

The American Tinnitus Association: A Resource for Enhancing Tinnitus Patient Services

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Introduction and History:

The American Tinnitus Association (ATA) assists healthcare providers in serving patients who have, or are learning to cope with, tinnitus. An estimated 40-50 million people in the United States experience tinnitus, 10-12 million of these individuals have sought help for their tinnitus and 2.5 million people report their tinnitus is debilitating (AAA, 2001).

Hearing healthcare services in general, and audiologic services in particular, are in demand as these patients seek answers and relief from the ringing, hissing, roaring, or other sounds that are perceived, but cannot be attributed to an external sound source.

Charles Unice, MD, and Jack Vernon, PhD, founded the American Tinnitus Association (ATA) in 1971 for the purpose of providing financial support for tinnitus research. During the early years, the University of Oregon Medical School (now known as the Oregon Health Sciences University) sponsored ATA as an affiliate nonprofit association. Advisors to the ATA were scientists, academicians, clinicians, businessmen, and public officials. Volunteers completed all activities of the association until 1979 when a small full-time staff was hired and the ATA was incorporated as a 501 (c)(3) organization. Robert Hocks, a Portland businessman, was the first Board of Directors Chairman and Gloria Reich, PhD, was the first Executive Director.

The ATA currently has a 13 member Board of Directors and a 22 member Scientific Advisory Committee (SAC). The Board of Directors is responsible for the governance issues of the association including setting policies. The Scientific Advisory Committee members are physicians, audiologists, and other researchers who review research grant applications and advise the Board and staff on scientific matters.

ATA's research grant program funds tinnitus research projects at the nation's top institutions. Many ATA funded projects have gone on to receive support from the National Institutes of Health. Please visit our Web site (www.ata.org) for a listing of research projects funded. To date, ATA's support for tinnitus research exceeds \$1.3 million. Our goal is to fund \$500,000 in research projects for each of the next three years. Musicians including Styx and Barbara Streisand, as well as others, have donated money for tinnitus research.

Importantly, funding research was not (and is not) the only function of the ATA. People with tinnitus and tinnitus treatment specialists requested many things of the ATA. Callers asked for information about the condition and for techniques that would provide relief. In 1978, ATA initiated workshops, regional meetings, and seminars for professionals and patients to learn about tinnitus.

Public Service Announcements (PSAs) to raise public awareness featured such celebrities as Lou Ferrigno (actor in Incredible Hulk TV series), William Christopher (actor in M*A*S*H series), Tony Randall (actor in Odd Couple series), and Al Unser (auto racing driver).

Tinnitus Diagnosis and Management:

The diagnosis and management of tinnitus has become highly specialized. The long wait to obtain ap-

pointments in tinnitus clinics across the U.S. gives testimony to the need for this focused, specialized care. A person troubled by tinnitus will usually seek services from a family physician, an ENT, or an audiologist. This is where appropriate diagnosis must begin. ATA staff encourage tinnitus patients to seek diagnosis and treatment from physicians and audiologists. A multidisciplinary team approach is recommended (AAA, 2001). Interestingly, hearing loss is a co-existing condition for 90% of individuals who have tinnitus.

The most common cause of tinnitus is exposure to excessively loud noise ? either a single intense event (acoustic trauma), or long-term noise exposure. Other causes of tinnitus might include; physical trauma to the head or neck, acoustic trauma, conditions such as hypertension, acoustic neuroma, ear infection, impacted cerumen, ototoxic drugs, thyroid disease, vascular disorders, TMJ disorder, nutritional deficiency, aneurysm, multiple sclerosis, and many others. Prescription and over-the-counter drugs can exacerbate tinnitus. In some cases, tinnitus will lessen or completely disappear when the offending drug is discontinued.

The physician's role in tinnitus diagnosis and treatment is typically to rule out, counsel or treat physical or medical causes of tinnitus. In some cases, successful treatment of a medical condition can relieve tinnitus. Most patients who seek medical help for their tinnitus learn there is no serious medical problem causing their condition. This knowledge is sometimes enough to allow some patients to adapt to their tinnitus. Other people, however, experience tinnitus as disruptive and stress inducing, and need help learning how to cope with and manage the sounds.

The audiologist's role is multifaceted and relates to comprehensive testing (including; diagnostic audiometric evaluations, loudness discomfort levels, tinnitus pitch and loudness matching, minimal masking level, questionnaire administration and interpretation), hearing protection, hearing aids, tinnitus maskers, assistive listening devices, tinnitus management therapies, counseling and tinnitus support group participation and facilitation.

Sometimes referral to a professional counselor or other specialists experienced in managing tinnitus patients, is particularly beneficial when stress, depression or obsession with tinnitus is noted by the audiologist or the physician.

