

Cambs Tinnitus Support Group

No. 163

NEWSLETTER

September 2022

MEETING

Saturday 17 September

at

10.00 for 10.30 am

"Evidence-based research behind a tinnitus app"

Speaker: Dr James Jackson
Reader in Psychology
Department of Psychology and Therapeutic Studies
Leeds Trinity University

*A FIRST FOR THE CTSG!
AS JAMES CANNOT BE WITH US ON THE 17th (See EDITOR'S CHAT),
HE IS PROVIDING A PRE-RECORDED TALK INSTEAD*

Meadows Community Centre

1 St Catherine's Road, Cambridge, CB4 3XJ, off
the junction between King's Hedges and Arbury Rds
(Look for signs to direct you to the temporary C/P)

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Refreshments and Raffle

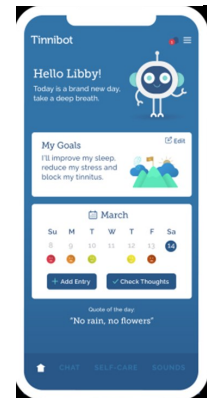
EDITOR'S CHAT

This newsletter has been particularly difficult to compose because of the sad news of the death of Professor David Baguley, instigator of the formation of this group, and our mentor and president for many years. If you read the professional obituaries that have been published by his friends and colleagues, you will see what an exceptional man he was, and in what high esteem he was held. A lot of our members/ex-members knew David through contact at Addenbrookes and from the numerous talks he gave to the group. Rachel and I have put together our thoughts from the perspective of the CTSG and his work at Addenbrookes, and we hope they will meet with your approval.

You will remember that Dr James Jackson was down as our April speaker, but he had to pull out at the last minute due to illness. His talk was re-booked for September, but unfortunately, at short notice, he was no longer free on this date. However although we won't have the 'real' James with us, we will still have his talk to enjoy as James is pre-recording his lecture which we will be able to see on the Saturday. This format will be a first for the group, and it will be interesting to see how it goes. Rachel belongs to the East of England Tinnitus Network, and has already heard James's talk, so she will on hand to fill any gaps and take questions from the audience. She is also familiar with another tinnitus app called 'Oto', so we will be able to compare the two systems. Although our speaker won't be there in person, we will still learn about this new technology and be able to interact with via Rachel. Any questions that she cannot answer will be relayed to him for retrospect answers.

For a lot of our members our face-to-face meetings are what the group is all about, giving us the chance of hearing about the latest tinnitus research etc., but more importantly to be able to talk to our fellow members. During the pandemic our Zoom meetings filled a part of that need, but were not for everyone, and it's good to get back to 'proper' meetings. With his pre-recording, although James will be absent, we will still be all together, preserving the essence of the group, and afterwards it will give us an opportunity to discuss the topic and decide whether this format you think this format is for us.

With news of the loss of David Baguley, this newsletter has been particularly difficult to put together. As I'm finishing 'My Chat' my 'noise', which is always evident when I'm concentrating at the PC, is being particularly intrusive. However, a break and a nice cup of tea should sort me out!



— A typical Tinnitbot screen —

Less fatigue and more social activity when using hearing aids

(Edited From the journal Trends in Hearing)

A Scottish study has found that people who start using hearing aids experience less fatigue and experience an increase in social activities.

The study found that hearing aid fitting led to a significant reduction in listening-related fatigue and social activity levels increased. For people with hearing loss and wearing hearing aids, social participation restrictions also decreased significantly, compared to the control group that did not start wearing hearing aids.

The two groups of participants

The 106 participants in the study were between 18 and 75-years-old. For inclusion in the group of new hearing aid users, participants had to have self-reported hearing difficulties, be receiving their first-ever hearing aids, and

not be attending the audiology clinic with a primary complaint of tinnitus or vestibular issues.

This group was recruited from the Glasgow Royal Infirmary Audiology department. The control group in the study had to have self-reported hearing difficulties and not start using hearing aids.

