

Cambs Tinnitus Support Group

No. 176

NEWSLETTER

June 2025

MEETING

Saturday 21 June 2025

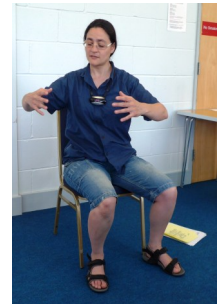
at

10.00 for 10.30 am

"Learning more about Tai Chi"

**Speaker: Fara Afifi
Move2Health**

Faradena is a Tai Chi Chuan teacher, community musician and massage therapist. She has been a musician her whole life and combines sessions of Tai Chi Chuan and music for adults with complex disabilities as well as teaching mainstream Tai Chi Chuan classes. Her aim is for the session to be a group interactive event; doing some exercises together and then inviting questions. The session will use gentle exercises to explore the following: stillness, awareness and whole body mindful movement, posture, balance and relaxation. T'ai Chi Chuan is more of a physical activity than something to be spoken about, so Faradena will probably be keeping talking to a minimum.



New Meadows Community Centre

299 Arbury Road, Cambridge, CB4 2JL

The car park is located off Arbury Road between the new Community Centre and the apartment building.

(Parking is free for members attending a group meeting, **but please be aware that available spaces can be limited**)

NB: Other free parking is available in St Albans Road. Turn Right out of car park, St Albans Rd is next Right.

If necessary, parking might still be available in Daisy Close, as used by some for the February meeting.

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Refreshment & Raffle

EDITOR'S CHAT

In our last newsletter, Martin, our chair, gave us a flavour of his thoughts of the Tinnitus UK event which Rachel and himself attended during Tinnitus Week. He also promised to give us an outline of Dr James Jackson's lecture and this appears on page 7. You will notice the font size is slightly smaller than normal, but this was the only way confining Martin's piece to one page.

A police force has issued small cards that deaf people can use during an emergency to communicate with others. The cards from Cambridgeshire Police say "I am deaf" and are being distributed by the Cambridgeshire Deaf Association (CDA).

The BBC video can be seen at <https://www.bbc.co.uk/news/articles/.c4g6zypj4ewo>

Those who came to our April meeting will know that Janette, our treasurer for some 12 years, has decided to step down, and we are therefore looking for someone to take her place. The task is quite straightforward, and is confined to membership business, the hiring of the room at the Meadows and a statement at the AGM. The job will be made easier when the setting up of an online account is completed.

We try to bring our members speakers who they will find interesting, and each year it gets harder to do just that. So if you know of such a person, or if you have a specific topic you think would be interesting that we could possibly find someone to talk about, then please let us know.

Our presenter this month won't be a stranger to some of you, as this will be Fara's third visit to the group. In the past we have been lucky to get outside to practice some of the moves we had been taught, but now we are on the first floor that's not so easy. However if the weather is kind we could possibly use the playground area out the rear. And we could always use the lift to get back!



POLITICAL WIT

- Politics is the art of looking for trouble, finding it whether it exists or not, diagnosing it incorrectly, and applying the wrong remedy. *Ernest Benn*
- If there is one eternal truth of politics, it is there are always a dozen good reasons for doing nothing. *John Le Carré*
- Our great democracies still tend to think a stupid man more likely to be honest than a clever man, and politicians take advantage of this prejudice by pretending to be even more stupid than nature made them. *Bertrand Russell*
- I remain just one thing, and one thing only, and that is a clown. It places me on a far higher plane than any politician. *Charles Chaplin*
- There's no gambling like politics. *Benjamin Disraeli*
- The proper memory for a politician is one that knows what to remember and what to forget *John Morley*
- The politician who has never made a mistake never made a decision *John Major*

MARTIN'S MISSIVE - June

Reading the April Newsletter, looking for inspiration for the June issue, I noticed that I'd forgotten to add the final line on my April missive "What colour coat am I wearing today?" The other thing I spotted, was the final line of the RAF pilot's story "It's not the sound, it's your reaction." Struggling to keep with the theme of showing in photos how people observe you and I experience our tinnitus; I wondered how I could combine these quotes. Inspiration came via my fellow photographic club members.

