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One Size Does Not Fit All

Selecting and Fitting Devices for Tinnitus Management

Jennifer Martin, AuD National University of Singapore Audiology Online July 2016

Learning Outcomes

- Define the role of sound therapy as part of the tinnitus/sound sensitivity management plan.
- Explain when each type of device (hearing aid, sound generator, combination unit) would be used as part of the management plan for patients with tinnitus and sound sensitivity.
- Describthe differences between fitting hearing aids for hearing loss and fitting hearing aids for tinnitus and sound sensitivity management.



Recommended Components of Tinnitus Management

- 1) Education & Counseling
- 2) Stress reduction & Relaxation
- 3) Therapeutic sound

Hoare et al. (2014)

7

Sound Therapy

- "Any use of sound where the intention is to alter the tinnitus perception and/or the reactions to tinnitus in a clinically meaningful way" Hoare et al. (2014)
- "using external sounds to provide relief from tinnitus" Folmer & Carroll (2006)
- "sound is used to directly or indirectly shift attention away from the tinnitus"

Henry et al. (2008)



Sound Therapy

- Very broad area
- Use the general guidelines of sound therapy
- Focus on the use of ear level devices as part of the sound therapy strategy

9

General Guidelines of Sound Therapy

- Low level sound that is not bothersome
- Should not interfere with communication or concentration
- Reduces the contrast between the tinnitus and the environment



Therapeutic Sound

- Environmental sound
- Music
- Speech

Henry et al. (2008)

11

Purposes of Therapeutic Sound

- Sense of relief from tinnitus-related stress (soothing sound)
- Passive diversion from tinnitus (background sound)
- Active diversion from tinnitus (interesting sound)

Henry et al. (2008)



Devices for tinnitus management

- Sound Generators
- Hearing aids
- Combination units

1

Devices for tinnitus management

- Sound Generators
 - > Ear level devices
 - > No amplification
 - > Some have multiple sound options
 - > Some are programmable
 - > Various styles
 - > Less expensive than hearing aids



Devices for tinnitus management

- Hearing aids
 - > Amplification only
 - > Wireless devices to stream sounds

15

Benefits of Amplification

- Improved ability to hear soothing sound, background sound and distracting sound to provide relief from tinnitus and tinnitus-related stress
- Reduction in tinnitus loudness
- Less stress associated with straining to hear
- Stimulation of the auditory system



Devices for tinnitus management

- Combination units
 - > Amplification only
 - > Sound generator only
 - > Combination of both
 - Can also use wireless devices to stream sounds

17

Considerations: Device Type

- Hearing Aid versus Combination Unit
 - > Starting Point:
 - HA for normal hearing to mild HL in LF
 - CU for greater than mild LF loss McNeil et al. (2012)
- Always be open to trying both to allow patient to decide what works best for them
- Current technology: order combination unit and use features as needed



Considerations: Device Style

- Open fit
 - > Slim tube BTE
 - > Receiver in the ear
- If hearing loss is too great for open fit, then use maximum venting possible

Searchfield (2006)

19

Considerations: Monaural vs Binaural

- Binaural fitting for binaural hearing loss, even if the tinnitus is only present unilaterally
 - > Provides more normal auditory balance

Searchfield (2006)



Considerations: Prosthetic vs Therapeutic

- Most hearing aids are fit prosthetically
 - > Fitting to replace the lost hearing
 - > Focus on communication
- Tinnitus often requires fitting therapeutically
 - Changes are made to the programming to allow the hearing aid to have more effect on the tinnitus perception

2

Considerations: HL vs Tinnitus

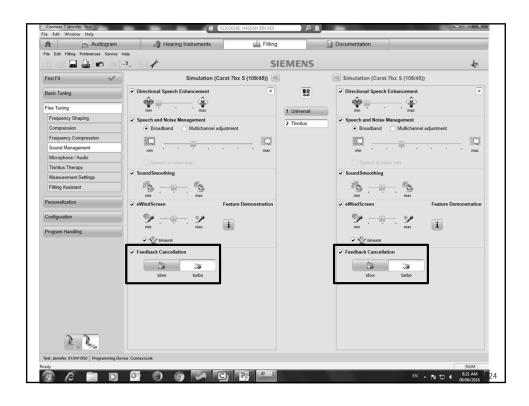
- Which is the BIGGER problem?
 - > HL: Fit for the hearing loss and patient's communication needs
 - Tinnitus benefit is secondary goal
 - > Tinnitus: Fit primarily for tinnitus relief
 - Improved communication ability is secondary goal
- Can set two programs if needed
 - > 1 for better hearing ability
 - > 1 for better tinnitus relief

Henry et al. (2008)



- Use feedback reduction for most open fit
- Disable internal noise reduction (expansion)
- Disable environmental noise reduction
- Low compression knee point
- Omnidirectional microphone setting
- Fitting protocol: DSL I/O v5

