

## Help available at The Gateway (continued)

After attending your first appointment (either Introductory Group or 1-1), the most beneficial treatment pathway will be recommended and discussed with you.

You may be offered a choice of group or 1-1 therapy, or it may be that group therapy or a one to one package is most appropriate. Either way, the following is included:

- Understanding the effects of stress and anxiety on tinnitus
- The Significance of Sound (based on a paper by J.Hazell, FRCS)
- Understanding the impact of negative thoughts on tinnitus loudness perception (cognitive therapy)
- A full relaxation programme including 4 guided relaxation CD recordings
- An Introduction to Mindfulness Meditation (optional)

If you would like an informal talk with Debbie, you are welcome to come along to one of our Drop-in sessions held regularly at The Gateway, or time allowing, telephone or call in to make a short 15 minute informal appointment

Debbie Featherstone DHP(NC)

Psychotherapist, hypnotherapist, hearing therapist: specialist in tinnitus and hyperacusis management (heightened sensitivity to sound)

17 years experience as Lead Clinician (NHS) in Hearing Therapy, providing one to one and group therapy for people who have distressing or troublesome tinnitus and/or hyperacusis

First appointment : group or 1-1

- Introductory Groups: A two hour group session involving the explanation of the mechanism of tinnitus, its relation to hearing loss, causes of tinnitus, how it is managed effectively and individual validated measures of impact of tinnitus conducted at this session
- One to one tinnitus consultation: A one hour consultation to assess your individual needs; includes a full explanation of the mechanism of tinnitus, exploration of probable cause, completion of validated measures and identification of the most appropriate treatment pathway

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## THE GATEWAY

# *Tinnitus Management*

## What is tinnitus?

Tinnitus is the generic term used to describe noises that we hear in the ear(s) and/or head. It can onset suddenly or it may have a gradual onset

### Objective tinnitus

This is the type of tinnitus that is caused through physical changes in the ear or localised physiology, or somata sounds (body noise) – the most common being a pulsatile noise of blood flow or heartbeat and/or “popping” or “clicking” type noises

### Subjective tinnitus

This is by far the most common form of tinnitus; it may be intermittent or constant and is most noticeable in a quiet environment. It often impacts on sleep because of this. It is highly responsive to stress: the more stress and anxiety, the louder the tinnitus is likely to be perceived.

Common tinnitus noises range from hissing, whistling high pitched noises to engine, generator type noises

## What can be done?

There is a great deal known about tinnitus due to the considerable amount of research that has been undertaken over the last 10-15 years.

Unfortunately, this is not always the information that is given to patients by health practitioners; on the contrary, all too often people are sent away being told that “nothing can be done” and “you’ll have to learn to live with it”

In April 2008, the Department of Health concluded a lengthy consultation with experts throughout England & Wales.

Debbie Featherstone took an active part in this consultation, and the resulting Commissioning Pathway for Tinnitus (available on the Department of Health website) reflects the process of tinnitus management, including the use of cognitive therapy that, at that point in time, was the latest evidence-based means of helping people to lose the distress they experience because of tinnitus. Since that time, Mindfulness Meditation has also been evidence based as part of an effective tinnitus management strategy, and is available at The Gateway

## What help is available at The Gateway?

There are Introductory Group sessions (details are at the back of this leaflet) as well as one to one initial consultations for those that prefer a more individual approach

Measures (validated questionnaires) are carried out at the first appointment to ascertain the extent of tinnitus distress; these measures are repeated at the end of any therapy (group and one to one) in order to measure each individual’s Clinical Outcome

Hearing loss has an impact on tinnitus loudness perception, therefore it is necessary to undertake a hearing test.

Where there is any significant hearing loss, access to a qualified Audiology practitioner and Hearing Aid Dispenser is available or, for those that wish to use NHS Audiology services, a referral will be recommended in writing to your GP for onward referral. Similarly, where clinical need is identified, arrangements have been made for referral to a named NHS ENT Consultant via your GP

(Continued overleaf)