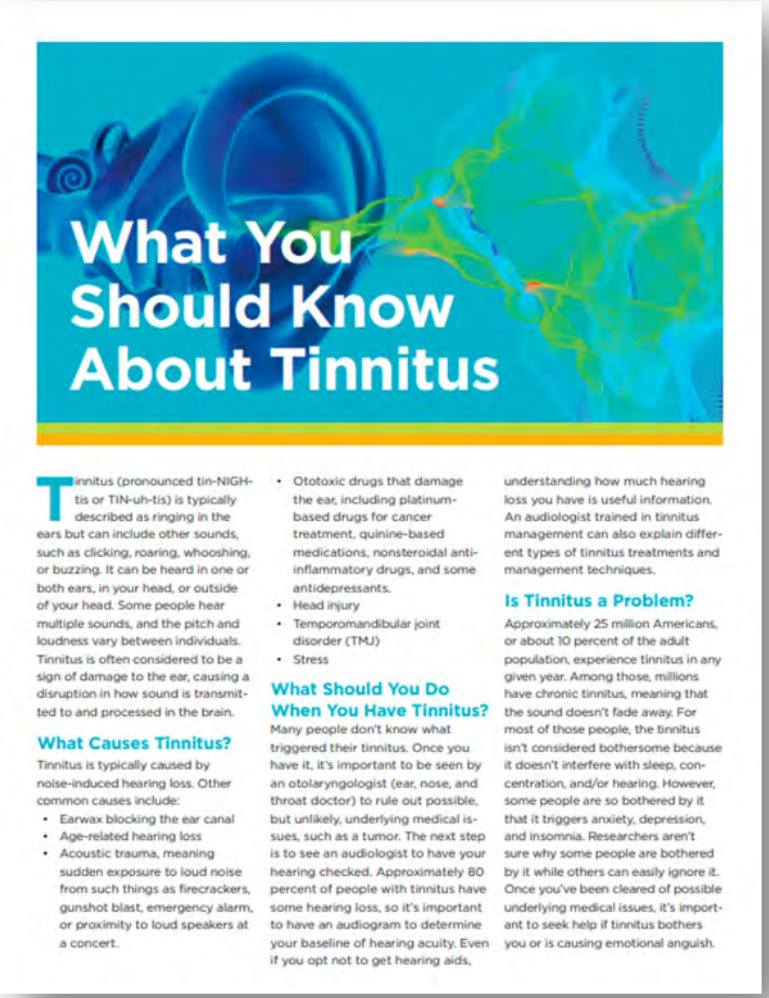


https://www.ncrar.research.va.gov/Documents/HowToManageYourTinnitus-abbrev-web.pdf

Informational Handouts

Basic

- Summary of counseling
- FAQs
- Hearing conservation
- Tailored to specific populations
- Include clinic contact info



What You Should Know About Tinnitus

Tinnitus (pronounced tin-NIGH-tis or TIN-uh-tis) is typically described as ringing in the ears but can include other sounds, such as clicking, roaring, whooshing, or buzzing. It can be heard in one or both ears, in your head, or outside of your head. Some people hear multiple sounds, and the pitch and loudness vary between individuals. Tinnitus is often considered to be a sign of damage to the ear, causing a disruption in how sound is transmitted to and processed in the brain.

What Causes Tinnitus?

Tinnitus is typically caused by noise-induced hearing loss. Other common causes include:

- Earwax blocking the ear canal
- Age-related hearing loss
- Acoustic trauma, meaning sudden exposure to loud noise from such things as firecrackers, gunshot blast, emergency alarm, or proximity to loud speakers at a concert.
- Ototoxic drugs that damage the ear, including platinum-based drugs for cancer treatment, quinine-based medications, nonsteroidal anti-inflammatory drugs, and some antidepressants.
- Head injury
- Temporomandibular joint disorder (TMJ)
- Stress

What Should You Do When You Have Tinnitus?

Many people don't know what triggered their tinnitus. Once you have it, it's important to be seen by an otolaryngologist (ear, nose, and throat doctor) to rule out possible, but unlikely, underlying medical issues, such as a tumor. The next step is to see an audiologist to have your hearing checked. Approximately 80 percent of people with tinnitus have some hearing loss, so it's important to have an audiogram to determine your baseline of hearing acuity. Even if you opt not to get hearing aids, understanding how much hearing loss you have is useful information. An audiologist trained in tinnitus management can also explain different types of tinnitus treatments and management techniques.

