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Summary of the Evidence-Based VA/DoD Clinical Practice Guidelines for Tinnitus, in partnership with AVAA

Tara Zaugg, AuD

Tara Zaugg, AuD

Dr. Tara Zaugg is a licensed and clinically privileged audiologist. For the last three years, Dr. Zaugg has served as the Veterans Affairs (VA) VISN 20 Rehab and Extended Care Integrated Clinical Community (REC ICC) Clinical Lead and as the VISN 20 Clinical Resource Hub Rehabilitation and Extended Care Consultant. Before working for VISN 20, Dr. Zaugg worked in auditory research at the Portland VA for 22 years and is co-developer of Progressive Tinnitus Management (PTM), an interdisciplinary, evidence-based method for improving quality of life with bothersome tinnitus that is used in the Department of Veterans Affairs, US Department of Defense hospitals and clinics, and in the private sector. Dr. Zaugg strives to understand the perspective of clinicians and patients using PTM, and to incorporate their needs and insights into PTM as it evolves.

Disclosures

- **Presenter Disclosure**: Financial: Dr. Zaugg is employed by the Veterans Administration VISN 20, the VA Northwest Health Network. In lieu of an honorarium for giving this presentation, the AVAA received AudiologyOnline CEU memberships as a donation. Non-financial: Dr. Zaugg is one of the original developers of a program called Progressive Tinnitus Management. She is the co-author of several books on Progressive Tinnitus Management, published by Plural Publishing. In addition, Dr. Zaugg was one of four champions who led the development of the VA/DoD CPGs for tinnitus published in July of 2024.
- **Content Disclosure**: This learning event does not focus exclusively on any specific product or service.
- **Sponsor Disclosure**: This course is presented by the Association of VA Audiologists (AVAA) in partnership with AudiologyOnline.

Limitations/Risks

- The applicability and accuracy of the course content may vary by the clinical, geographical, and cultural context; you should evaluate the course accordingly.
- As healthcare is rapidly evolving, new findings may change the validity of the information presented in this course. Providers should always consult the latest research and guidelines from professional associations.
- The interventions discussed in this course may be limited in generalizability, requiring practitioners to consider specific individual and population factors.
- The course may not cover all possible risk factors, diagnostic methods, or treatment options, and complex cases may require additional considerations.
- Healthcare providers should apply cultural competence and sensitivity to ensure effective and respectful care based on their patients' diverse needs.
- Providers should always evaluate the limitations of diagnostic and screening tools, considering their potential for false results as well as any ethical implications.
- It is the responsibility of course participants to critically evaluate the evidence from multiple sources to guide professional practice.

Learning Outcomes

After this course, participants will be able to:

- Summarize the range of evidence-based practices for tinnitus in the VA/DoD CPGs for tinnitus published in July of 2024.
- Describe appropriate care and referrals for patients presenting with tinnitus.
- List key strategies for talking to patients about tinnitus in a way that leaves them with a sense of hope about their future with tinnitus.

VA and DoD Evidence-Based Practice Workgroup (EBPWG)

- Established and first chartered in 2004
- Facilitates development of CPGs for the VA and DoD populations
- Funded by VA Evidence Based Practice, Office of Quality and Patients
- System-wide goal of evidence-based CPGs is to improve patient health and wellbeing

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Support and Guidance From:

- VA Evidence Based Practice, Office of Quality and Patient Safety Veterans Health Administration
- Clinical Quality Improvement Program Defense Health Agency
- The Lewin Group
- ECRI
- Sigma Health Consulting
- Duty First Consulting

Qualifying Statement

- “The guidelines are designed to provide information and assist decision making. They are not intended to define a standard of care and should not be construed as one. Neither should they be interpreted as prescribing an exclusive course of management.”

VA/DoD Clinical Practice Guidelines Tinnitus (2024)

Tinnitus (2024) - VA/DOD Clinical Practice Guidelines Webpage

- Full CPG
- Tinnitus Provider Summary
- Tinnitus Reference Card
- Tinnitus Patient Summary
- Care Provider Option for Tinnitus

Provider Summary

- Algorithm
  - Module A: Initial Evaluation of Tinnitus
  - Module B: Managing and Improving Quality of Life
- Recommendations
- Routine Care
  - Tinnitus Education
- https://www.healthquality.va.gov/guidelines/CD/tinnitus/VADOD-CPG-Tinnitus-Provider-Summary-2024_Final_508.pdf

Tinnitus Pocket Card Sidebars

- Relevant History and Symptoms
- **Suggested Referrals**
- Additional Support to Consider
- Evidence-Based Practices to Improve Quality of Life with Tinnitus
- Maintenance and Support
- Patient Education in a Nutshell

Care Provider Options for Tinnitus

- Audiology
- Behavioral/Mental Health
- Dentistry
- Otolaryngology (ENT)
- Physical Therapy

