

The Impact of Tinnitus Group Education on Perceived Tinnitus Severity

Introduction

Since 2000, the number of veterans receiving service-connected disability for tinnitus has increased by at least 18 percent per year until by fiscal year 2006, the VA was awarding nearly 391,000 veterans disability compensation for tinnitus in the amount of \$539 million. As claims for tinnitus-related disability have grown, so has the need for efficient and effective tinnitus management. Henry et al (2008a, 2008b) developed a five-level progressive treatment approach (Progressive Audiologic Tinnitus Management, or PATM) for tinnitus specifically designed for this purpose: Level 1-triage; Level 2-audiologic evaluation; Level 3-group education; Level 4-tinnitus evaluation; and Level 5-individualized management. This retrospective study systematically evaluated outcomes data from tinnitus patients who attended our Level 3 group education program.

Methodology

Information from How to Manage Your Tinnitus: A Step-by-Step Workbook (Henry et al, 2007) was compiled along with additional information regarding the neurophysiological model of tinnitus (Jastreboff and Hazell, 2004) into a structured group counseling and education class. The Tinnitus Severity Index, or TSI (Meikle et al, 1995), was completed in an interview format (Level 1-Triage) prior to audiological evaluation (Level 2) for all veterans seen in the Audiology Clinic whose primary complaint was tinnitus. Those veterans whose TSI scores were 36 or higher were referred for Tinnitus Group Education. At the beginning of each group education session, attending veterans completed the Tinnitus Handicap Inventory, or THI (Newman et al, 1996), and they were asked to report both the percentage of waking hours that they were aware of their tinnitus and the percentage of that time that their tinnitus was disturbing. The two-hour interactive group education session included provision of information, skills and tools for managing tinnitus using therapeutic sound enrichment with specific attention to the creation of individualized "sound plans" as described by Henry et al (2008a, 2008b). Approximately one month after group attendance, veterans were mailed a follow-up questionnaire to evaluate their subjective tinnitus distress for determination of any need to proceed to levels 4 and 5, tinnitus evaluation and individualized management.

Results

Pre- and post-group education outcomes data currently are being analyzed. Various outcome measures we will present include:

- Tinnitus Handicap Inventory scores
- Percentage of time aware of tinnitus
- Percentage of time disturbed by tinnitus
- Implementation of sound plans
- Subjective ratings of the group education session, etc.

Our data support the Progressive Audiologic Tinnitus Management (PATM) model as an efficient and effective means of reducing perceived tinnitus severity.