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 intend 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
Objective tinnitus aurium; report of a case with recovery after hypnosis.
Pearson M, Barnes LJ.

1958
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
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
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
A controlled trial of hypnotherapy in tinnitus.
N. J. MARKS, S. KARLSC, ONISIPHOROU
"ENT Department, Royal Berkshire Hospital, Reading and Departments of Psychology, 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 Psychology, 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.


Psychological Treatment of Tinnitus: An Experimental Group Study
Bart 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 A Coles and R S Hallam

Abnormal auditory perception

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. Seventy 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 therapy 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.


Chronic tinnitus: Association with psychiatric diagnoses

Jane Harrop-Griffiths, Wayne Karon, 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 otolaryngology 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 therefore 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.


Long-Term Effects of Psychological Treatment of Tinnitus

Per Lindberg, Bengt Scott, Lennart Melin and Loff Lyttkens

Twenty patients with severe tinnitus who had undergone behavioral treatment, including applied relaxation and perceptual retraining, 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 A Coles and R S Hallam

LINK

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. Seventy 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 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


Disabling tinnitus: Association with affective disorder

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

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 (48% vs 7%) 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 non-depressed 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 problems 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 non-depressed 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

Abbas J, Shenesh 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


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

Cochrane GJ

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.
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.

Additional attention from the therapist.

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

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

Hypnosis as an aid for tinnitus patients

The 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 6 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.

Hypnosis and whether the patient had an impression of improvement in their tinnitus after treatment. CCH was no better than psychoanalysis is not useful in the therapy of neuro-otological diseases.

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

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 allocated 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.

Client centred hypnotherapy for tinnitus: who is likely to benefit?

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 (33%) 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.

Abnormalities of behavior and self-hypnosis and relaxation

The outcome and process of treating subclinical anxiety with self-hypnosis as an intervention were compared. Twenty individuals who presented for treatment for stress, anxiety, and worry were assessed for (anxiety and self- hypnoisability), exposed to a 28-day treatment programme (which included daily measures of outcome and process variables), and re-assessed for (anxiety). It was found that 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.

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

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.

The benefits of this study were 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 not 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.
Subjective beneficial effects were found for hypnotherapy. Forms of psychological treatment such as meditation which could also have significant benefits for patients. Some acupuncture, laser treatment, ultrasound, ear-canal magnets, electromagnetic therapy, homeopathy and their attention to complementary treatments. In this review, we have summarised the evidence available from 23 methods was considered well established in terms of providing replicable long-term reduction of tinnitus impact in excess of placebo effects.

According to a recent review of 69 randomised controlled trials of tinnitus treatment, none of the conventional 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.

RESULTS: "positive" results were critically examined for potential clinical relevance. Studies were compared with the RCT criteria of Guyatt et al. for quality of design, performance, and analysis; 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 studies were used on 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):1203-11

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

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 (1964-1995) identified by MEDLINE and OLD MEDLINE searches and personal files. METHODO: 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 tocoanide and related drugs, carbamazezin, benzodiazepines, tricylic antidepressants, 16 miscellaneous drugs, psychotherapy, electrical/magnetic stimulation, acupuncture, masking, biofeedback, hypnosis, and miscellaneous other nondrug treatments. No treatment can 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 tricylic antidepressants in severe cases. Benzodiazepines, newer antidepressants, and electrical stimulation deserve further study. Future tinnitus therapeutic research should emphasize adequate sample sizes, open trials before RCTs, careful choice of outcome measures, and long-term follow-up.
2006

A modified version of tinnitus retraining therapy: observing long-term outcome and predictors.
Mazurek B, Fischer F, Haupt H, Georgiewa P, Reishauer A, KAPP BF.
Tinnitus Centre, Department of Otorhinolaryngology, Charite--University Medicine Berlin, Berlin, Germany. bingt.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 in a group of 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 audioesthetic 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). Improvement 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, cognitive and distress and intrusiveness. Significant changes in sleep disturbances, auditory perceptual difficulties and somatic complaints were observed in patients with compensated 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.


(Article published in German.)
SCHILD A, TÖNNES S, BÖTTCHER S.
Fachbereich Psychologie, Universität Hamburg. a.x.schild@t-online.de.

LINK AND ABSTRACT

Two groups of tinnitus patients (n=10) were recruited, one that 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 7:757.

Ericksonian hypnosis in tinnitus therapy.
MAUDOUX A, BONNET S, LONNOUX-LEDOUX F, LOEFEBRE 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 Tinnitus Handicap Inventory questionnaire showed a significant decrease in hypnosis therapy 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 < 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.e.

2007


Ericksonian hypnosis in tinnitus therapy: effects of a 28-day inpatient multimodal treatment concept measured by Tinnitus-Questionnaire and Health Survey SF-36.
ROSS GH, LANGE O, UTERMANNER J, LASZIG R.
Practice for Otorhinolaryngology and Psychotherapy, Freiburg, Germany. Dr-Ross@web.de.

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 351 patients were treated within an inpatient closed-group 28-day-setting based on a resource-oriented, hypnotherapeutic concept. The effectiveness of the therapy was assessed by TQ at times of admission, discharge and also at 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 in patients with subacute tinnitus and in 88.3% of those with chronic tinnitus. Improvement of indicated psychotherapy, in particular using self-hypnosis, is a promising technique for treating patients with tinnitus.e.

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. The results of this clinical trial demonstrate that Ericksonian hypnosis, in particular using self-hypnosis, is a promising technique for treating patients with tinnitus. The results of this clinical trial demonstrate that Ericksonian hypnosis, in particular using self-hypnosis, is a promising technique for treating patients with tinnitus. The results of this clinical trial demonstrate that Ericksonian hypnosis, in particular using self-hypnosis, is a promising technique for treating patients with tinnitus.
INTRODUCTION
This systematic review was performed to evaluate the efficacy of Ericksonian hypnosis in reducing the impact of tinnitus on patients’ quality of life.

METHODS AND MATERIALS:
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 and SF-36 scores improved after hypnotherapy. Hypnotherapy was well tolerated by all patients. The preliminary results of our study demonstrated the effectiveness of Ericksonian hypnosis in the study group.

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

2012
Effectiveness of Ericksonian hypnosis in tinnitus therapy: preliminary results.
Yazici ZM, Sayin I, Gokkuz G, Alatas E, Kaya H, Kayhan FT.
Source
Bahkirky Education and Training Hospital, Clinic of Otolaryngology, Head and Neck Surgery, Istanbul, Turkey.

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

INTRODUCTION:
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.

Tinnitus
Savage J, Waddell A.
Southmead Hospital, Bristol, UK.

ABSTRACT AND LINK
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 idatbases 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, baclofen, benzodiazepines, carbamazepine, cinnarizine, electromagnetic stimulation, ginkgo biloba, hearing aids, hypnosis, psychotherapy, tinnitus-masking devices, tinnitus-retraining therapy, zinc.

2008
Clinical hypnosis for the alleviation of tinnitus.
Cope TE
University of Cambridge School of Clinical Medicine, Cambridge, England.

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 general 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, hypnotherapeutically approach. The severity of tinnitus was assessed by TQ at times of admission, discharge and also at 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 control group (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 IV-V 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.
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