



PUBLISHED RESEARCH ON HYPNOTHERAPY FOR TINNITUS CRITICAL REVIEWS & LETTERS

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The following list is in chronological order of publication rather than in alphabetical order of authors. This is intended to provide an indication of the development of research over more than six decades.

This catalogue was last updated 7th May 2012

NOTE TO RESEARCHERS

Considerable effort is given to trying to ensure the papers and publications shown on our pages are accurate and each list is as comprehensive as possible. If you notice any errors, or are aware of additional studies which could be appropriately included within this page, please contact us by emailing info@therapypartnership.com

1948

Arch Neurol Psychiatry. 1948 Feb;59(2):265-7.

Objective tinnitus aurium; report of a case with recovery after hypnosis.

Pearson M, Barnes LJ.

1958

Canadian Medical Association Journal – 1958 March 15; 78(6): 426–427.

Hypnosis for Tinnitus

J. Guild.

This work was done during the tenure of a grant by King's College Hospital, London, England, for psychosomatic research.

A case of tinnitus occurring in association with otosclerosis is presented because of its severity persistence, threatened disorganisation of life for patient and family, and its relief by hypnosis and social readjustment. Case report and comment on therapy.

[LINK TO TWO PAGE REPORT](#)

1973

Am J Clin Hypn. 1973 Jan;15(3):162-5.

Effective treatment of tinnitus through hypnotherapy

Marlowe FI.

Tinnitus aurium, or ringing in the ears, is a vexing problem to both the patient and physician. The pathophysiology of the entity is poorly understood and drug therapy is often ineffectual. At times the symptom may be severe enough to interfere with normal daily activities or to cause insomnia, and on occasion has been productive of psychosis with suicidal tendency. Several cases of disturbing tinnitus successfully treated with hypnotherapy are presented and the technique is offered as another modality to be considered in the treatment of this entity.

1983

International Journal of Clinical and Experimental Hypnosis. 1983 Apr;31(2):90-7.

An alternative method of treating tinnitus: relaxation-hypnotherapy primarily through the home use of a recorded audio cassette

Brattberg G.

Thirty-two patients, diagnosed with tinnitus, were treated with hypnosis. Treatment consisted of one hour consultation with the physician followed by four weeks of daily home practice while listening to an audio-tape recording of approximately 15 minutes duration. Twenty-two of the patients treated learned in one month to disregard the disturbing noise, a considerable gain in the ratio of therapy to time required.

1985

Clinical Otolaryngology & Allied Sciences. 1985 Feb;10(1):43-6.

A controlled trial of hypnotherapy in tinnitus.

N. J. MARKS*H. KARL†C. ONISIPHOROU‡

*ENT Department, Royal Berkshire Hospital, Reading and Departments of Guy's Hospital, London, UK †ENT Department, Royal Berkshire Hospital, Reading and Departments of Psychology, Guy's Hospital, London, UK ‡ENT Department, Royal Berkshire Hospital, Reading and Departments of Audiology, Guy's Hospital, London, UK

LINK AND ABSTRACT

A group of 14 patients with unilateral tinnitus were selected because of the constant nature of their tinnitus, and its resistance to all other forms of therapy. They were subjected to hypnosis in three forms in random order. The induction of a trance state alone formed the control arm of the trial. Compared to this were the effects of 'ego boosting' and active suppression of tinnitus whilst in a trance state. One of the 14 patients showed a highly significant response to the latter treatment as judged by visual analogue scales. Five of the 14 patients (36%) found the induction of a hypnotic state of value. This seemed to help them tolerate their tinnitus better, although its loudness and quality were unaltered.

Scandinavian Audiology, 1985, Vol. 14, No. 4 : Pages 223-230

Psychological Treatment of Tinnitus: An Experimental Group Study

Berit Scott, Per Lindberg, Leif Lyttkens, and Lennart Melin

ABSTRACT

Twenty-four patients with moderately severe (grade 2) to severe (grade 3) subjective tinnitus participated in an experimental group study. The patients were randomly assigned to a treatment group and a waiting-list control group. Treatment was given with a coping technique and comprised 10 one-hour sessions. Following a corresponding period

without treatment, the control group was treated similarly. Daily self-recording of the subjective tinnitus loudness, the discomfort from the tinnitus, depression and irritation was performed before and after treatment. In addition, psychoacoustic measurement was undertaken on three occasions. The treatment group improved significantly more than the waiting-list control group. After treatment of the latter group, combined data of both groups showed statistically significant improvements in all variables. The results show that tinnitus annoyance can be treated by psychological methods.

1987

British Medical Bulletin 43:983-998 (1987)

Tinnitus and its management

R R A Coles and R S Hallam

MRC Institute of Hearing Research, University of Nottingham Nottingham_Royal National Throat, Nose and Ear Hospital London

A comprehensive classification system is required for tinnitus because of its diverse aetiologies. Prevalence depends on the degree of tinnitus considered, ranging from close to 100% if non-clinical tinnitus is included to 0.5% who are severely affected. Severity probably depends more on the patient's reaction than on tinnitus loudness. Apart from aetiological and general audiological investigations, measurements of tinnitus are useful-particularly those relating to its maskability. Management methods include: (1) explanation of cause, nature and prognosis; (2) treatment of the cause if possible (rarely); (3) various psychological measures such as cognitive therapy, relaxation training therapy sometimes supplemented by biofeedback, lay counselling or hypnotherapy; (4) hearing aid(s) and/or tinnitus masker(s); (5) drugs to reduce the tinnitus or its effects.

