

My 25th Tinnitus Anniversary

Mayes, J.L. (Winter, 2011). My 25th Tinnitus Anniversary. Communique. Canadian Association of Speech Language Pathologists and Audiologists, 14.

Tinnitus and I are celebrating our 25th anniversary. 1986. The truck came crashing out of nowhere leaving invisible screeching in my ears they called tinnitus. And there was no test to show if you had it or not. They just had to take your word for it. No cure. No treatment. The message was “nothing can be done.” Learning to live with it was up to me to figure out. And if I couldn’t do that, then I was made to feel like the problem was all in my head.

My career path veered from writing to audiologist. I hated having my classmates practice loud acoustic reflex testing on me. I hated when they practiced hearing testing on me and my tinnitus took off. I wondered if a career choice involving quiet sound proofed surroundings was the smart thing to do. But I hoped as an audiologist I would learn about any new tinnitus research and therapies. Time passed. I couldn’t stop worrying over my tinnitus. So there I was. An audiologist whose tinnitus took me to the depths of anger, stress, insomnia, depression. I never asked for help from colleagues. In my mind that was like a mechanic taking their car to somebody else. And so I suffered.

Over time research showed the benefit of new ways of using sound. The importance of counselling to help people learn to cope. And mental strategies to help people improve their sense of well-being. I added sound to my life in baby steps. I was familiar with mental strategies because I had already used them to cope with chronic pain. I pushed my focus on tinnitus to the back of my mind. It took many years, but I learned to cope. Clinically I saw clients who were still being told nothing could be done. Or given other bad advice. Told to try the Avon Tinnitus Headband (doesn’t exist). Neuromonics (not available in Canada yet). Or worse than nothing can be done, a friend was recently told, “It’s hopeless, you’re screwed”.

It’s 2011. No objective test for tinnitus. But there are tinnitus distress severity questionnaires similar to scales used for other invisible things like depression or anxiety. No cure despite many on-line tinnitus\$ monger\$ who forget that cure is a four letter word in the tinnitus community. But exciting tinnitus brain research is happening. (Long ago when they made me feel like my tinnitus was all in my head – they were right. It’s coming from my brain.) I’m very hopeful the future holds a cure. As far as treatment, the focus is tinnitus management. Something can be done. Nothing works for everybody, but there are various therapies that do help.

Sweetow and Sabes (2010) state, “It is unethical and immoral for audiologists or hearing aid dispensers to tell a tinnitus sufferer, ‘There is nothing that can be done for you. Just learn to live with it.’...all practitioners owe it to their patients and their profession to have a basic knowledge of the effects of tinnitus and how basic counselling techniques and simple acoustic therapies can minimize its negative impact on many patients.” Searchfield et al. (2010) describe research from 1998 (Benassat et al.) showing “fewer

than 8% of patients want to take a passive role in decision making...It is crucial for clinicians to be able to advise the benefits of interventions so that patients can make informed decisions”.

As an audiologist, I feel good I now have tinnitus information and resources for clients. Audiologists are the key professionals involved in non-medical tinnitus care. I believe our model of service delivery needs to adapt to include not just evaluation but rehabilitative counselling and therapy for our clients with tinnitus. I don't think it will take another 25 years. I believe the time is quickly coming where tinnitus management services will be available through every audiologist in Canada. We owe it to our clients and our profession.

Benassat, J., Pilpel, D. & Tidhar, M. (1998). Patients' preferences for participation in clinical decision making: A review of published surveys. *Behavioral Medicine*, 24, 81-88.

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Searchfield, G., Kaur, M., Martin, W. (2010). Hearing aids as an adjunct to counseling: Tinnitus patients who choose amplification do better than those who don't. *International Journal of Audiology*, 49; 574-579.