All participants who started using hearing aids completed a battery of self-report outcome measures four times:

once before fitting and at 2 weeks, 3 months and 6 months post-fitting.

[A recent Japanese study confirmed that treatment of hearing loss with hearing aids - and with this the increase in audiological input - often reduces tinnitus or at least the tinnitus experienced. From the above study it's encouraging that hearing aids also appear to have other benefits - Ed]

JIM'S PIECE

As I write, it's good the weather has cooled down from its recent tropical heights, thereby making our summer days more enjoyable. How have you coped with the extreme heat? These recent temperatures have felt very invasive, and there is a limit to the number of clothes you can take off to stay cool. Is coping with extreme cold worse? At least in those circumstances you have the option of putting on unlimited amounts of clothing! Both cold and heat can be unpleasant to deal with, however if we can apply our mind to other things, being busy for whatever reason, then we can forget the temperature to some extent. In a way it's the same with our tinnitus - if we pay it attention it can feel worse. If we can show it who is master and ignore it, our tinnitus will be less of a problem.

I hope you have been able to enjoy your summer, whether staying at home or travelling either in this country or overseas. I retired in February and still feel a huge sense of liberation - feeling like an energetic dog that has just been let off the lead. I've been fortunate to have gone hiking in the Dolomites mountains in northern Italy a couple of times already, and I'm off again in September as it's the best month for hiking. I therefore apologise in advance for missing our September meeting.

Best Wishes
Your Chairman, Jim

In memory of Professor David Baguley

The CTSG was deeply saddened to hear of the recent passing of our friend and former president Professor David Baguley.

David first started working in Audiology at Addenbrookes in 1986 (Rachel was just 5 years old back then!), having been awarded a BSc in psychology in 1983, and a MSc in clinical Audiology in 1985. He had a keen interest in tinnitus and was ably supported by the late David Moffat, a world-renowned ENT surgeon who shared his enthusiasm. When he started, tinnitus clinics were virtually non-existent, and the department was incredibly small with just one or two members of staff.

(I was referred to David by Mr Moffat as a tinnitus 'patient' shortly after he arrived at Addenbrookes. He was the 'scientist in the white coat' who insisted on putting warm water in my ears; causing the room to spin wildly, a most unpleasant experience!)

In that year, with the help of Ivy Court from the hospital and Avril Dring from CAMTAD, David instigated the setting up of the Cambridgeshire Tinnitus Support Group. Their first meeting was held at the Friends Meeting House in Jesus Lane on the 28th February 1987. During the following year David was always present and supportive and gave the fledging group the first of his many talks entitled 'The Potted History of Tinnitus'. (A report in the 'Times' newspaper that year stated that 'treated' classical music could put right the causes of tinnitus. This led to David's often repeated phrase 'any hopes that were raised by this report have had to be dashed, just as there is no evidence that extract of Japanese tree bark would do the same.')

David regularly talked to members on findings from current tinnitus research; on an annual basis up until the early 2000s, when his increasing hospital responsibilities inevitably meant his visits became less frequent. His talks were always the highlight of the meeting year, and were guaranteed to have the highest attendances. His delivery was always perfect, and somehow he always made what could be quite complex scientific information understandable to the lay person. He was a mine of information about anything to do with tinnitus, and had unlimited patience when answering our members questions.

I remember in his 2003 talk to the group, David posed several questions, including why so few tinnitus research papers were being published (only some 1545 in 10 years). And why most of these weren't focussed, and didn't ask the right questions. He likened it to a blind man examining an elephant and concluding it was a carpet on four columns hiding a snake!



The Boss and yours truly at the CTSG stand for Tinnitus Awareness Week 2016 at Addenbrookes. Although a very busy man he would still make time to connect with the group's activities'

(Written by Rachel Knappett and Alan Yeo)

Over time, David built a tinnitus service at Addenbrookes, with good, evidence-based practice at its core. His enquiring mind meant that new ideas were being continually shared and developed and his ability to undertake research whilst juggling his clinical and managerial responsibilities never failed to amaze Rachel! .