Journal of Psychosomatic Research Vol 31, Issue 5, 1987 (pages 613-621)

Chronic tinnitus: Association with psychiatric diagnoses

Jane Harrop-Griffiths, Wayne Katon, Robert Dobie, Connie Sakai, Joan Russo

Department of Psychiatry and Behavioral Sciences RP-10, University of Washington, Seattle, WA 98195, U.S.A.

ABSTRACT

Twenty-one consecutive patients with severe tinnitus were interviewed using a structured psychiatric interview (the National Institute of Mental Health Diagnostic Interview Schedule) and were asked to complete the Hopkins Symptom Checklist (SCL-90) and the Chronic Illness Problem Inventory. They were compared to a control group of 14 patients attending an otolaryngological clinic with a complaint of hearing loss. The tinnitus patients had a significantly greater lifetime prevalence of major depression (62% vs 21%) than controls and a significantly higher prevalence of current major depression (48% vs 7%). The currently depressed tinnitus patients had significantly higher scores on all subscales of the SCL-90, except the phobia and paranoid subscales, compared to the non-depressed tinnitus group and on all scales compared to the controls. The number of psychosocial problems and thus the resulting disability experienced was significantly greater in the tinnitus group compared to controls and in the currently depressed tinnitus patients when compared to non-depressed tinnitus patients. In view of our results treatment should aim at not only alleviation of tinnitus, but also the frequently co-existing major depression.

Scandinavian Audiology, 1987, Vol. 16, No. 3 : Pages 167-172

Long-Term Effects of Psychological Treatment of Tinnitus

Per Lindberg, Berit Scott, Lennart Melin and Leif Lyttkens

Twenty patients with severe tinnitus who had undergone behavioural treatment, including applied relaxation and perceptual restructuring, were re-assessed 9 months after completion of treatment. Among the self-recorded variables, tinnitus loudness, discomfort from tinnitus, depression, and irritation, discomfort from tinnitus was the only variable which was still significantly reduced. As part of the 9-month follow-up assessment, the patients' recall of the loudness and discomfort from their tinnitus was studied. Correlations between original recordings and recall data were low.

British Medical Bulletin Volume 43, Issue 4Pp. 983-998.

Tinnitus and its management

R R A Coles and R S Hallam

LINK

MRC Institute of Hearing Research, University of Nottingham & Royal National Throat, Nose & Ear Hospital London

A comprehensive classification system is required for tinnitus because of its diverse aetiologies. Prevalence depends on the degree of tinnitus considered, ranging from close to 100% if non-clinical tinnitus is included to 0.5% who are severely affected. Severity probably depends more on the patient's reaction than on tinnitus loudness. Apart from aetiological and general audiological investigations, measurements of tinnitus are useful-particularly those relating to its maskability. Management methods include: (1) explanation of cause, nature and prognosis; (2) treatment of the cause if possible (rarely); (3) various psychological measures such as cognitive therapy, relaxation training therapy sometimes supplemented by biofeedback, lay counselling or hypnotherapy; (4) hearing aid(s) and/or tinnitus masker(s); (5) drugs to reduce the tinnitus or its effects.

1988

General Hospital Psychiatry Vol 10, Issue 4, July 1988 (pages 285-291)

Disabling tinnitus: Association with affective disorder

Mark D. Sullivan, M.D., Ph.D.a, Wayne Katon, M.D., a, Robert Dobie, M.D.b, Connie Sakai, M.S.P.A.b, Joan Russoa, Jane Harrop-Griffiths, M.B.B.S.

Department of Psychiatry and Behavioral Sciences RP-10, University of Washington, Seattle, WA 98195, U.S.A.

ABSTRACT

Forty consecutive patients with disabling tinnitus were interviewed using a structured psychiatric interview and were asked to complete the Hopkins Symptom Checklist (SCL-90), the Chronic Illness Problem Inventory, and the Revised Ways of Coping Checklist. They were compared to a control group of 14 patients attending the same otolaryngologic clinic with a complaint of hearing loss. The tinnitus patients had a significantly greater lifetime prevalence of major depression (78% vs 21%) than controls and a significantly higher prevalence of current major depression (60% vs 7%). The currently depressed tinnitus patients had significantly higher scores on all subscales of the SCL-90 compared to the nondepressed tinnitus group and to the controls. The number of psychological problems as measured by the Chronic Illness Problem Inventory was significantly greater in the tinnitus group than in controls. This difference in psychosocial disability was due to the high psychologic and social impairment in the depressed tinnitus group, as there were no significant differences in psychosocial problems between the nondepressed tinnitus group and the controls. These results demonstrate that tinnitus disability is strongly associated with major depression and suggest that treatment of the concurrent affective illness may reduce disability due to tinnitus.

1990

Scandinavian Audiology 1990; 19, 245-249.