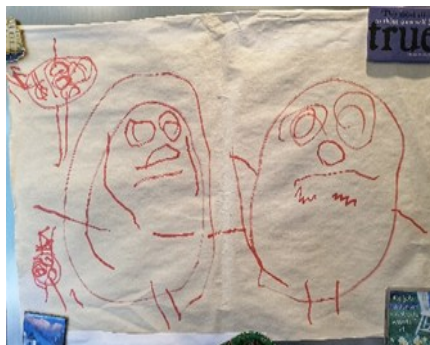
Over the last 12 months or so, I've joined them on several street photography trips to the London Colour Walk at Spitalfields Market. If you like to see outrageous fashion in a very friendly atmosphere (no loud music) they meet up, all year round whatever the weather, on the third Thursday of the month between 12 and 2pm. (Google it for more information). There seemed to be as many photographers as participants, and everyone enjoyed posing for the camera.

Well, what's this got to do with tinnitus? On the train home we were reviewing the pictures and I'd taken a couple of shockers. The reaction of some people in my photos was completely at odds with the rest of the scene. "You'll need to Photoshop those people out". So, I never used the pictures. Until now. I've heavily cropped both pictures leaving only the person reacting to the joyful scene. Their shock/horror expressions now have no context, other than what you imagine, in the same way someone observing you cannot see your tinnitus.

*Why are you looking so grumpy? "



"I'm not grumpy, I'm just admiring the latest fridge door art of Nana and Grandpa".



With Best wishes

Martin Middleton
CTSG Chair

Report on April meeting

"Update on clinical trials at Nottingham - addressing tinnitus research priorities" by Dr Derek Hoare

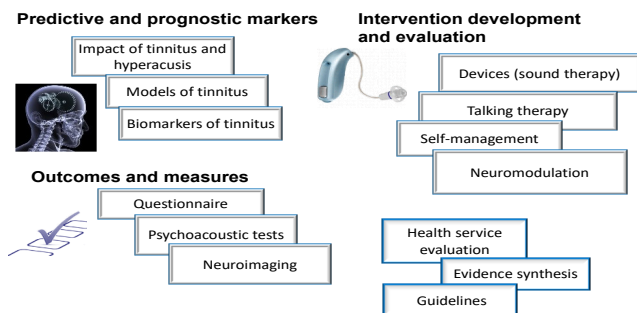
(by Alan Yeo)

The topic of Derek's PhD was Sensory Neuroscience, which led him to a particular interest in understanding the abnormal perception of 'phantom' sensations such as tinnitus, and how such sensations might be modulated by experience. He now leads a diverse portfolio of research in tinnitus, hyperacusis, and hearing loss at the Nottingham Biomedical Research Centre. Derek is also currently Chair of the British Society of Audiology.

Big research questions

Derek began his talk by outlining some of big research questions being asked in his area:

Tinnitus and Hyperacusis programme



Theme 1: Predictive & prognostic markers

- Precision tools to personalise treatment
- Deep phenotyping (observable characteristics of an organism)

Theme 2: Intervention development and evaluation

- Hearing aids and adjunct interventions for hearing loss and tinnitus

Tinnitus Programme

1. Guidance

There were no practice guidelines covering tinnitus until multidisciplinary European Guidelines emerged in 2019 (Derek was one of the authors), followed by the NICE* assessment and management guidelines in 2020. (*National Institute of Health and Care Clinical Excellence)

NICE research recommendations included

1. Cognitive behavioural therapy for adults with tinnitus delivered by appropriately trained healthcare professionals other than psychologists
2. Combination management strategy: sound therapy antenna to support
3. Message for assessing tinnitus in general practise
4. Neuromodulation treatments
5. Psychological therapies for children and young people.

Interestingly, the WHO only mention tinnitus as a nonspecific symptom of a hearing disorder, but not as a clinical entity in its own right.

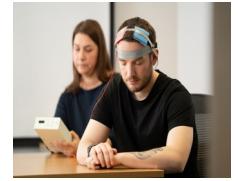
2. Treating tinnitus: Device-based intervention

Neuromodulation therapies aim to interfere on some level with abnormal neural activity and drive neuroplastic changes. This interruption of neuronal activity associated with tinnitus should restore typical levels of activity. Insufficient robust evidence meant that the NICE committee were unable to make any practice recommendations on the use of neuromodulation therapies.