Searchfield (2006) Henry et al. (2010) Wise (2003)





- Use feedback reduction for most open fit
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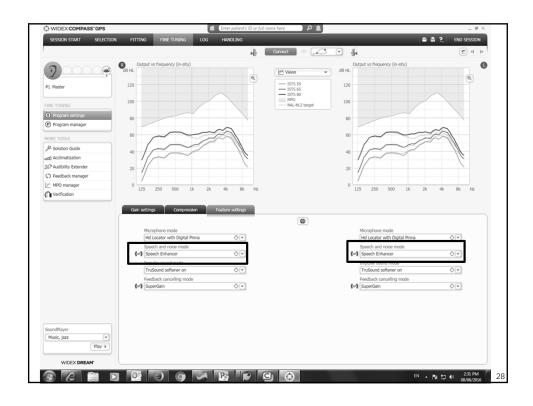
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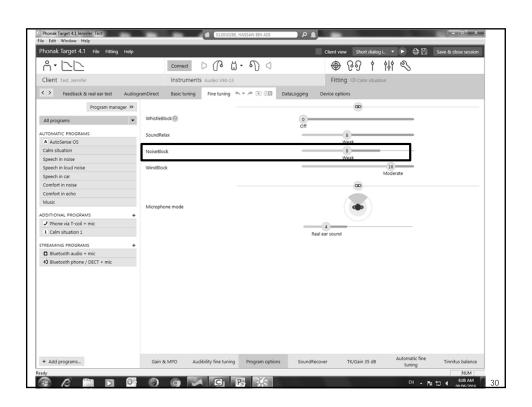
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Searchfield (2006) Henry et al. (2010) Wise (2003)





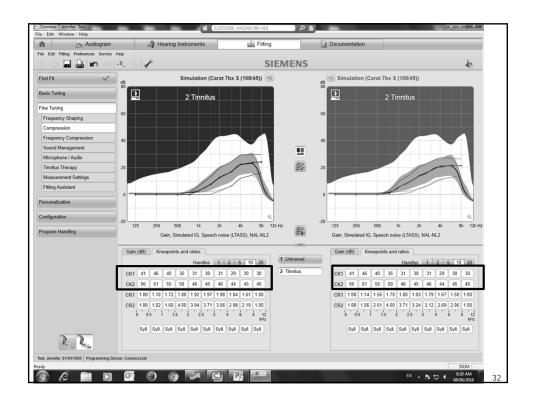






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Searchfield (2006) Henry et al. (2010) Wise (2003)



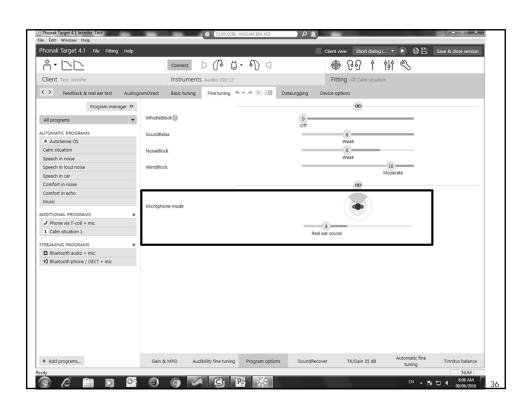


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Searchfield (2006) Henry et al. (2010) Wise (2003)







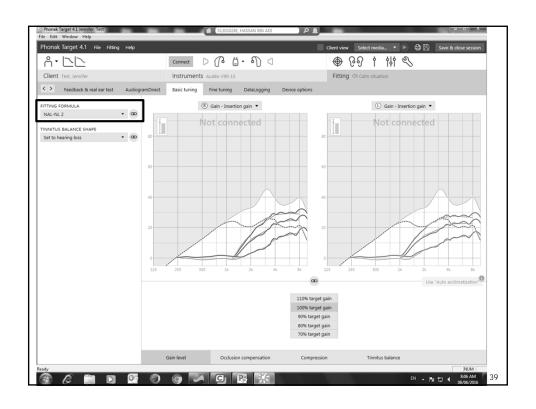


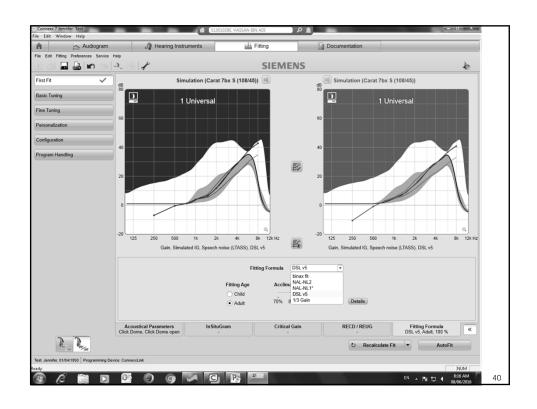
- Use feedback reduction for most open fit
- Disable internal noise reduction (expansion)
- Disable environmental noise reduction
- Low compression knee point
- Omnidirectional microphone setting
- Fitting protocol: DSL v5 versus NAL-NL2