Efficacy of self-hypnosis for tinnitus relief

Attias J, Shemesh Z, Shoham C, Shahar A, Sohmer H.

Institute for Noise Hazards Research, Chaim Sheba Medical Centre, Ramat-Gan, Israel.

LINK AND ABSTRACT

The efficacy of self-hypnosis (SH) on tinnitus relief was compared with two control procedures: 1) presentation of a brief auditory stimulus (BAS) to the ear with tinnitus; 2) waiting list (WL), i.e. patients receiving no formal treatment. The results have shown that 73% of SH subjects reported disappearance of tinnitus during treatment sessions, as compared with only 24% in the BAS group. Moreover, the short-term (1 week) and long-term (2 months) symptom profiles of only SH subjects revealed a significant improvement. Thus, SH may well be a beneficial method for the relief of tinnitus.

1991

American Journal of Clinical Hypnosis 1991 Apr;33(4):254-62.

Client-therapist collaboration in the preparation of hypnosis interventions: case illustrations

Cochrane G.J.

LINK AND ABSTRACT

Therapists can use hypnosis in a variety of situations to help clients utilize their own resources effectively. In both heterohypnosis and tape-assisted self-hypnosis, the respectful collaboration of therapist and client in the development of specific intervention strategies can be effective. I have described four cases to illustrate the collaborative aspect of heterohypnosis in a surgical setting and tape-assisted self-hypnosis for anxiety, tinnitus, and situational depression. In each case the clients were willing and able participants.

1992

Psychology & Health Volume 7, Issue 4, 1992

Coping strategies used by middle-aged males with noise-induced hearing loss, with and without tinnitus

Lillemor R.M. Hallberga, Soly I. Erlandsson & Sven G. Carlsson

ABSTRACT

The aim of this study was to examine the relationship between general coping strategies and specific communication strategies, adopted by males with noise-induced hearing loss (NIHL) in order to deal with stressful events and demanding auditory situations. Examples of psychological treatment techniques used for the relief of tinnitus included hypnotherapy.

1993

Audiology. 1993 May-Jun;32(3):205-12.

Comparison between self-hypnosis, masking and attentiveness for alleviation of chronic tinnitus

Attias J, Shemesh Z, Sohmer H, Gold S, Shoham C, Faraggi D.

Institute for Noise Hazards Research and Evoked Potentials Laboratory, IDF Chaim Sheba Medical Center, Tel Aviv, Israel.

LINK AND ABSTRACT

The efficacy of self-hypnosis (SH), masking (MA) and attentiveness to the patient's complaints (AT) in the alleviation of tinnitus was evaluated. Forty-five male patients close in age with chronic tinnitus related to acoustic trauma were assigned to three matched subgroups: SH, AT or MA. The therapeutic stimuli in the SH and MA sessions, recorded on audio cassettes, were given to the patients for use when needed. Self-hypnosis significantly reduced the tinnitus severity; Attentiveness partially relieved the tinnitus; Masking did not have any significant effect.

1994

Ear Nose Throat Journal. 1994 May;73(5):309-12, 315.

Hypnosis as an aid for tinnitus patients

Kaye JM, Marlowe FI, Ramchandani D, Berman S, Schindler B, Loscalzo G.

Medical College of Pennsylvania, Philadelphia 19129.

LINK AND ABSTRACT

This study was undertaken to evaluate hypnosis versus stress management as therapeutic modalities in the treatment of tinnitus. Participants were recruited from the local tinnitus association and the Otolaryngology Division of the Department of Surgery. The instruments were the following standardized tests (NIMH Diagnostic Int. Schedule; SCL 90R, Beck Depression Inventory) in addition to a tinnitus questionnaire. Improvement was shown on 5 separate scales, some alleviated by both types of treatment and others singularly by hypnosis or stress management. The data reinforce the use of behavioral techniques and suggest that different techniques may be more appropriate for specific symptoms.

1995

American Journal of Clinical Hypnosis. 1995 Apr;37(4):294-9.

Client-centered hypnotherapy for tinnitus: who is likely to benefit?

Mason J, Rogerson D.

Derbyshire Royal Infirmary, United Kingdom.

In this study we prospectively analyzed 41 patients, 15 females and 26 males with a mean age of 54, who underwent three sessions of client-centered hypnotherapy for their tinnitus. Of these patients, 28 (68%) showed some benefit for their tinnitus 3 months after completing their hypnosis, and 13 (32%) showed no evidence of improvement for their tinnitus. Hearing loss was associated with a nonbeneficial outcome for tinnitus treated with hypnotherapy. Of the nonbeneficial group, 46% had a hearing loss of 30 db or more in their better-hearing ear compared to less than 15% in the beneficial group, a significant difference ($X^2 = 6.34$, $df = 1$, $p < 0.02$). Client-centered hypnotherapy can be offered to anyone who wants to have therapy for their tinnitus; in those with significant hearing loss the benefit may be less.