Transcranial direct current stimulation (tDCS)

tDCS modulates cortical excitability via a weak electric current, whose intensity, stimulation duration, electrode size and positioning can be varied. Various studies have optimised the use of tDCS for tinnitus, and the next steps will involve a Pilot-randomised controlled trial and the modelling of electric current flow through brain tissue to personalise the stimulation.



3. Treating Tinnitus Disorder

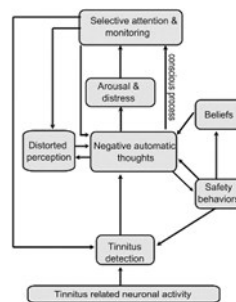
678 patients attended a single tinnitus treatment centre between 1989 and 2014, and there were many responses to the clinical interview question:-

"Why is tinnitus a problem?"

Effect on listening
Loss of quiet
Annoyance
Intrusiveness
Need for knowledge
Quality of Life
Feeling deficient
Effect on sleep
Emotional reaction
Unpleasantness of percept
Constant awareness
Inability to concentrate
Physical effects
Fear
Loss of sense of self
Emotional consequences
Loss of peace
Loss of control

CBT

NICE suggests that cognitive behavioural therapy (CBT), and its derivatives are effective interventions for managing tinnitus-related distress. They recommend delivery by a clinical psychologist or CBT therapist including digital and group formats, but as a priority, research is needed to assess the effectiveness of CBT delivered to people with tinnitus by appropriately trained and supervised healthcare practitioners other than psychologists (for example, audiologists).



The first empirically supported model of tinnitus distress which provides a clinical framework for the development of more effective psychological therapy was reported by Handscomb et al. in 2020. (See diagram opposite)

A review and various studies included: a scoping review to systematically identify components

of psychological therapies for adults with tinnitus, and a study that surveyed patient and clinician experts with rounds of questionnaires to reach a consensus on what components audiologists could and should deliver. They then manualised the resulting treatment to train audiologists to implement it, leading to acceptability and the feasibility of a clinical trial.

A manual* ('A psychologically informed guidance manual to support audiologist management of tinnitus') was created as part of a National Institute for Health Research for Patient Benefit funded study. It resulted from the collaborative effort between patients and patient's representatives, audiologist, hearing therapist, cognitive behaviour therapist and research professionals. The intended purpose of the manual is to provide audiologists with a reference and resource (toolkit) to work with people who have tinnitus in a psychologically informed way, to identify individual needs, set joint goals, reach shared and informed decisions and

* Derek was one of the authors



Cont. on page 4

Cont. from page 3

promote patient self-management.

Derek's excellent and thoroughly interesting talk included far more detail that encompasses his areas of expertise than I could possibly cover in the space available in this newsletter [Trying to pick suitable material from a total of *43 slides didn't help my task either!* -Ed].

The use of psychological methods to help those with the tinnitus is definitely going to grow as the research and expertise expands; who knows what benefits they may bring in the future.

Derek received an enthusiastic and deserved round of applause. He also spent a considerable amount of his time afterwards talking to our members before heading back to Nottingham.

Tinnitus Seems to Be Somehow Connected to a Crucial Bodily Function (Edited from Science Alert: the Conversation)

Around 15 percent of the world's population have tinnitus, which is often associated with hearing loss. As well as being annoying, it can also have a serious effect on mental health, often causing stress or depression, particularly for patients having tinnitus over months or years. There's currently no cure for tinnitus. So finding a way to better manage or treat it could help many millions of people worldwide. And one area of research that may help us better understand tinnitus is sleep.

Firstly, tinnitus is a phantom percept. This is when our brain activity makes us see, hear or smell things that aren't there. Most people only experience phantom perceptions when they're asleep.

Secondly, tinnitus alters brain activity, with certain areas of the brain (such as those involved in hearing) potentially being more active than they should be. This may also explain how phantom percepts happen. When we sleep, activity in these same brain areas also changes.

Our recent research review has identified a couple of brain mechanisms that underlie both tinnitus and sleep. Better understanding these mechanisms – and the way the two are connected – could one day help us find ways of managing and treating tinnitus.

When we fall asleep, our body experiences multiple stages of sleep. One of the most important stages of sleep is slow-wave sleep (also known as deep sleep), which is thought to be the most restful stage of sleep. During slow-wave sleep, brain activity moves in distinctive "waves" through the different areas of the brain, activating large areas together (such as those involved with memory and processing sounds) before moving on to others.

