Who said there's no treatment for tinnitus?

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Abstract

The aim of this study is to analyse the clinical results of patients treated for tinnitus in a multidisciplinary ENT and audiology clinic in Sydney using the Williams Tinnitus Treatment (WiTT ©). All patients had initial full medical evaluation by an ENT including audiological assessment by an audiologist. 18 patients with moderate, severe or catastrophic tinnitus on Tinnitus Handicap Inventory (THI) were treated at the time of writing up this study using the WiTT©. Results and progress of patients were documented through the use of THI and verbally assessed numerical rating scale (NRS) assessments of tinnitus. THI and NRS results show statistically significant improvement in tinnitus after completing the WiTT©. 14 of the 18 patients who undertook WiTT© had prior tinnitus management elsewhere. Those 14 showed statistically significant improvement in THI and NRS after completing WiTT©.

Introduction

Our multidisciplinary clinic is headed by Dr Brian Williams ENT specialist who is trained in Tinnitus Retraining Therapy (TRT). When a patient is referred with tinnitus the patient always has a full medical evaluation by an ENT including audiological assessment by an audiologist. After medical evaluation tinnitus treatment was provided including counselling, education in neurophysiology of hearing and tinnitus using our model, hearing aids with sound generators or sound generators and management of all relevant medical conditions found (WiTT©).

Aim

To analyse the clinical results of patients treated for moderate, severe or catastrophic tinnitus measured on THI in our multidisciplinary clinic using the Williams Tinnitus Treatment (WiTT©) method.

Methods and Materials

18 patients with moderate, severe or catastrophic tinnitus on THI undertook a course of tinnitus treatment using WiTT© (comprising in clinic management of any medical conditions, counselling/training, education in neurophysiology of hearing and tinnitus using our model, and fitting hearing aids with sound generators or sound generators). The course of therapy was 3- 12 months and progress was documented through the use of THI and NRS assessments of tinnitus. Graphs, mean and statistical analysis was obtained using Microsoft Office Excel

Results

Mean age was 58 years. Mean duration of tinnitus was 11 years. Hearing loss was present in 78%, hyperacusis was present in 78%. 14 patients (78%) had prior management of tinnitus elsewhere and 50% had multiple prior management elsewhere (including ENT, audiologist, psychologist, dentist, physiotherapist). 36% of the prior treatment patients had seen a psychologist.

All 18 patients showed an improvement in tinnitus which was statistically significant using THI and NRS scores and results are in Figures 1 and 2. One of the 18 patients reported a score of zero (0) across all NRS categories in Fig. 2. At the completion of WiTT© all patients reported that they were glad to have undertaken WiTT©.

The 14 who had prior tinnitus management elsewhere showed statistically significant improvement in THI and NRS scores after completing WiTT© as in figures 3 and 4.

Conclusion

The results indicate a statistically significant improvement in tinnitus on THI and NRS from treatment with WiTT© including those with prior outside management of tinnitus

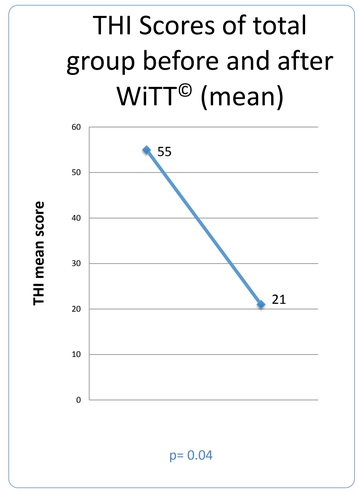

Figure1. Mean % improvement in THI score for patients using WiTT© is 62%. Mean reduction is 34 points on THI. Range of THI raw scores: 38-96 (before), 4-60 (after). n=18. THI scoring is from 0-100

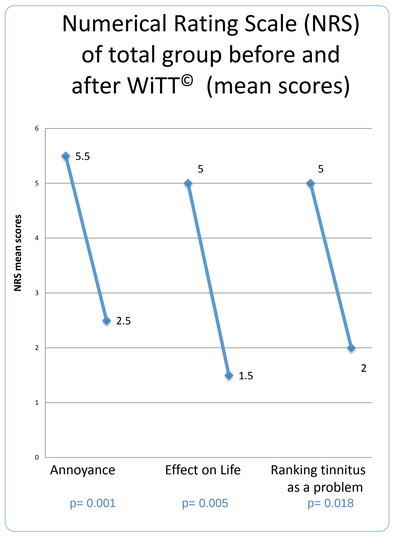

Figure2. Mean scores before and after for patients using WiTT© using NRS, n= 18. (Scoring was between 0-10).

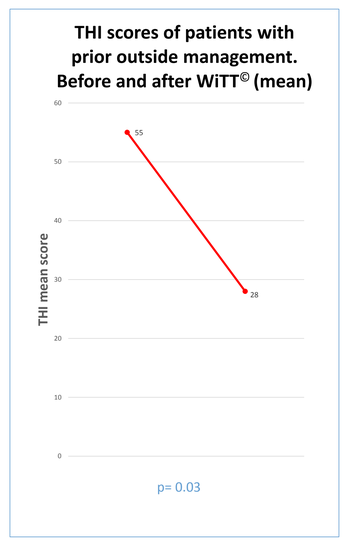

Figure3. Mean % improvement in THI score for patients with prior outside management is 49%. Mean reduction is 27 points on THI. Range of THI raw scores: 42-96 (before), 8-60 (after). n=14. THI scoring is from 0-100.

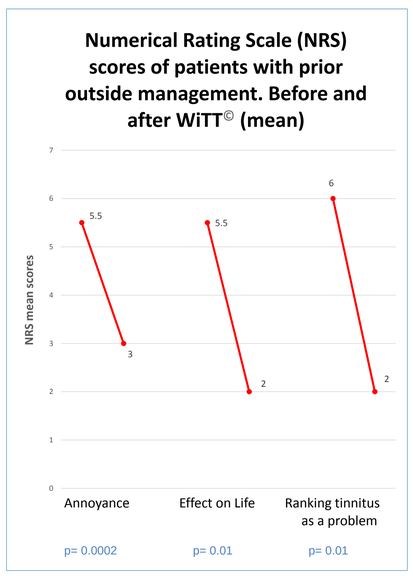

Figure4. Mean NRS scores for patients with prior outside management before and after WiTT©, n= 14. (Scoring was between 0-10).

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