Contemporary Hypnosis Vol 16 Issue 2 Pages 68-80

Treating anxiety with self-hypnosis and relaxation

Lucy M. O'Neill, Amanda J. Barnier, Professor Kevin McConkey

University of New South Wales, Sydney, New South Wales, Australia 2052, Australia

The outcome and process of treating subclinical anxiety with self-hypnosis and relaxation were compared. Twenty individuals who presented for treatment for stress, anxiety, and worry were assessed (for anxiety and self-hypnotizability), exposed to a 28-day treatment programme (which involved daily measures of outcome and process variables), and re-assessed (for anxiety). It was found that both self-hypnosis and relaxation alleviated anxiety pre- to post-treatment. Although there was no difference in the outcome data, throughout treatment self-hypnosis rather than relaxation was associated with a greater sense of treatment efficacy and expectation and with a greater sense of cognitive and physical change. The findings are discussed in terms of the expectational and experiential aspects of self-hypnosis, and their potential role in the perception, progress and impact of using self-hypnosis in therapy.

Annals of Behavioral Medicine - Vol 17, No 4 (1995) 357-366

A Review of psychological treatment approaches for patients suffering from tinnitus

Gerhard Andersson, Lennart Melin, Christina Hågnebo, Berit Scott and Per Lindberg

ABSTRACT AND LINK

Disabling tinnitus (ringing or buzzing in the ear) is a condition experienced by at least 1–2% of the population. Since medical and technical treatments are only partly successful, several psychological treatment approaches have been applied in the treatment of tinnitus. This article reviews 38 studies on hypnosis, biofeedback, and cognitive-behavioral approaches together with relaxation techniques. It is concluded that relaxation training together with cognitive-behavioral coping techniques is the method which so far has received the most empirical support. Still, more research is needed on the effects of psychological treatment. Finally, five recommendations are made regarding the treatment of tinnitus patients.

Preparation of this manuscript was supported in part by Swedish Council for Social Research

1996

European Journal of Clinical Hypnosis 1996 Issue II,

Hypnotherapy in the treatment of tinnitus: Report on a pilot study

Halama, Peter

Two comparing cohorts were assembled in order to judge the efficiency of therapy: The first cohort was composed of 30 patients (18 women and 12 men) with an average age of 49.6 + - 13.6 (from 26 up to 74 years). They had been suffering for 7.6 + - 5.4 years (from 1 to 25 years) from therapy-resistant tinnitus: (n=9 right-sided, n=17 left-sided and n=4 bilateral). Possible reasons were: N=10 acute deafness, n=3 acute deafness more than once (recurrent attacks of acute deafness), n=8 whiplash injuries of the cervical column, n=4 after head injury, n=2 otosclerosis and n=3 suspicion of local infection. This study is of pilot character and is meant to give an impulse to doctors, especially to neuro-otologists, otolaryngologists and neurologists, to study hypnotherapy in order to apply it to patients. Although the statistics for this controlled parallel group study show significant results, they should be judged only as "good trends", because the control group was not interviewed all the time and the assessment of tinnitus intensity was carried out subjectively. Objective measurements (e.g. synthesiser technique) should be included in future. The author believes hypnotherapy in groups should be funded by insurance companies and that psychoanalysis is not useful in the therapy of neuro-otological diseases.

Journal of Laryngol Otol. 1996 Feb;110(2):117-20.

Client centred hypnotherapy in the management of tinnitus – is it better than counselling?

Mason JD, Rogerson DR, Butler JD.

Department of Otorhinolaryngology, Derbyshire Royal Infirmary, Derby, UK.

The aim of this study was to assess whether client centred hypnotherapy (CCH) which required three sessions with a trained therapist was superior to a single counselling session in reducing the impact of tinnitus. Patients were randomly allocated to receive either counselling (n = 42) or CCH (n = 44). The outcome measures were: tinnitus loudness match, subjective tinnitus symptom severity score, trend of linear analogue scale, request for further therapy and whether the patient had an impression of improvement in their tinnitus after treatment. CCH was no better than counselling in reducing the impact of tinnitus using the three quantitative measures of tinnitus, and requests for further follow up. The only significant difference between the two therapies was that 20 (45.5 per cent) of the CCH group reported a general sense of improvement compared to six (14.3 per cent) in the counselling group, this is significant $p < 0.01$. The study did not demonstrate whether this was a genuine hypnotic effect or simply a response to the additional attention from the therapist.

Effects of relaxation therapy as group and individual treatment of chronic tinnitus

(Article published in German).
Winter B, Nieschalk M, Stoll W.
HNO-Universitätsklinik Münster.

LINK AND ABSTRACT

42 patients, suffering from chronic tinnitus, participated in our psychological orientated treatment consisting of relaxation therapy with autogenic training according to J. H. Schultz. The results of individual therapy are compared with group therapy. Using visual analogy scales the therapeutical efficiency can be tested. The individual estimated loudness and annoyance of tinnitus are registered as well as a general emotional status. The results show a positive short-time effect in most cases. A reduction of tinnitus loudness and annoyance after individual and group therapy is seen directly. A positive effect throughout the whole treatment is only found in individual therapy. Concerning the group therapy, many of our patients reported an increase of the pretherapeutical estimation of tinnitus loudness and annoyance. We believe that the permanent confrontation with the tinnitus problem may advance the psychological

conflict in many cases. Therefore psychological management of tinnitus should be concentrated on a temporary limited support aiming to the neglect of tinnitus sensation..

1998

Clini Excell Nurse Pract. 1998 Mar;2(2):73-82.