It's thought that slow-wave sleep allows the brain's neurons (specialized brain cells which send and receive information) to recover from daily wear and tear, while also helping sleep make us feel rested. It's also thought to be important for our memory.

Not every area of the brain experiences the same amount of slow-wave activity. It's most pronounced in areas we use most while awake, such as those important for motor function and sight. But sometimes, certain brain areas can be overactive during slow-wave sleep. This is what happens in sleep disorders such as sleepwalking.

A similar thing may happen in people with tinnitus. We think that hyperactive brain regions might stay awake in the otherwise sleeping brain. This would explain why many people with tinnitus experience disturbed sleep and night terrors more often than people who don't

have tinnitus.

This maybe is because brain activity happening during the deepest sleep suppresses tinnitus. There are a couple of ways the brain may be able to suppress tinnitus during deep sleep. The first has to do with the brain's neurons.

After a long period of wakefulness neurons in the brain are thought to switch into slow-wave activity mode to recover. The more neurons in this mode together, the stronger the drive is for the rest of the brain to join. We know that the drive for sleep can get strong enough that neurons in the brain will eventually go into slow-wave activity mode. And since this especially applies to brain regions overactive during wakefulness, we think that tinnitus might be suppressed because of that.

Slow-wave activity has also been shown to interfere with the communication between brain areas. During deepest sleep, when slow-wave activity is strongest, this may keep hyperactive regions from disturbing other brain areas and from interrupting sleep. This would explain why people with tinnitus can still enter deep sleep, and why tinnitus may be suppressed during that time.

Sleep is also important for strengthening our memory, by helping to drive changes in connections between neurons in the brain. We believe that changes in brain connectivity during sleep are contributing to what make tinnitus last for a long time after an initial trigger (such as hearing loss).

Treating Tinnitus

We already know that intensity of tinnitus can change throughout a given day. Investigating how tinnitus changes during sleep could give us a direct handle on what the brain does to cause fluctuations in tinnitus intensity. It also means that we may be able to manipulate sleep to improve the wellbeing of patients – and possibly develop new treatments for tinnitus. For example, sleep disruptions can be reduced, and slow-wave activity can be boosted through sleep restriction paradigms, where patients are told to only go to bed when they're tired.

Boosting the intensity of sleep could help us better see the effect sleep has on tinnitus. While we suspect that deep sleep is the most likely to affect tinnitus, there are many other stages of sleep that happen (such as rapid eye movement, or REM sleep) – each with unique patterns of brain activity.

In future research, both the sleep stage and tinnitus activity in the brain could be tracked at the same time by recording brain activity. This may help to find out more about the link between the two.

For decades, researchers have sought a cure for tinnitus. Its unusual nature, involving phantom auditory perceptions, complicates treatment development. Efforts have largely centred on mitigating symptoms rather than resolving underlying causes. Common interventions include Cognitive Behavioural Therapy (CBT) and sound therapies, though results are mixed. A promising frontier lies in neuromodulation, where technologies such as Tinnitus Retraining Therapy (TRT) and acoustic stimulation aim to desensitize the brain to tinnitus.

Recent Trials

A recent clinical trial assessed TRT (against partial TRT and standard care). The study followed 151 patients over 18 months, revealing modest benefits. Of the TRT group, 47.1% experienced meaningful improvement in tinnitus-related quality of life, compared to 40.5% receiving standard care. While TRT showed potential, results underscored the need for more effective, targeted treatments.

Another trial evaluated the Acoustic Coordinated Reset (ACR) T30 Neurostimulator. Despite its innovative sound sequences targeting neural synchrony, the trial failed to show significant improvement over placebo. Similarly, experiments combining sound therapy with electrical tongue stimulation yielded marginal benefits, suggesting room for improvement in such approaches.

Breakthroughs in Digital Therapeutics

Researchers at the University of Auckland have made significant strides with a novel digital polytherapeutic, delivered via a mobile app. This therapy integrates cognitive-behavioural techniques, sound therapy, and mindfulness practices. By addressing multiple contributors to tinnitus, it aims to "rewire the brain," reducing the prominence of phantom sound.

Associate Professor Grant Searchfield, who led the study, explained, "This therapy de-emphasizes tinnitus, relegating it to background noise with no meaning or relevance."