He was involved in training a number of junior ENT doctors and was well-respected by all our consultants. He also reached out to other specialities, building links with neurology, psychology and oncology to name but a few. He was in great demand, and regularly gave talks at conferences across the globe.

In 2004, to remember the death in the previous year of a valued CTSG committee member and colleague, John Cammann, David suggested the CTSG organise a Study Day. After 12 months hard work by David, Avril and myself this came to fruition as "Getting to Grips with Tinnitus" in March of 2005. He persuaded heavyweights in the tinnitus field Dr Laurence McKenna and Dr Don McFerran among others, to give of their time, and the day was a great success, with nearly 100 attendees. This event proved to be a model for future events run by the BTA.

Later in 2016 he moved to Nottingham Biomedical Research as Professor of Hearing Sciences, working in the Translational Research unit where he would take ideas from the scientists and interpret them in a way that clinicians could understand and work with; a skill he developed during his time at Addenbrookes.

By the time he left Addenbrookes he had made it to consultant status and was leading a team of nearly 40 Audiologists, plus he had taken over as lead of the cochlear implant team as well. Along the way, he was awarded an MBA (distinction) and PhD on physiological mechanisms tinnitus in vestibular schwannoma.



David with Rachel, David Stockdale, Avril, Jim and yours truly at the conclusion of our 30th anniversary bash

Although his move to Nottingham meant he no longer had close contact with the CTSG, in June 2017 the CTSG celebrated our 30th anniversary at the Rayner's Centre at Scotsdales in Shelford, and it was typical of David that he agreed to come all the way from Nottingham to be our main presenter on what was a very successful day.

'Nobody has done more to raise the profile of tinnitus'
'Leader, teacher, mentor, scientist, clinician, patient advocate and man of faith: we will not see his like again'
[Taken from recent obituaries-Ed]

Q – I think my tinnitus started after the vaccine. Any hope of reversal?

Part of transcript and recording of a Tinnitus Week Virtual Event organised by Alderley Hearing Solutions, Hearing Care Centre, Help in Hearing and House of Hearing.

A – The BTA

Tinnitus developing from Covid vaccination is a topic which a lot of our service users have enquired about. The evidence which is available doesn't indicate that this is a common problem. We have been keeping a close eye on the data being published in the UK, the USA and Canada, amongst other countries and it has been relatively consistent in demonstrating that tinnitus is not a regularly reported adverse effect of any of the available vaccines. If we view tinnitus as being akin to a symptom, which has been the traditional perception of it, we would expect to see increases in the health issues which are identified to have tinnitus as a symptom and these increases have not been evidenced in the same reporting systems. It would be particularly unusual for a symptom to manifest independently of the health conditions which typically cause it.

There are possible reasons for this, the most oft-cited of which is a lack of awareness of the reporting routes which are available. Whilst it's true that we shouldn't expect the public to be automatically aware of where they should go to report concerns and issues with

medications or healthcare services, these routes are reasonably well-known to GPs and healthcare workers. When concerns about medication – in this case – vaccines are raised, at least some of the healthcare professionals being given these updates should be reporting them appropriately.

Tinnitus can be treated when a cause for it has been established – hearing loss, eustachian tube dysfunction, thyroid disorders, menopause, head/neck trauma, fibromyalgia, to name a few identified factors often linked with tinnitus and ear disorders. Ototoxicity – the damaging effect upon the ear of a medication or medical process – is normally seen to develop over a lengthy period of time after a significant amount of medication has been taken or when a higher than normal dosage is administered in life-threatening circumstances. To this date, vaccines have not been identified as being regularly ototoxic. A related study on the ENT- focused JAMA network website did not identify a connection between vaccination and hearing loss.



Feelings and sounds associated with tinnitus

AWKWARD BRITISH PROBLEMS cont.