Tinnitus Treatment Strategies:

Among the vast treatments for tinnitus, the most common treatments include:

- *Hearing aids are often used to help 'cover-up' tinnitus by increasing the sounds of the environment. Multiple memory (multiple program) hearing aids are sometimes useful as they provide alternative sounds to listen to, depending on the tinnitus and the acoustic environment.
- *Specialized tinnitus maskers which produce low-level sound to reduce or eliminate the perception of tinnitus. Masking can cause 'residual inhibition,' the reduction or elimination of tinnitus that continues for a short time after the masker is removed.
- *Combined hearing aid/tinnitus maskers, in one unit. These units allow the patient to select which circuit to listen to, either the masker or the traditional hearing aid circuit.
- *Tinnitus retraining therapy (often referred to as TRT) involves directive counseling to de-mystify tinnitus. Tinnitus retraining therapy also uses maskers to help a person learn to be less aware of, or to habituate to, the sounds of their tinnitus.

*Biofeedback is essentially a method of relaxation, sought as a stress-reduction technique to help control heart rate, blood pressure, breathing, and muscle tension.

* Drugs can help ease stress, depression, and sleep difficulties. Many of these drugs are available by prescription only, and most have met with minimal, although highly variable success.

*Counseling services can assist with stress, depression or anxiety that may accompany tinnitus. Cognitive therapy helps patients alter the way they react to tinnitus by identifying and eliminating negative thought and behavior patterns.

*Alternative treatments sought include naturopathy, hypnosis, massage therapy, and acupuncture.

Professional advice is beneficial to best match the patient with an appropriate treatment strategy. Referring patients to the ATA will further enhance the services provided directly. For people seeking tinnitus information, often the local healthcare professionals are the best first step. Secondarily, ATA can provide additional patient support through our education, advocacy, research and support services.

ATA Services and Resources:

The American Tinnitus Association's many programs are organized under the acronym E.A.R.S.?Education, Advocacy, Research, and Support.

The education program includes 'Hear For a Lifetime,' which teaches 1st through 3rd grade students how to avoid tinnitus. Additionally, we offer outreach programs to doctors, audiologists, and hearing aid specialists regarding tinnitus and treatment as part of our education program.

Our two most visible and popular means of providing information are through our quarterly journal, Tinnitus Today, which is sent to all ATA members, and the ATA Web site www.ata.org.

ATA offers books, videos, audiotapes, informational brochures, and posters. Our bibliography service includes over 4,000 article titles related to tinnitus. ATA's six educational brochures answer the most common questions about tinnitus and are available in English and in Spanish.

Brochures are sold for 25¢ each to members and \$1.00 each to non-members. Information covered is described by the titles:

Coping with the Stress of Tinnitus; Information about Tinnitus;

Noise and Its Effects on Hearing and Tinnitus;

If You Have Tinnitus: the First Steps to Take;

Tinnitus Treatments: What's New, What Works; and

Understanding Tinnitus: Advice for Family and Friends.

ATA sponsors several public forums around the U.S. annually. Our public forums feature panels of

audiologists, physicians, and researchers with expertise in tinnitus. Equal time is given for attendees to ask questions of the experts.

Our advocacy department researches public policy issues, supports hearing conservation activities, and provides resources for people needing specific assistance on such things as pursuing insurance claims. Our national media campaign aims to raise awareness, generate support for research, and educate people on ways to prevent tinnitus.

The support program includes self-help groups, help network volunteers, and provider listings?all resources to help people cope with tinnitus. Self-help groups meet regularly to share coping strategies, offer a supportive environment, and emphasize positive change. ATA has a network of 50 self-help groups. Group leaders receive information and organizational support from the ATA. Frequently, leaders schedule guest speakers ? audiologists, biofeedback specialists, medical doctors, psychologists, and others who actively treat tinnitus patients.

Help Network Volunteers are friendly telephone, e-mail, and letter contacts that listen and respond to callers needing understanding, comfort, and information. In this way, support and comfort is given while engaging in a healthy dialogue about ways to successfully manage tinnitus.

Our Tinnitus Provider Listing includes the names and contact information of physicians, audiologists, and other healthcare providers who have an active interest in treating tinnitus. The listed professionals self-report their specialties and services and are listed by region for distribution to interested patients.

Tinnitus is often as frustrating for the clinician to treat as it is for the patient to resolve. The ATA is a resource available to tinnitus patients and healthcare professionals. We invite you to become involved in the ATA as a member yourself.

You can contact us by calling (800) 634-8978, writing to us at PO Box 5, Portland, OR 97207, or e-mailing tinnitus@ata.org.

Recommended Resources and References:

AAA (2001). American Academy of Audiology Position Statement on 'Audiologic Guidelines for the Diagnosis and Management of Tinnitus Patients.' *Audiology Today*, Vol 13, No 2, March/April 2001.

Tyler, R. S., (Ed.). (2000). *Tinnitus Handbook*. San Diego, CA: Singular Thomson Learning.

Vernon, J. A. & Tabachnick Sanders, B. (2001). *Tinnitus questions and answers*. Needham Heights, MA: Allyn & Bacon.