A study published in *Frontiers in Neurology* (covered in November 2022 newsletter) compared the polytherapeutic app to a widely used white noise app. Significant improvements were observed in the polytherapeutic group, including reduced tinnitus severity and enhanced mental well-being. These findings mark a critical milestone in tinnitus treatment, emphasizing the potential of comprehensive, accessible digital interventions.

Tinnitus varies widely for those with the condition. Factors such as environmental conditions, psychologi-

cal predispositions, and individual neural patterns influence its manifestation. This variability highlights the limitations of one-size-fits-all treatments and underscores the need for personalized therapies.

Researchers are now exploring tailored approaches. By understanding each patient's unique tinnitus profile and treatment goals, therapies can be customized to target specific symptoms or underlying mechanisms. Early efforts include goal-oriented counselling and personalized sound therapy, focusing on aspects such as attention retraining and relaxation.

Preliminary studies have shown promise in combining behavioural interventions with digital tools. For instance, a prototype smartphone-based digital therapeutic tested alongside counselling methods showed encouraging outcomes. This approach integrates tools for relief and adaptation, guided by patient feedback and behavioural needs. As these methods evolve, they hold potential to transform the standard of care for tinnitus.

The Road Ahead

Although recent advancements signal progress, challenges remain. Larger, multi-centre trials are necessary to confirm the efficacy and scalability of digital polytherapeutics. Researchers aim to refine these tools, incorporating real-time feedback and expanding their capabilities. Combining digital therapies with medications or other interventions may further enhance outcomes.

The collaborative effort between the University of Auckland and Tinnitracks, a German company specializing in tinnitus therapeutics, illustrates the global commitment to innovation. Tinnitracks' platform, enhanced for the New Zealand market, provided a foundation for the digital polytherapeutic.

Dr. Searchfield emphasized the importance of continuing research, saying, "We need to see if these results replicate in larger populations and assess long-term effects."

By addressing these gaps, the field moves closer to a

future where tinnitus is not merely managed but fundamentally mitigated.

For millions affected by this condition, the prospect of relief is no longer a distant hope. With sustained research and technological innovation, the dream of conquering tinnitus is within reach.



Associate Professor Grant Searchfield

WRINKLIES WISDOM

• A nap in the middle of the day can do you good. If you wake up in your pyjamas - it's morning. If you wake up in your clothes - it's time for tea. *Thora Hird* • I have everything I had 20 years ago, only now it's 6 inches lower. *Gypsy Rose Lee* • The secret of genius is to carry the spirit of the child into old age, which means never losing your enthusiasm. *Aldous Huxley* • I'm of an age where my back goes out more than I do. *Phyllis Diller* • Don't be over-impressed with time. Accept it, but don't kowtow to it. You should still be able to stick two fingers in the air as the diminishing amount of sand trickles through the hourglass. *George Melly* • Always be nice to children, because they are the ones who will choose your rest home. *Phyllis Dyer* • It's only natural that a person becomes quieter as they grow older. They've got more to keep quiet about. *Samuel Butler* • Use it or lose it *Joan Collins*

BBC Morning Live doctor says you can 'keep tinnitus at bay' with one fruit a day (Edited from Surrey Live broadcast)