- Changing from 'kind regards' to just 'regards', to indicate that you're rapidly reaching the end of your tether.
- Hearing a recording of your own voice and deciding it's perhaps best never to speak again.
- Turning down a cup of tea for no reason and instantly knowing you've made a terrible, terrible mistake
- Having someone sit next to you on the train, meaning you'll have to eat your crisps at home
- Being unable to stand and leave without first saying "right"

WORDS OF WISDOM

- Good judgment comes from a bad experience, and a lot of that comes from bad judgement.
- As you journey through life, take a moment every now and then to think of others - as they could well be plotting something.
- Good news is life's way of keeping you off balance.
- The severity of the itch is inversely proportional to the ability to reach it.
- You can fool some of the people some of the time; and that is sufficient.
- People are like tea bags. You don't know how strong they'll be until you put them in hot water.

I have recently made an interesting observation about my tinnitus at times of stress.

(Martin Middleton)

Some time ago Alan made a plea for new committee members, but up until December 2020 I was very heavily involved with other interests, getting a ski slope reopened, instructing and coaching skiing and volunteering at my local community cinema. Zoom to 2022 and we're back at the Meadows when Alan repeats his plea for help with committee work and asks me, thinking he's now pushing at an open door, if I'm able to get involved. Unfortunately three weeks before our April meeting I had what I will call 'a funny turn' and had to call the 111 out of hours GP service.

Arrived at the hospital OK, but due to some misdirections given to this by now 'confused old gent' my 8:30 pm appointment goes by the wayside, and I eventually spend the next 5 or 6 hours between consultants, various results of samples and other Q&A sessions.

When I got home, in the early hours, I realised I hadn't been troubled by my tinnitus whilst in the hospital, although hearing had been a problem with all the doctors and nurses wearing masks. I concluded that the stress of the occasion had distracted me from the tinnitus. The consultant had arranged for further tests over the next few weeks, and I decided to see if I'd still be distracted. The MRI scan was like going to a Kraftwerk concert and the American voice on the CT scan telling me to 'stop breathing' was very annoying. I cannot remember anything about the scans done under sedation.

I'm now looking for alternative stress inducers as it doesn't look like I need any more hospital appointments. Current favourite candidate is the sound of the petrol pump when filling up.

"Another taste of T'ai Chi" with Fara Afifi

Report on June meeting by Alan Yeo, visuals by Sue Peacock

Sixteen members attended our June meeting on a rather grey and damp morning, along with our T'ai Chi (Ch'uan) speaker Fara Afifi, who was making a repeat appearance for us at the Meadows Centre. In contrast to her previous visit when the sun shone and we spent most of the session outside, this time the miserable weather meant we were confined inside Room 2 for most of the session. We also had a smaller attendance this time (maybe for the same reason!), but at least it allowed us more room for our manoeuvres without disturbing our neighbours!



Fara is a registered Tai Chi Chuan Instructor, and as before she reminded us that the session would be light on talking and more about exploring stillness, awareness posture, balance and relaxation using gentle exercises.

Initially, while seated, we spent some time getting relaxed, becoming aware of our breathing while inhaling and exhaling, and getting comfortable with our surrounding. We then

shook our hands, lightly stamped our feet and wiggled our hips, before settling on the balls of our feet. Having found space for ourselves, Fara then took us through some exercises while standing (although they can be done seated):

Gently sway from one foot to the other, finding the balance point. Feel tall, relax the hips, knees and ankles.

Assume a good posture and relax the muscles (Fara likens this to the equivalent of a good cup of tea!).

In another, we imagined our head is attached to a piece of string so you are standing tall. Move from side to side, combined with moving up and back, then repeat in the other direction (this is really good for the lower back). Then sway your arms from side to side, before moving your arms forward and back.

Fara took us through some other exercises, but it's difficult to describe them in detail; you really needed to have been there to appreciate them. T'ai Chi movement have wonderful names some of which she demonstrated, and that we tried to copy - and failed miserably!).



Names such as Sleepy Tiger Eyes, Bird Folds its Wings, Pen Waves its Wings, Swimming Frog and the best of all – Dragon Plucks Stars from the Sky!