Quiz Hint

Q1, Q2, Q3, Q4, Q5

CPG Recommendation Options

- Strong recommendation for
- **Weak recommendation for**
- **Insufficient evidence to recommend for or against**
- **Weak recommendation against**
- Strong recommendation against

Quiz Hint

Q1, Q2, Q3, Q4, Q5

CPG Recommendations

- 25 recommendations total
  - Weak recommendation for
  - Insufficient evidence to recommend for or against
  - Weak recommendation against
  - **No strong recommendations for or against**

Quiz Hint

Q1, Q2

Monitoring

1. We suggest using validated subjective outcome measures (e.g., Tinnitus Functional Index, Tinnitus Handicap Inventory) to monitor the effectiveness of tinnitus management.
2. We suggest against psychoacoustic measures (e.g., minimum masking level, loudness matching) to monitor the effectiveness of tinnitus management.

Education and Self-Management

3. We suggest educational counseling to reduce the functional impact of tinnitus.
4. There is insufficient evidence to recommend for or against the use of web-based or app-based self-management for tinnitus.
5. There is insufficient evidence to recommend for or against the use of computer-based games, training programs, or both for tinnitus self-care.

Quiz Hint

Q3

Amplification Devices (Non-Surgical)

6. We suggest hearing aids for tinnitus management in adults with hearing loss (see narrative for discussion of patients without hearing loss).
7. There is insufficient evidence to recommend for or against contralateral routing of signal/sound (CROS) hearing aids for tinnitus management in adults with single-sided deafness.

Amplification Devices (Surgical)

8. We suggest cochlear implantation for tinnitus management in adults who meet candidacy requirements.
9. There is insufficient evidence to recommend for or against implantable bone conduction devices (BCD) for tinnitus management in adults with single-sided deafness.

Amplification Devices (Surgical), (cont.)

10. We suggest cochlear implants over implantable bone conduction devices (BCD) or contralateral routing of signal/sound (CROS) hearing aids for tinnitus management in adults with single-sided deafness who meet candidacy requirements.

Sound-Based Intervention Alone

11. There is insufficient evidence to recommend for or against auditory cognitive training (e.g., frequency discrimination training, auditory attention training) for the reduction of tinnitus distress and functional impact.

Sound-Based Intervention Alone (cont.)

12. We suggest the therapeutic use of sound for tinnitus self-care.
13. There is insufficient evidence to recommend for or against sound therapy with altered music (e.g., notched music therapy, spectrally altered music) to reduce the impact of tinnitus.

Quiz Hint

Q4

Behavioral Intervention Alone

14. We suggest cognitive behavioral therapy (CBT) by a trained provider for adults with bothersome tinnitus.

Behavioral Intervention Alone (cont.)

15. There is insufficient evidence to recommend for or against the following psychological interventions by a trained provider for adults with bothersome tinnitus (unranked).
    - Acceptance and Commitment Therapy (ACT)
    - Mindfulness-based therapies
    - Mindfulness-Based Stress Reduction (MBSR)

Combined Sound-Based and Behavioral Intervention

16. We suggest sound therapy combined with cognitive behavioral therapy (CBT) for tinnitus management by a multidisciplinary team.
17. We suggest sound enrichment with ongoing directed tinnitus education by an audiologist

VA Resources to Assist with Evidence-Based Care for Tinnitus for Audiologists and Behavioral/Mental Health Care Providers

- The VA National Center for Rehabilitative Auditory Research in Portland, Oregon has support materials available based on the method Progressive Tinnitus Management (PTM).
- Progressive Tinnitus Management - National Center for Rehabilitative Auditory Research (NCRAR)

Neuromodulation/Neurostimulation

18. There is insufficient evidence to recommend for or against repetitive transcranial magnetic stimulation (rTMS) for tinnitus management.
19. There is insufficient evidence to recommend for or against transcutaneous electric nerve stimulation (TENS) for tinnitus management.

Neuromodulation/Neurostimulation (cont.)

20. There is insufficient evidence to recommend for or against transcranial direct current stimulation (tDCS) for tinnitus management.
21. We suggest against low-level laser therapy for tinnitus management.

Manual Therapy

22. We suggest a multidisciplinary approach for the assessment and treatment of patients with bothersome tinnitus and temporomandibular disorder (TMD), cervical spine dysfunction, or both to reduce the functional impact of tinnitus.

Complimentary and Integrative Health

23. There is insufficient evidence to recommend for or against acupuncture for tinnitus management.

Quiz Hint

Herbs, Nutraceuticals, Supplements

24. We suggest against the use of ginkgo biloba, dietary or herbal supplements, or nutraceuticals for tinnitus management.

Pharmacotherapy

25. We suggest against the use of anticonvulsants, antidepressants, antiemetics, antithrombotics, betahistine, intratympanic corticosteroid injections, or n-methyl d-aspartic acid (NMDA) receptor antagonists for tinnitus management.