Subjective idiopathic tinnitus

Billue JS.

Department of Community Nursing, Medical College of Georgia, Augusta 30912, USA.

One out of every five individuals experiences tinnitus. Tinnitus is the tenth most common presenting complaint among the elderly in primary care. Although tinnitus is often associated with hearing loss, chronic noise exposure, and medications, its etiology frequently goes undetected. Diagnosis of subjective idiopathic tinnitus is established by a comprehensive health history, physical examination, and office and laboratory diagnostic assessments. Patients who suffer from this chronic symptom report a dwindling in their quality of life, primarily because of the annoyance factor associated with tinnitus. Activities of daily living are affected in proportion to the intensity of the tinnitus. Examples of nonpharmacologic management include hearing aids for those with hearing loss, hypnotherapy, counseling, and masking. A number of medications have demonstrated some efficacy in the treatment of tinnitus. Ultimately, the practitioner is concerned with helping the individual live with subjective idiopathic tinnitus by promoting self-care activities to improve both physical and mental-emotional health.

1999

British Journal of Audiology 1999 Aug;33(4):201-10.

A meta-analytic review of psychological treatments for tinnitus

Andersson G, Lyttkens L.

Department of Psychology, Uppsala University, Sweden. Gerhard.Andersson@psyk.uu.se

Meta-analysis is a technique of combining results from different trials in order to obtain estimates of effects across studies. Meta-analysis has, as yet, rarely been used in audiological research. The aim of this paper was to conduct a meta-analysis on psychological treatment of tinnitus. The outcomes of 18 studies, including a total of 24 samples and up to 700 subjects, were included and coded. Included were studies on cognitive/cognitive-behavioural treatment, relaxation, hypnosis, biofeedback, educational sessions and problem-solving. Effect sizes for perceived tinnitus loudness, annoyance, negative affect (e.g. depression) and sleep problems were calculated for randomized controlled studies, pre-post-treatment design studies and follow-up results. Results showed strong to moderate effects on tinnitus annoyance for controlled studies ($d = 0.86$), pre-post designs ($d = 0.5$) and at follow-up ($d = 0.48$). Results on tinnitus loudness were weaker and disappeared at follow-up. Lower effect sizes were also obtained for measures of negative affect and sleep problems. Exploratory analyses revealed that cognitive-behavioural treatments were more effective on ratings of annoyance in the controlled studies. It is concluded that psychological treatment for tinnitus is effective, but that aspects such as depression and sleep problems may need to be targeted in future studies. *Laryngoscope.* 1999 Aug;109(8):1202-11

LINK TO ARTICLE

A review of randomized clinical trials in tinnitus

Dobie RA

Department of Otolaryngology-Head and Neck Surgery, The University of Texas Health Science Center at San Antonio, 78284-7777, USA

Abstract

OBJECTIVES:

Review reports of randomized clinical trials (RCTs) in tinnitus to identify well-established treatments, promising developments, and opportunities for improvement in this area of clinical research.

STUDY DESIGN:

Literature review of RCTs (1964-1998) identified by MEDLINE and OLD MEDLINE searches and personal files.

METHODS:

Studies were compared with the RCT criteria of Guyatt et al. for quality of design, performance, and analysis; "positive" results were critically examined for potential clinical relevance.

RESULTS:

Sixty-nine RCTs evaluated tocainide and related drugs, carbamazepine, benzodiazepines, tricyclic antidepressants, 16 miscellaneous drugs, psychotherapy, electrical/magnetic stimulation, acupuncture, masking, biofeedback, hypnosis, and miscellaneous other nondrug treatments. No treatment can yet be considered well established in terms of providing replicable long-term reduction of tinnitus impact, in excess of placebo effects.

CONCLUSIONS:

Nonspecific support and counseling are probably helpful, as are tricyclic antidepressants in severe cases. Benzodiazepines, newer antidepressants, and electrical stimulation deserve further study. Future tinnitus therapeutic research should emphasize adequate sample size, open trials before RCTs, careful choice of outcome measures, and long-term follow-up.

LINK

2001

Anales Otorrinolaringol Ibero Am. 2001;28(1):75-85

Therapy perspectives in subjective tinnitus

Lacosta Nicolas JL, Garcia Cano J.

Hospital San Millan (Servicio de O.R.L.), Logrono.

The AA. of this article have achieved a bibliographical perusal about treatment of subjective tinnitus, including even papers based on controlled clinical trials. Pharmacologic agents are settled on vasodilators of cochlear microcirculation (nimodipine, trimetazidine, Ginkgo biloba extract, misoprostol), lidocaine, the anxiolytics (alprazolam, corazepam) and the antidepressants (nortriptyline). Comments sonorous amplification. Also are displayed, because of their benefits, the relaxation techniques (biofeedback, hypnotherapy, acupuncture and yoga) and psychological counseling

2004

Audiological Medicine 2004, Vol. 2, No. 1. (Pages 74-82)

A review of alternative treatments for tinnitus

Thomasina Meehan¹, Michael Eisenhut² and Dafydd Stephens³

¹ Queen's Medical Centre, University Hospital NHS Trust, Nottingham, United Kingdom

