

## Clinical Practice Guideline: Tinnitus, 2014 ([www.entnet.org](http://www.entnet.org))

As emphasized in the abstract, the focus of the guideline is “tinnitus that is bothersome and persistent (lasting 6 months or longer), often with a negative effect on the patient’s QOL.” The purpose of the guideline “is to provide evidence-based recommendations for clinicians managing patients with tinnitus. . . It will discuss the evaluation of patients with tinnitus, [and] will then focus on the evaluation and treatment of patients with persistent primary tinnitus, with recommendations to guide the evaluation and measurement of the effect of tinnitus and to determine the most appropriate interventions to improve symptoms and quality of life for tinnitus sufferers. . . The target audience for the guideline is any clinician, including non-physicians, involved in managing patients with tinnitus. The target patient population is limited to adults (18 years and older) with primary tinnitus that is persistent and bothersome.”

The main text of the guideline presents evaluations and recommendations for tinnitus in a series of lengthy and well-referenced sections labeled ‘Statements.’ As for example:

Statement 6 stresses the need for education and counseling. “Most patients and many clinicians do not know the options available for management of tinnitus. Patients face tempting advertisements and claims of treatments and cures. Some patients will seek any kind of treatment offer that has the appearance of legitimacy. Clinicians should avoid negative statements such as: *You’ll just have to live with it.* Clinicians should emphasize that there are many things patients can do to make it less of a problem and thereby improve their QOL. No treatment method has been proven to provide long-term suppression of tinnitus, but there are evidence-based interventions to help.”

Statement 7 recommends that patients with some hearing loss should first investigate the beneficial effects of using a hearing aid.

Statement 8 evaluates tinnitus masking therapy (TMT) for promoting habituation to tinnitus -- as for example in TRT (Tinnitus Retraining Therapy) and NTT (Neuromonics Tinnitus Treatment). The guideline finds that evidence is currently lacking that tinnitus can be cured using acoustic stimulation. But “lack of conclusive evidence should not be interpreted as lack of effectiveness.” TMT can provide relief, and clinicians should recommend sound therapy to patients as an option. However, for optimal management: “There may be the need for additional psychological intervention. . . such as CBT/cognitive restructuring techniques.”

Statement 9 strongly supports that CBT should be recommended by clinicians for patients with persistent, bothersome tinnitus. Cognitive Behavioral Therapy focuses on training the brain to replace negative thoughts with positive ones to change your reaction to tinnitus. A sample 8-week CBT program is shown in Table 14. Internet-delivered CBT is said to be available.

Statements 10-13 recommend against the use of medications such as antidepressants; dietary supplements such as Ginkgo biloba or zinc; and transcranial magnetic stimulation. Evidence was insufficient to either recommend or discourage using acupuncture for treating tinnitus.