Key Points

- For people with tinnitus and hearing loss – hearing aids are a great option to explore.
- Cognitive Behavioral Therapy (CBT) for tinnitus is a great option to explore when available. (It's similar to CBT for chronic pain.)
- Sound enrichment is often helpful – not to mask the tinnitus, but to improve comfort and functional status.

Proprietary Devices for Marketed to People with Tinnitus and to Clinicians

- None appear in current CPG due to lack of evidence that meets the standards to be included in the body of evidence
- Common side-effect is increased loudness of tinnitus
- My opinion

Leaving Patients with a Sense of Hope About Life with Tinnitus

- It can be devastating for someone struggling with tinnitus to leave a health care appointment with the message “nothing can be done”.
- It’s ok to tell people that there’s no way to quiet tinnitus; critical to follow that up with the message that there are effective methods for improving quality of life with tinnitus

What Not to Say

- “Nothing can be done.”
- “Learn to live with it.”
- “It’s all in your head.”
- Be cautious about disclosing your own experiences with tinnitus

Examples of Patient-Facing Clinician Support Materials

- Available at public-facing NCRAR website
- https://www.ncrar.research.va.gov/
  - Patient and Clinician Materials
  - Clinician Resources
  - Progressive Tinnitus Management
- https://www.ncrar.research.va.gov/ClinicianResources/IndexPTM.asp

Using Sound to Live Better with Tinnitus

Sound can help you:

- Feel more comfortable
- Do the things you want to do (sleep, relax, concentrate on reading or computer work, etc.)
- Participate in things or activities that are important to you
- Feel better even if your tinnitus doesn't change

SOUND CAN'T HELP YOU:

- Cover or hide your tinnitus at a safe and comfortable volume
- Make your tinnitus go away
- Change your tinnitus

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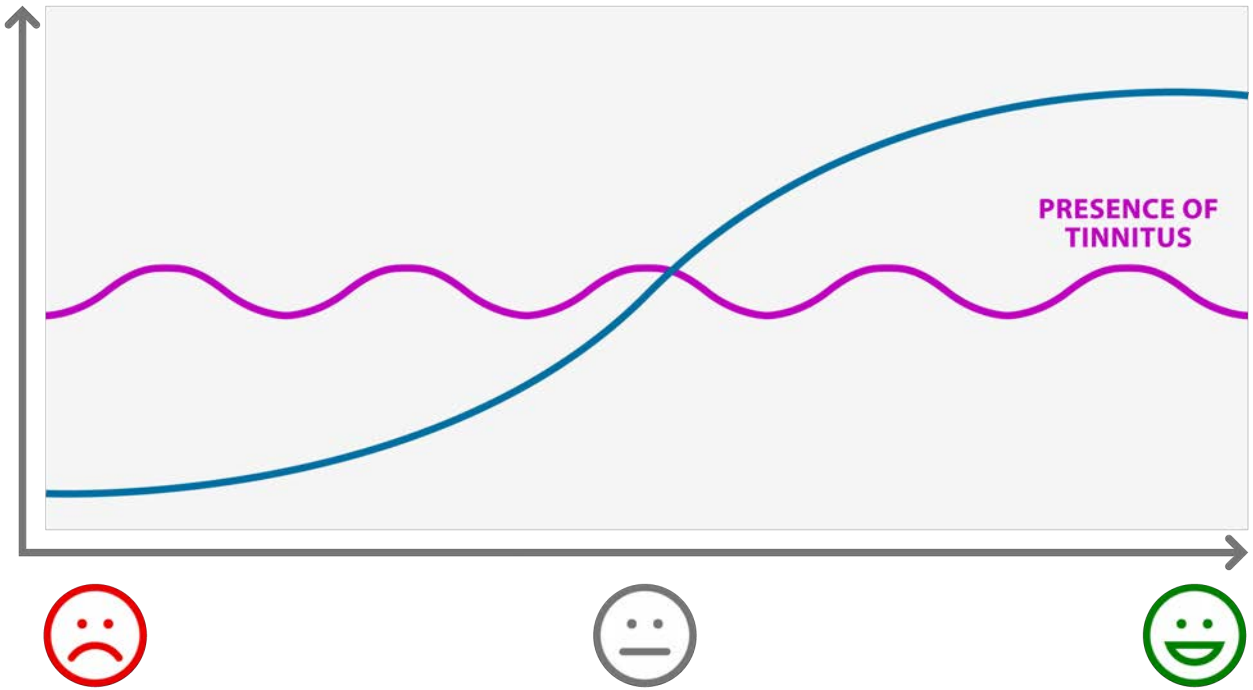
Living Better With Tinnitus

- The purple line is
- your tinnitus.
- The blue line is your journey towards living better with tinnitus



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Realistic Expectations - Video

Thank you!

Questions?

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