The doctor said it can reduce the risk as much as 35%

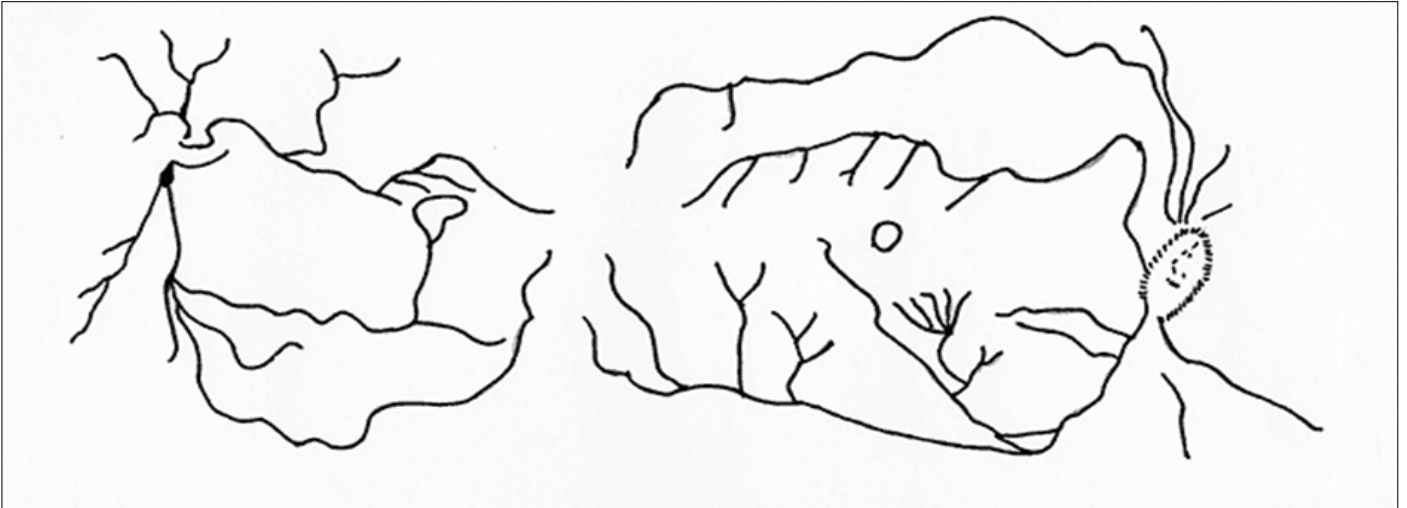
The BBC Morning Live doctor has said that an apple a day could help keep a condition at bay. Dr Oscar Duke, who appears regularly on the show, said fruit could be the key. "Tinnitus can be really debilitating", he said, and you may hear these sounds in one or both ears, or in your head. They may come and go, or you might hear them all the time. Dr Oscar shared that whilst we don't yet know the cause, there are lots of different reasons why it may happen, including hearing loss as well as being around loud music at concerts. Despite him saying that "it's really difficult to treat" with treatments differing from person to person, he revealed some good news. He shared: "Some researchers in China have done what they call a systematic review." "So, they get loads of different observational studies, look at them all and put them all together to see if they can find any trends. And across all the studies - they looked at over 300,000 people - they did find that

'eating fruit in their result' can help." He further expanded: "If you eat a good amount of fruit, you were 35% less likely to develop tinnitus, according to the studies that they looked at". They also noted: "An apple a day - even one apple - could be enough to significantly reduce that risk."

Doctor Duke said that "300,000 people is a good number," however he reminded viewers that "these are observational studies," meaning "they are not set up to prove cause," so we don't know for certain and even the people who wrote this paper, the researchers, have said there is no level evidence for the study."



BBC Morning Live Doctor - Oscar Duke



Tinnitus, Auditory Knowledge and the Arts

This is a 2-year Arts and Humanities Research Council project, bringing together Dr Marie Thompson from the Open University, Dr Patrick Farmer from Oxford Brookes University's Sonic Arts Research Unit, The British Tinnitus Association (now Tinnitus UK) and Oxfordshire Visual Arts Development Agency to investigate how the arts might help to enrich understandings of tinnitus and the diverse ways it affects listeners.

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](#)



REGISTERED
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 Tinnitus UK-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. Reports and comments expressed in this newsletter do not necessarily reflect the views of CTSG.

Our next meeting is on Saturday 20 September, when we welcome back Dr Kathryn Fackrell from the Nottingham Biomedical Research Centre (NBRC) to talk about their latest tinnitus and hyperacusis research.

Dr James Jackson's Presentation @ Tinnitus Week 25

(From Martin Middleton)

His PowerPoint presentation was primarily intended for Audiology, Psychiatric and Medical (GP's) professionals and brings together themes introduced by the previous presenters, which were summarised in the last newsletter. I have removed many of the references to academic research papers, including those of James himself. I have not changed the wording, so please remember that their specific meaning may be different from our layman's usage. Any additions I have made are in *Comic Sans* font.

"What do tinnitus patients want? It may not be what you think."