As the rain appeared to have stopped, we ventured outside to attempt some other movements. Unfortunately we were only just getting into it when the rain started up again, and heavily this time; so we had to retreat back inside; and this effectively brought the practical session to a conclusion.

T'ai Chi Ch'uan (T'ai Chi for short) was originally taught as a martial art* (one translation is "supreme ultimate boxing") and longevity exercise. In the early 20th century the health benefits were discovered, and it took on a new persona as a preventive medicine or wellness exercise. Originating in China some 300 years ago it uses a combination of good posture and mindful relaxed awareness. It can be done seated or standing and by anyone with any level of fitness or mobility.

[*T'ai Chi has been described as a lazy person's martial art, which I think is a great description!-Ed]

Fara suggested that with T'ai Chi you have a child-like openness and exuberance, along with a feeling of stillness and clarity.

She describes it as cultivating your inner observer; and thought a good analogy was watching David Attenborough and those gorillas on TV! Research has shown that T'ai Chi can improve cognitive function and circulation around the joints. It also improves your coordination and balance as well as improving bone density. T'ai Chi also has a meditative quality, as well as being relaxing, all good news for those with tinnitus.



Fara teaches the Beijing 24 Step, basic Chi Kung, Push Hands and partnerwork. She also can teach non-mainstream classes for example: women only, mental health, learning disabilities, wheelchair users, adapted seated only classes. Her current classes are principally held in East Cambridgeshire, including Bottisham, Burwell, Ely, Reach and Swaffham Prior.

Her details can be found on:

<https://tinyurl.com/yamrr8jz>

Committee member Sue Peacock provided the pics, and also a short video that can be viewed on the CTSG Facebook page. If you would like to view the video, but don't have Facebook, just drop me an e-mail and I will send you the link. If you have Windows 10 and OneDrive, you might be able to open it via IMG_22391147.MOV.

UNIVERSALLY CHALLENGED

From the *Late Show* (BBC Midlands Radio: **QM** 'What is the capital of Italy?' **Contestant:** 'France ' **QM:** 'France is another country, try again'. **Contestant:** ' Oh, um, Belgium' **QM:** 'Wrong, sorry, let's try another question'. 'In which country is the Parthenon?' **Contestant:** 'Sorry, I don't know'. **QM:** 'Just guess a country then'. **Contestant:** 'Paris.'

Anne Robinson: 'Which Indian leader, whose last name began with a "G", took the name Mahatma?' **Contestant:** 'Geronimo'. **Bamber Gascoigne:** 'What was Gandhi's first name?' **Contestant:** 'Goosey?' **Tim Brooke-Taylor:** 'The Ashmoleum in Oxford was England's first what?' **Contestant:** 'Indian restaurant'. **Anne Robinson:** 'Name the Empress of Russia who ruled between 1762 to 1796, famous for her number of lovers'. **Contestant:** 'Boadicea'.

More severe tinnitus with a noise-induced hearing loss

Tinnitus may be worse with a noise-induced hearing loss than with an age-related hearing loss), a study finds.

A Korean study has shown that hearing thresholds were higher, the loudness of tinnitus was smaller and the degree of damage to the hair cells in the inner ear was lower in patients with presbycusis (age-related hearing loss) than in those with a noise-induced hearing loss.

Latencies in hearing were more prolonged in patients with presbycusis despite their lower hearing thresholds. These phenomena may reflect the effects of ageing or degeneration of the central nervous system with age, the authors write.

Facts about the study

The study examined 248 persons with chronic tinnitus from 2015 to 2020 with noise-induced hearing loss or

(from the Journal of Clinical Medicine)

age-related hearing loss (presbycusis).