² Royal Liverpool Children's NHS Trust, Alder Hey, Eaton Road, Liverpool, United Kingdom

³ The Welsh Hearing Institute, University Hospital of Wales, Cardiff, Wales

According to a recent review of 69 randomised controlled trials of tinnitus treatment, none of the conventional methods was considered well established in terms of providing replicable long-term reduction of tinnitus impact in excess of placebo effects. The search for new, more effective treatments continues and many patients have turned their attention to complementary treatments. In this review, we have summarised the evidence available from 23 randomised placebo-controlled trials on the effectiveness of alternative treatments for tinnitus including Ginkgo biloba, acupuncture, laser treatment, ultrasound, ear-canal magnets, electromagnetic therapy, homeopathy and hypnotherapy. Our review has excluded treatments which cannot be placebo controlled like yoga, t'ai chi and various forms of psychological treatment such as meditation which could also have significant benefits for patients. Some subjective beneficial effects were found for hypnotherapy.

2006

Audiol Neurotol. 2006;11(5):276-86. 2006 May 23.

A modified version of tinnitus retraining therapy: observing long-term outcome and predictors.

Mazurek B, Fischer F, Haupt H, Georgiewa P, Reissbauer A, Klapp BF.

Tinnitus Centre, Department of Otorhinolaryngology, Charité–University Medicine Berlin, Berlin, Germany. birgit.mazurek@charite.de

Tinnitus retraining therapy (TRT) in Germany includes not only directive counseling and sound therapy but also stress management and facultative psychotherapeutic treatment. The aim of the present study was to investigate the impact of this modified version of TRT on certain tinnitus-related aspects of distress and variables that may predict treatment outcome. Clinical data from 92 patients undergoing outpatient TRT in the Charite Tinnitus Centre were evaluated retrospectively over 1 year. Treatment outcome was defined by changes in specific areas of tinnitus-related distress and assessed by the Tinnitus Questionnaire. Changes in audiometric frequency and loudness of tinnitus were examined by regular audiometric testing. The overall Tinnitus Questionnaire score was significantly reduced after 1 year. Severely affected tinnitus sufferers (decompensated tinnitus) profited more than less affected patients (compensated tinnitus). In cases of indicated psychotherapy, improvement was significant for the patients who took advantage of psychotherapeutic treatment during TRT but was not significant for those who interrupted or dismissed an indicated psychotherapy. Changes in tinnitus-specific areas of distress were most pronounced in the scales for emotional and cognitive distress and intrusiveness. Significant changes in sleep disturbances, auditory perceptual difficulties and somatic complaints were observed in patients with decompensated tinnitus. In patients with chronic tinnitus, modified TRT may lead to significant subjective improvement in certain tinnitus-related symptoms like emotional and cognitive distress and intrusiveness. Particularly patients suffering from severe tinnitus distress take advantage of therapy. Careful psychotherapeutic diagnostics and therapies and, if necessary, motivation to make use of psychotherapy seem to be essential preconditions for therapeutic success in patients with severe psychosomatic comorbidity. Copyright 2006 S. Karger AG, Basel.

HNO. 2006 Oct;54(10):781-91..

Inpatient infusion treatment for acute tinnitus with and without adjuvant psychotherapeutic intervention. A comparison of psychological effectiveness

(Article published in German).

Schildt A, Tönnies S, Böttcher S.

Fachbereich Psychologie, Universität Hamburg. axelschildt@t-online.de.

LINK AND ABSTRACT

Two groups of tinnitus patients (n=93) were recruited, one of which was treated with standard infusion therapy and further acute medical intervention, while the other obtained an additional psychotherapeutic intervention. Questionnaires and interviews were taken at beginning of the treatment, and 9 days and 3 years after treatment. The accompanying psychotherapeutic intervention consisted primarily of client-centered counseling, guided relaxation techniques from clinical hypnosis, and some standard and tinnitus-related methods for a better coping with stress. After 9 days, both treatment groups showed significant improvement in several psychological characteristics. However, there was no evidence for the superiority of the combined treatment with psychological intervention. Psychotherapeutic treatment accompanying the acute medical treatment probably shows better effectiveness in an ambulant setting with both patients and medical healthcare professionals rating it as 'very helpful'. This pilot study has

contributed initial results for the integrated treatment of the acute tinnitus and has helped in the development of further therapeutic strategies as well as an evidence based concept for further evaluation.

This study received one of the two scientific first prizes of the "German Tinnitus League"

2007

B-ENT. 2007;3 Suppl 7:75-7.

Ericksonian hypnosis in tinnitus therapy.

Maudoux A, Bonnet S, Lhonneux-Ledoux F, Lefebvre P.

Department of Otorhinolaryngology, University of Liège, Belgium.

LINK AND ABSTRACT

OBJECTIVE:

To evaluate the effect of Ericksonian therapy on tinnitus

STUDY DESIGN:

Non-randomised, prospective longitudinal study.

SETTING:

Tertiary referral centre.

PATIENTS:

A total of 49 patients underwent hypnosis therapy. Fourteen patients failed to finish the therapy (drop-out rate: 35%). Of the 35 patients who completed the therapy, 20 were male and 15 female. The average age was 46.3 years (range 17-78).