Tinnitus Interventions

- > Tinnitus is very common
- > Few treatments
- > Most of these only seeking to help patients cope with the condition (i.e. Not curative)

50% of patients with chronic tinnitus can be diagnosed with at least one psychological disorder:-

- > Insomnia – 27%
- > Anxiety – 32%
- > Depression – 37%
- > 1 in 7 People have Tinnitus
- > 10% of those see their Quality of Life Eroded

That's approximately one million people in the UK

Significant Predictor Variables of Help-seeking in Tinnitus Patients

- > Decreasing Age
- > Positive COVID-19 vaccination behaviour
- > Greater Tinnitus Distress
- > Lower Levels of Neuroticism
- > Higher Levels of Anxiety
- > Greater Hearing 'Handicap'

Many of those people seeking help will present with two or more of the above predictor variables and different combinations will likely require different remedies.

Some people with tinnitus will seek help – Most significant responses to the questions:-

The first healthcare professional I saw

- Q - referred me to secondary diagnostic services (e.g. audiology) without me 'having to fight for it'
- > 46% referred to audiology
- Q - referred me to a therapeutic intervention (e.g. psychology) without me 'having to fight for it'
- > 8% referred to psychology

Qualitative Interviews

Theme One

"It's like suffering silently but it's not silent"

- > Participants reported effects of tinnitus on their physical and mental health/wellbeing.
- > Differences in how they spoke about their lives before and after diagnosis.
- > Focus of diagnosis seen as purely medical, with psychological wellbeing totally ignored.

Medical focus leads to disappointment

- > Healthcare attention was purely diagnostic, suggesting impact of tinnitus not understood.
- > Intense feelings of isolation, anxiety, depression and suicidal ideation as a result of tinnitus.

"It's just like, it feels sometimes like you have reached the end of the line"

(Self) Management of tinnitus

- > Acceptance helped participants control their negative emotions and manage their tinnitus.
- > Achieved through self-learning/self-searching, not from advice by healthcare professionals.
- "I had to come to terms that this is my life now these are my ears forever"*

Theme Two

"I got the impression this is no big deal"

- > Reassurance needed that the condition is real.
- > Lack of recognition from GPs was distressing.
- "No, you're normal. Suck it up"*

- > Disclosure by healthcare professionals that they had tinnitus was seen positively.
- > Need for empathy was felt by all participants.
- > Lack of treatment plans led to some participants giving up on the healthcare profession entirely.
- "a 5-year battle just to get information".*
- "She was so kind and compassionate"*
- "I think you can get through anything if you meet a person who understands you"*

Clinical Aims

- > Avoid situations where individuals are told 'nothing can be done'.
- > Reduce tinnitus-associated distress and aid patient habituation.

Psychoeducation for Tinnitus

- > Provision of information is key.
- > Explain processes which lead to tinnitus distress, coping strategies, and so on.
- > Takes minimum two months to see integration and behaviour change.

Tinnitus Treatment Pathways

- > Delays from diagnosis to treatment?
- > Hesser et al. (2011) suggests that waiting for treatment can reduce distress by 8-11%. (i.e. "Waiting List Control")
- > Increased awareness leads to natural coping skills? (Is this habituation?)

Low-trait Mindfulness

- > Tendency of individual towards catastrophization and rumination.
- > Ineffective Coping Strategies (i.e. Avoidance).
- > Poor mental health and wellbeing.

High-trait Mindfulness

- > Development of higher trait mindfulness (thorough practice) leads to positive appraisal and acceptance of condition.
- > Participant feedback consistently positive.
- > Sees use in non-tinnitus contexts six months later.

Online Interventions

- > Many self-help resources available.
- > If evidence-based, can be effective in reducing anxiety and depression.
- > 'Guided' better than 'pure' self-help.

Use of ChatBot Apps (eg Mind Ear and Oto)

Conclusions

- > Do not, under any circumstances, tell people their tinnitus is 'uncurable',
- > and they 'just have to live with it'.
- > Empathy training workshops?
- > Basic Tinnitus information takes time to 'take'.
- > Leaflets/referral advice.
- > Generally, people will find their own information online, and they will habituate to their tinnitus.
- > But this takes a long time and being empathetic with useful advice could save years of distress.
- > Know online/smartphone resources.
- > Know the facts – what has an evidence-base?
- > Knowing your skill set is a professional aim.
- > Referring on is usually the right thing to do.

And Finally. For those in the room interested in getting accreditation to provide therapeutic remedies like CBT, James talked about the possible qualification routes. For himself, this would require 500 hours of consultations under supervision, which he considered was not a realistic proposition. And similarly, may not be attractive to Audiologists.