Searchfield (2006) Henry et al. (2010) Wise (2003)

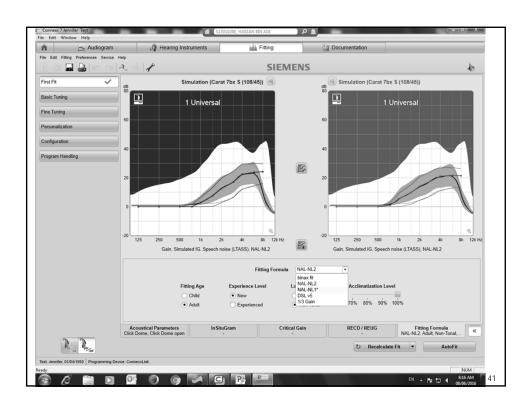
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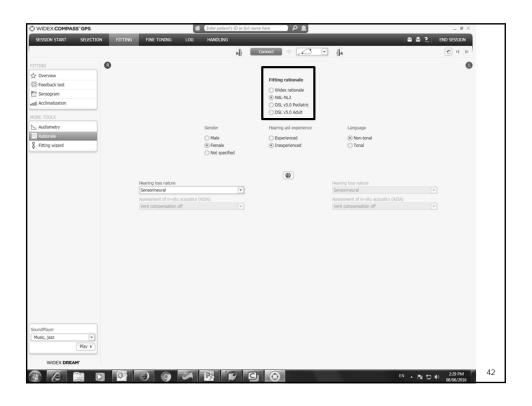














Considerations: Sound Sensitivity

- Sound Generator versus Hearing Aid/Combination Unit
- Occlusion versus Venting

Searchfield (2006)

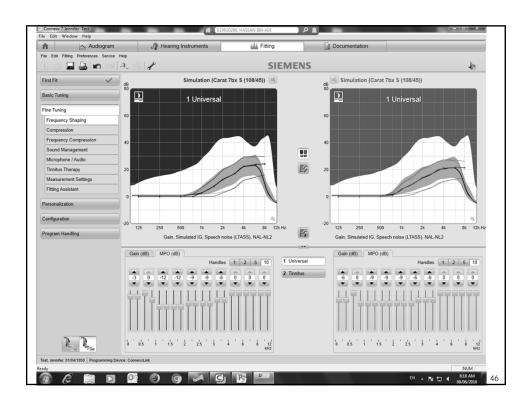
43

Considerations: Sound Sensitivity

- Programming modifications
 - Low compression knee point + higher than normal compression ratio
 - Use hearing aid as amplifier and limiter
 - As sound sensitivity improves, compression ratios can gradually be reduced
- Reduce maximum power output (MPO)
 Searchfield (2006)











Special Considerations

- Each tinnitus patient is unique and requires individualized care/empathy
- Tune devices to meet the patient's individual hearing, tinnitus and comfort needs
- Perform probe microphone measurements to verify acoustic fit
- Multi-disciplinary care is best
- Know when to refer to a tinnitus specialist



References

- Hoare DJ, Searchfield GD, Refaie AE, Henry JA. (2014) Sound Therapy for Tinnitus Management: Practicable Options. J Am Acad Audiol 25: 62-75.
- Henry JA, Zaugg TL, Myers PJ, Schechter MA. (2008) Using Therapeutic Sound With Progressive Audiologic Tinnitus Management. *Trends in Amplification* 12: 188-209.
- Searchfield GD, Kaur M, Martin WH. (2010) Hearing aids as an adjunct to counselling: Tinnitus patients who choose amplification do better than those that don't. Intl J Aud
- McNeil C, Tavora-Vieira D, Alnafjan F, Searchfield GD, Welch D. (2012)
 Tinnitus pitch, masking, and the effectiveness of hearing aids for tinnitus therapy. *Intl j Aud* 12: 914-919.
- Searchfield GD. (2006) Hearing Aids and Tinnitus. In Tyler RS (Editor), Tinnitus Treatment
- Shekhawat GS, Searchfield, GD, Kobayashi K, Stinear CM. (2013)
 Prescription of hearing-aid ouput for tinnitus relief. Intl J Aud 9: 617-625.
- Folmer RL, Carroll, JR. (2006) Long-Term Effectiveness of Ear-Level Devices for Tinnitus. Oto Head Neck Surg 134: 132-137.
- Henry JA, Zaugg TL, Myers PJ, Kendall CJ. (2010) Progressive Tinnitus Management: Clinical Handbook for Audiologists.