INTERVENTION:

The treatment is based on the principles and approaches of Ericksonian hypnosis. The first session was mainly dedicated to the evaluation of the impact of tinnitus on the patient's life and to an explanation of hypnosis therapy. The next sessions were "learning sessions" based on relaxation and mental imaging. Exercises were first based on all senses other than hearing. Then they focused on hearing, teaching patients how to modulate sound intensity, and finally how to modulate tinnitus intensity. Patients also learnt self-hypnosis.

MAIN OUTCOME MEASURE(S):

To evaluate the effect of the treatment, tinnitus was assessed with the Tinnitus Handicap Inventory questionnaire before and after the therapy. Results: After 5 to 10 sessions (mean: 8.09 + -1.92) of Ericksonian hypnosis therapy, the 35 patients were capable of self-hypnosis with the aim of modulating their tinnitus, and the measured THI score fell for all patients. The global score improved significantly from 60.23 before EH therapy to 16.9 at discharge. Within the group, the initial score was distributed as follows: 0% slight, 14% mild, 31% moderate, 31% severe and 23% catastrophic. The t-test for dependent variables revealed significant improvements in all subgroups (p < or = 0.005).

CONCLUSIONS:

The results of this clinical trial demonstrate that Ericksonian hypnosis, in particular using self-hypnosis, is a promising technique for treating patients with tinnitus. *Eur Arch Otorhinolaryngol.* 2007 May;264(5):483-8. Epub 2007 Jan 6.

Ericksonian hypnosis in tinnitus therapy: effects of a 28-day inpatient multimodal treatment concept measured by Tinnitus-Questionnaire and Health Survey SF-36.

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LINK & ABSTRACT

For the first time, the therapeutic effects on subacute and chronic tinnitus of an inpatient multimodal treatment concept based on principles of Ericksonian hypnosis (EH) were examined by standardized criteria of the Tinnitus Questionnaire (TQ) and Health Survey (SF-36) within a controlled prospective, longitudinal study. A total of 393 patients were treated within an inpatient closed-group 28-day-setting based on a resource-oriented, hypnotherapeutic concept. The severity of tinnitus was assessed by TQ at times of admission, discharge and also at a 6- and 12-month follow-up. Health-related quality of life was evaluated before and after therapy using the SF-36. After therapy, a decrease in TQ score was seen in 90.5% of the patients with subacute tinnitus and in 88.3% of those with chronic tinnitus. Assessment of the TQ score at the end of therapy revealed highly significant improvements of 15.9/14.1 points in mean. Effect sizes in the treatment groups (0.94/0.80) were superior to those in the waiting-list controls (0.14/0.23). The TQ score remained stable in the follow-up controls. Significant improvement in health-related quality of life has been observed within the treatment groups depending on initial level of tinnitus severity I–IV according to TQ. Using a multimodal treatment concept with emphasis on resource-activating approaches of EH the annoyance of tinnitus can be significantly reduced while health-related quality of life is enhanced within a comparatively short treatment period of 28 days.

Clin Evid (Online). 2007 Aug 1;2007. pii: 0506.

Tinnitus.

RSavage J, Cook S, Wadell A.

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ABSTRACT

INTRODUCTION: Up to 18% of people in industrialised societies have mild tinnitus, which severely affects daily life in 0.5% of people. Tinnitus can be associated with hearing loss, acoustic neuromas, drug toxicity, ear diseases, and depression. Tinnitus can last for many years, and can interfere with sleep and concentration.

METHODS AND OUTCOMES: We conducted a systematic review and aimed to answer the following clinical question: What are the effects of treatments for chronic tinnitus? We searched: Medline, Embase, The Cochrane Library and other important databases up to December 2006. (BMJ Clinical evidence reviews are updated periodically, please check our website for the most up-to-date version of this review). We included harms alerts from relevant organisations such as the US Food and Drug Administration (FDA) and the UK Medicines and Healthcare

products Regulatory Agency (MHRA).

RESULTS: We found 37 systematic reviews, RCTs, or observational studies that met our inclusion criteria. We performed a GRADE evaluation of the quality of evidence for interventions.

CONCLUSIONS: In this systematic review we present information relating to the effectiveness and safety of the following interventions: acamprosate, acupuncture, antidepressant drugs, baclofen, benzodiazepines, carbamazepine, cinnarizine, ear-canal magnets, electromagnetic stimulation, ginkgo biloba, hearing aids, hyperbaric oxygen, hypnosis, lamotrigine, nicotinamide, psychotherapy, tinnitus-masking devices, tinnitus retraining therapy, zinc.

2008

Int Tinnitus J. 2008;14(2):135-8.

Clinical hypnosis for the alleviation of tinnitus.

Cope TE

University of Cambridge School of Clinical Medicine, Cambridge, England.

(Erratum in: *Eur Arch Otorhinolaryngol.* 2007 May;264(5):573-4.)

