

Assessment of Tinnitus

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2010

- ▶ Why?
- ▶ Which?
- ▶ How?
- ▶ When?

Scepticism

- ▶ I can see that questionnaires are important for research, but I'm only interested in running a clinic
- ▶ It's just a form- filling exercise
- ▶ Doesn't "box ticking" interfere with the therapeutic relationship?
- ▶ I don't want to waste valuable appointment time on paperwork

My Process



- ▶ Used THI for past 10+ years
- ▶ Send out to all new referrals along with appointment request form
- ▶ Patients fill in and send back with form
- ▶ Second questionnaire given to patient in room at end of final appointment
- ▶ All results (before and after) entered in pt notes and on database

Useful to have a "before & after" measure

- ▶ To assess individual patient's progress, & report this back to referrer (immediately understandable)

"Tinnitus Handicap Inventory scores were as follows:

Before first appointment: **54%**

After last appointment: **21%**"

- ▶ To demonstrate to the patients themselves the progress that they have made
- ▶ **Do** go through results with them, and show them original at end

- ▶ To get an overall picture of the efficacy of therapy
- ▶ (more later)

Secondary Benefits of Using Questionnaires

- ▶ Some idea in advance of severity of problem (prioritising, "patient mixing")
- ▶ Some idea in advance of which aspects need attention
- ▶ Some patients feel relieved that others experience same problems
- ▶ Some patients feel encouraged: "mine isn't that bad"

Problems

- ▶ A few patients report feeling worse after reading questions ("I might get that bad")
- ▶ Language and literacy issues
- ▶ Difficulty filling them in

Handscomb (2006)

- ▶ Analysis of responses to THI
- ▶ 94 out of 416 (22.6%) filled in incorrectly
- ▶ Missed out items, reworded questions

What if score doesn't improve?

- ▶ This rarely happens
- ▶ Out of 100 patients, 6 experienced no improvement

- ▶ Can be an opportunity to take stock & gently discuss reasons for lack of progress
- ▶ Can pick out any aspects that have improved

Why use validated measures?

- ▶ Non-validated questionnaires may not measure what they set out to measure
- ▶ Schizophrenia: 300 RCTs reviewed by Marshall et al (2000.)
- ▶ 40% more likely to report successful outcome when non-validated questionnaires used
- ▶ In-house questionnaires may give distorted impression

Choosing a Method of Measurement

Options

- ▶ Clinical tests
- ▶ Specific questionnaires with closed-set responses
- ▶ Visual analogue scales
- ▶ Open-ended techniques

Clinical Tests

- ▶ Pitch match, loudness match, minimal masking, loudness discomfort
- ▶ Limited value as outcome measures (loudness & distress don't correlate)
- ▶ Discrepancies between LDLs & loudness judgements in real life environment (*Fillon & Margolis, 1992*)
- ▶ Tests not sufficient on their own

Tinnitus Specific Questionnaires

- ▶ Easy to compare results
- ▶ Progress measured in numbers
- ▶ Useful for research/ service evaluation
- ▶ May miss out factors relevant to some patients

Tinnitus Specific Questionnaires

(as listed by Andersson, Baguley, McKenna & McFerran; 2004)

- ▶ Tinnitus Questionnaire
- ▶ (Hallam, 1996)
- ▶ Tinnitus Handicap Questionnaire
- ▶ (Kuk et al, 1990)
- ▶ Tinnitus Severity Scale
- ▶ (Sweetow and Levy, 1990)
- ▶ Tinnitus Reaction Questionnaire
- ▶ (Wilson et al, 1991)

- ▶ Subjective Tinnitus Severity Scale
- ▶ (Halford and Andersson, 1991)
- ▶ Tinnitus Handicap/ support scale
- ▶ (Erlandson et al, 1992)
- ▶ Tinnitus Handicap Inventory
- ▶ (Newman et al, 1996)

- ▶ Between 15 and 52 questions
- ▶ Most can be divided into 3 or 4 factors e.g: severity/ avoidance/ emotional distress
- ▶ Most available in several languages
- ▶ All have strengths and weaknesses
- ▶ THERE IS NO CONSENSUS!!

- ### Tinnitus Handicap Inventory
- ▶ Most commonly used in UK
 - ▶ Well validated
 - ▶ 25 items
 - ▶ Easy to fill in
 - ▶ Easy to score
 - ▶ Can be used to divide patients into categories according to severity of handicap
 - ▶ Categorisation useful for grading severity in clinical practice (McCombe et al, 2001)


Categories

Slight	0-16
Mild	18-36
Moderate	38-56
Severe	58-76
Catastrophic	78-100

- ▶ Useful tool of making a case for more staff/ resources?

- ### Visual Analogue Scales (10cm lines)
- ▶ Easy to compare
 - ▶ Quick to complete
 - ▶ Single rating on VAS not reliable (*Andersson, Baguley, McKenna & McFerran; 2004*) Need to take average.
 - ▶ Patients struggle to complete them

- ### In clinic, waiting room or post?
- | | |
|--|--|
| <p><u>Clinic</u></p> <ul style="list-style-type: none"> ▶ Takes time out of appt ▶ Temptation to expand on questions ▶ Risk of bias ▶ Tedious! <p><u>Waiting Room</u></p> <ul style="list-style-type: none"> ▶ Patient may be nervous ▶ Distractions | <p><u>Post</u></p> <ul style="list-style-type: none"> ▶ Time to worry before appointment ▶ Patient can get "help" from relatives ▶ Could be completed 6 weeks or 1 day before appointment |
|--|--|

- ### Clinic, waiting room or post?
- ▶ THI validated for face-to-face and pen and paper
 - ▶ Use what suits you- but be consistent.
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Open- ended Questionnaires

“make a list of the difficulties you have as a result of your tinnitus”

Open- ended Questionnaires

- ▶ Allow free expression
 - ▶ Less ambiguous
 - ▶ May detect treatment effects more easily (Sadler and Stevens, 1995)
 - ▶ Likely to be a more pleasant process for patient & clinician
 - ▶ Factors may be forgotten by patient
 - ▶ Difficult to compare
 - ▶ Inconsistencies are likely
- Concentration problems reported in 22%/ 33%/ 78% in 3 separate studies (Andersson et al, 2004)*

Non tinnitus questionnaires

- ▶ QOL, illness perception
- ▶ Broader picture of effects on life & attitudes
- ▶ HADS to screen for depression/ anxiety?

History Taking

- ▶ As well as, not instead of
- ▶ Avoid too much repetition

Enables you to:

- ▶ Gain information about duration, location, possible triggers, type of sound
 - ‘red flags’ (pulsatile/ unilateral)
 - Influences explanation
- ▶ Expand on information from questionnaire (eg sleep disturbance- how often?)
- ▶ Make decisions about therapy

Also

- ▶ Establishes rapport with patient
- ▶ Beginning of counselling process

"Assessment or therapy?"

- ▶ Should be both
- ▶ Conversation, not interrogation
- ▶ May be first chance to talk
- ▶ Opportunity for listening skills

- ▶ No perfect way of measuring tinnitus
- ▶ Lack of consistency within tinnitus community

BUT.....

- ▶ Measuring is important
- ▶ Measuring helps your patients
- ▶ Measuring helps you run a better service
- ▶ Measuring helps our understanding of tinnitus
- ▶ Measuring makes you feel better about yourself!