Is Tinnitus a Problem?

Approximately 25 million Americans, or about 10 percent of the adult population, experience tinnitus in any given year. Among those, millions have chronic tinnitus, meaning that the sound doesn't fade away. For most of those people, the tinnitus isn't considered bothersome because it doesn't interfere with sleep, concentration, and/or hearing. However, some people are so bothered by it that it triggers anxiety, depression, and insomnia. Researchers aren't sure why some people are bothered by it while others can easily ignore it. Once you've been cleared of possible underlying medical issues, it's important to seek help if tinnitus bothers you or is causing emotional anguish.

Free tinnitus info flyer at ata.org!

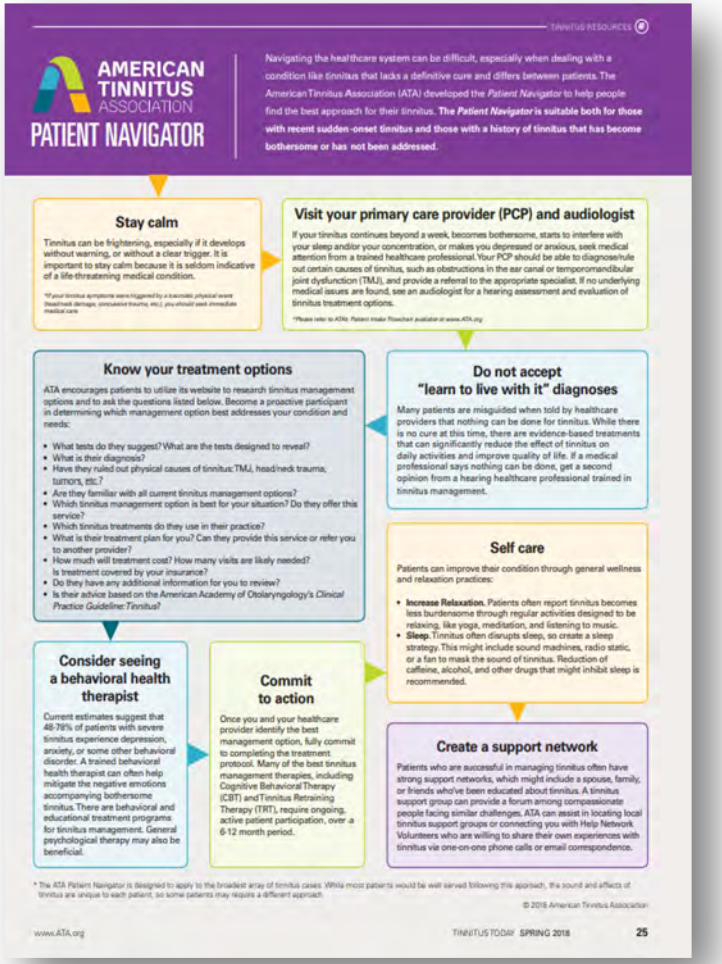
Informational Handouts

Basic

- Summary of counseling
- FAQs
- Hearing conservation
- Tailored to specific populations
- Include clinic contact info

Intermediate

- Plus…
- List of sound apps
- Tinnitus device websites
- Clinicaltrials.gov
- ATA Patient Navigator



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Informational Handouts

Intermediate

- Plus…
- List of sound apps
- Tinnitus device websites
- Clinicaltrials.gov

Advanced

- Plus…
- 4 Stages of Habituation to Tinnitus
- Instructions for Coping Strategies
  - Breathing
  - Guided Imagery
- Sleep Hygiene Tips

Free tinnitus info flyer at ata.org!

Community Resources

- Basic
  - Direct patients to support websites
- Intermediate
  - Offer list of providers in various specialties in your area
- Advanced
  - Regularly communicate with providers on your resource list to review management practices
  - Consider involving yourself in the community to increase engagement

Practice Your Counseling

- Practice with patients
- Stay up-to-date on tinnitus research
- Expand your knowledge through CE opportunities
- Share your knowledge with colleagues

Educate Empower Refer

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Questions?

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