ABSTRACT

For the first time, the therapeutic effects on subacute and chronic tinnitus of an inpatient multimodal treatment concept based on principles of Ericksonian hypnosis (EH) were examined by standardized criteria of the Tinnitus Questionnaire (TQ) and Health Survey (SF-36) within a controlled prospective, longitudinal study. A total of 393 patients were treated within an inpatient closed-group 28-day-setting based on a resource-oriented, hypnotherapeutic concept. The severity of tinnitus was assessed by TQ at times of admission, discharge and also at a 6- and 12-month follow-up. Health-related quality of life was evaluated before and after therapy using the SF-36. After therapy, a decrease in TQ score was seen in 90.5% of the patients with subacute tinnitus and in 88.3% of those with chronic tinnitus. Assessment of the TQ score at the end of therapy revealed highly significant improvements of 15.9/14.1 points in mean. Effect sizes in the treatment groups (0.94/0.80) were superior to those in the waiting-list controls (0.14/0.23). The TQ score remained stable in the follow-up controls. Significant improvement in health-related quality of life has been observed within the treatment groups depending on initial level of tinnitus severity I-IV according to TQ. Using a multimodal treatment concept with emphasis on resource-activating approaches of EH the annoyance of tinnitus can be significantly reduced while health-related quality of life is enhanced within a comparatively short treatment period of 28 days.

2011

Revue de laryngologie - otologie - rhinologie. (This article is in French)

Interest of hypnotherapy in the treatment of distressing tinnitus

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LINK AND ABSTRACT

OBJECTIVE:

Hypnotherapy is currently used for tinnitus therapy in our university hospital. The aim of this study was to evaluate its efficacy.

MATERIAL AND METHODS:

This study was performed on 110 patients suffering from distressing tinnitus. They were treated during five sessions with hypnotherapy, supplemented by instruction on self-hypnotherapy. A subjective evaluation was done by the practitioner at the end of the sessions of hypnotherapy. Then a questionnaire on psychologic distress (Wilson 1991) was sent retrospectively to the patients.

RESULTS:

We received 65 responses which were used for this study. Before treatment, the mean value of the Wilson score was 54 (28-104). After treatment, it was: 31 (0-86). 69% of the patients felt an improvement ≥ 5 points Wilson score. These results were compared with the evaluation carried out by the practitioner at the end of the sessions of hypnosis. There was a "significant correlation" between the evaluation of the felt benefit, analyzed by the practitioner at the end of the sessions of hypnosis, and by the patient questioned long after the treatment. These results had significant correlation with the evaluation made by the therapist at the end of the five sessions of hypnotherapy. They show, how effective (68% improvement) this therapeutic approach can be.

CONCLUSION:

Hypnotherapy can be regarded as an effective treatment against distressing tinnitus.

2012

B-ENT. 2012;8(1):7-12.

Effectiveness of Ericksonian hypnosis in tinnitus therapy: preliminary results.

Yazici ZM, Sayin I, Gökkuş G, Alatas E, Kaya H, Kayhan FT.

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ABSTRACT AND LINK

INTRODUCTION:

The present study was performed to evaluate the efficacy of Ericksonian hypnosis in reducing the impact of tinnitus on patients' quality of life.

PATIENTS AND METHODS:

A controlled prospective longitudinal study was designed. The severity of tinnitus was assessed with Tinnitus Handicap Inventory (THI) before hypnotherapy and then 1 week, 1 month, 3 months, and 6 months after therapy. Health Survey SF-36 was used to assess health-related quality of life before and after hypnotherapy. Thirty-nine patients with severe idiopathic subjective tinnitus were enrolled in the study.

RESULTS:

The mean SD age of the patients was 44.5 +/- 12.5 years, ranging from 21 to 65 years; 48% were female. Mean THI scores assessed at the beginning and 4 times after commencement of therapy were evaluated. The changes in THI scores were significant. Health Survey SF-36 was assessed separately. The greatest increases were seen in physical role followed by emotional role difficulty.

CONCLUSION:

The preliminary results of our study demonstrated the effectiveness of Ericksonian hypnosis in the study group.

Clin Evid (Online). 2012 Feb 3;2012. pii: 0506.

Tinnitus

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ABSTRACT AND LINK

INTRODUCTION:

Up to 18 per cent. of people in industrialised societies are mildly affected by chronic tinnitus, and 0.5% report tinnitus having a severe effect on their daily life. Tinnitus can be associated with hearing loss, acoustic neuromas, drug toxicity, ear diseases, and depression. Tinnitus can last for many years, and can interfere with sleep and concentration.

METHODS AND OUTCOMES:

The researchers conducted a systematic review and aimed to answer the following clinical question: What are the effects of treatments for chronic tinnitus? Sources included: Medline, Embase, The Cochrane Library, and other databases up to July 2011. Research included harms alerts from relevant organisations such as the US Food and Drug Administration (FDA) and the UK Medicines and Healthcare products Regulatory Agency (MHRA).

RESULTS:

The study found 29 systematic reviews, RCTs, or observational studies that met its inclusion criteria. Savage and Waddell performed a GRADE evaluation of the quality of evidence for interventions.

CONCLUSIONS:

In this systematic review, information was presented relating to the effectiveness and safety of the following interventions: acamprosate, acupuncture, antidepressant drugs, benzodiazepines, carbamazepine, cinnarizine, electromagnetic stimulation, ginkgo biloba, hearing aids, hypnosis, psychotherapy, tinnitus-masking devices, and tinnitus retraining therapy.

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CONTACT

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