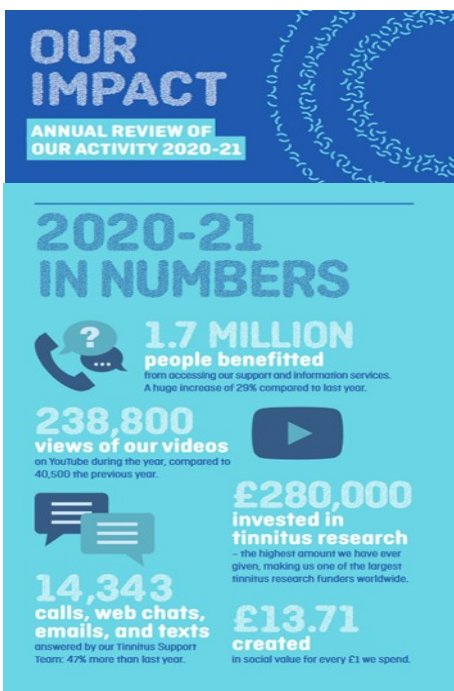
In the study, people with noise-induced hearing loss were defined as those with a history of exposure to noise, such as workers in the mining and machinery industries with a hearing threshold of 25 dB or greater.

People with presbycusis were defined as those aged 65 years or older without a history of noise exposure and with a hearing threshold of 25 dB or greater.

All patients with tinnitus were evaluated by tests of pure tone audiometry (PTA), auditory brainstem response (ABR), distortion product otoacoustic emissions (DPOAE) and transient evoked otoacoustic emissions (TEOAE). So called "Tinnitograms" were performed to get the pitch and loudness of tinnitus.

ANNUAL REVIEW OF BTA ACTIVITY 2021-2

(Edited from David Stockdale's intro)



The BTA began the new financial year in a state of uncertainty, adapting to a new way of working as they came to terms with the impact of the global coronavirus pandemic and the reality of a national lockdown. It was impossible to anticipate then that over a year, and two more lockdowns later, we would all still be living this 'new normal'.

Despite this, through their information and support services, last year they helped 1.7 million people living with tinnitus, a huge 400,000 more than the previous year. This vital work has all been made possible thanks to their amazing supporters, who raised £1.28 million in the year.

While being there for those that needed them, the BTA have pressed ahead with passion in the mission to drive progress towards a cure. A renewed commitment during the year to establishing a tinnitus biobank has helped them move closer to their goal. And, thanks to generous legacy donations, they have invested £280,000 in research to improve our understanding of tinnitus.

I am incredibly proud of what we achieved together over the last year. However, the number of people living with tinnitus in the UK is set to rise by more than half a million people by 2028 and with tinnitus being recognised as a side effect of Covid-19 and long Covid, our support services and dedication to researching tinnitus cures have never been more vital. Together, I hope we will achieve even more in 2021-22 and beyond.

WIT OF THE NATION

A petty reason perhaps why novelists more and more try to keep a distance from journalists is that novelists are trying to right the truth and journalists are trying to write fiction. *Graham Greene*

At a dinner party one should eat wisely but not too well, and talk well but not too wisely. *W. Somerset Maugham*

Writing is easy. You only need to stare at a blank sheet of paper until your forehead bleeds. *Douglas Adams*

Literature is mostly about having sex and not much about having children; life is the other way round. *David Lodge*

The sheer complexity of writing a play has always dazzled me. In an effort to understand it, I became a critic. *Kenneth Tynan*

Please remember

This is your newsletter and all comments, letters, contributions or editorial copy relevant to tinnitus or CTSG, or anything you think maybe of interest to our members would be very welcome. Please send to:- Alan Yeo, c/o Newsletter Editor, 4 Claygate Road, Cherry Hinton, Cambridge CB1 9JZ (Tel. 01223 243570 alan.yeo622@outlook.com)

CONNECTIONS

CTSG website: www.cambstsg.com Facebook: **Cambs Tinnitus Support Group**

CTSG is an independent voluntary organisation with a good supporting relationship with the Audiology Department at Addenbrookes Hospital. It is also a BTA-registered tinnitus support group. We receive no financial support other than from membership subs, donations and sales. This pays for the hire of the meeting room, printing and postage of newsletters, replacement equipment and associated activities.

Our next meeting is on Saturday 19 November at the Meadows Centre, when we have our ever-popular self-help session, facilitated by Rachel.