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Tinnitus in Canada: A Call for Action

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I am very honoured to be the guest editor of this special issue on tinnitus of Canadian Audiologist. For the first time in Canadian history, we now have a good idea on the prevalence of this auditory disorder. Indeed, a recent study published by Statistic Canada in collaboration with a group of audiologists revealed that more than one Canadian out of three (37%) have experienced tinnitus in the past year and, of those, 7% reported it had a significant impact on their lives.[1] Lucky enough for us, several of these authors have accepted to share their thoughts on this issue on the implications of those results for Canadian tinnitus sufferers. They have also highlighted the opportunity for the audiology profession in Canada to stand up in improving tinnitus care.

As none of the contributors of this special issue have talked to each other, I was surprised that some similar themes have emerged. The take-home message of this special issue could be “do better, do more’’ both at an individual level, with each patient, and as a group of healthcare professionals. As such, many contributors are urging audiologists that are not currently providing tinnitus services to include tinnitus assessment and care within their daily practice. They give numerous advices on what tests and questionnaires should be included within a tinnitus test battery. Rich Tyler is providing an approach on how to manage patients who only want the "tinnitus pill"; a pill that will completely quiet down, in a single ingestion, all of their tinnitus problems. More so, Calvin Staples who is an audiologist, a researcher, a private practitioner, and a clinic owner shares his thoughts on what should be included in tinnitus assessment and management. To note, these services are offered in his private clinics. In addition, Ronald Choquette and Dominique Wright are sharing the clinical protocol they are using at the university clinic of the Université de Montréal for tinnitus management and treatment. They carefully describe all the procedures from the first step of triaging patients in urgent needs right up to the follow-up appointment.

I hope that these articles will inspire you to create your own tinnitus management protocol. In addition, for the most reluctant audiologists about tinnitus care out there, James Henry and his collaborators reports what they consider to be the most basic services that all audiologists can offer. For the most up-to-date tinnitus audiologists, Pawel Jastreboff gives us an overview of key aspect and new information about the well-famous tinnitus retraining therapy.

Another important theme that emerges is the need for more research on tinnitus. In his contribution, Brandon Paul explains brilliantly why tinnitus is so difficult to measure and why improvements are needed in this area in order to reach the goal of finding a cure. Interestingly, he also suggests that measuring tinnitus might help patients validate their condition. Damien Ponsot, a patient and a close collaborator, describes his own experience with healthcare management after an acoustic shock. In his article, Damien highlights the importance of discussing with the patient the different test that will be performed and the preferred treatment approach: how the tests are going

to be performed? Why are they required? What are the best treatment approaches? For him, these conversations are essential in creating a therapeutic relationship between the patient and the audiologist. He also recommends the use of questionnaires that assess the impact of the condition on the quality of life as this may help the clinician understand the struggle of living with tinnitus. Bottom line: patients want to be understood by their audiologist.

Finally, audiologists as a group of healthcare professionals and a community should definitely do more in advocating for better hearing healthcare including tinnitus. Sylvie Hébert, in her article, makes a convincing demonstration on how hearing healthcare research is underfunded in Canada in comparison with other health issues such as depression or diabetes. This lack of funding makes no sense when considering the rise in the prevalence of hearing disorders in Canada and the consequences of such disorders on the quality of life for millions of Canadians. One can surely speculate that this lack of recognition of hearing healthcare is also prevalent in other institutions. These situations will not change if we, Canadian audiologists, do not take action now.

I truly hope that this special issue will encourage Canadian audiologists to take action. Have a nice read.

Reference

1. Ramage-Morin PL, Banks R, Pineault D, Atrach M. Tinnitus in Canada. Health Rep 2018;30(3):3–11. Available at: https://www150.statcan.gc.ca/n1/pub/82-003-x/2019003/article/00001-eng.htm.