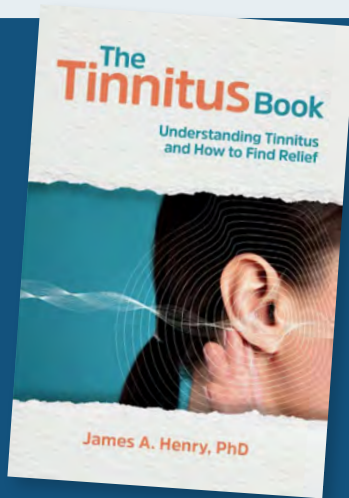


# Empowering the Person With Tinnitus

## Case Studies Combined With Decades of Clinical Research Knowledge

Review by Marc Fagelson, PhD



**Title:** *The Tinnitus Book: Understanding Tinnitus and How to Find Relief*

**Author:** James A. Henry, PhD

**Publisher:** Ears Gone Wrong, LLC

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**It is likely that more than 1 billion** people experience and hundreds of millions suffer from, to varying degrees, the perception of a tinnitus sound. At the same time, the tinnitus sensation is as obvious to its owner as it is invisible, unheard, and incomprehensible to other people. A tinnitus sound may be unobtrusive and ignorable, intermittently challenging, all-consuming, or anything in between. Consider also that tinnitus and emotional distress are often mutually reinforcing, while many patients indicate that hearing loud sounds

makes their tinnitus louder. Taken together, tinnitus's high prevalence and heterogeneous presentation—the substantial diversity and uniqueness of patients and their concerns—confound efforts at curing the condition with standard medical interventions. Against this backdrop, and in an environment in which many patients may struggle to find accurate information conveyed in a reasonable and verifiable manner, Dr. James A. Henry offers *The Tinnitus Book*. Dr. Henry's life, research, and career have focused upon delivery and improvement of clinical services and related counseling information intended to support patient coping and quality of life. In *The Tinnitus Book*, Dr. Henry provides a considerable amount of relevant and relatable information for patients, as well as for the students and practitioners who serve them. Boiled down, this is a book that will foster self-care for patients with bothersome tinnitus and, by extension, the confidence of those individuals charged with their care.

Dr. Henry's text addresses the wide range of tinnitus-related patient challenges in a variety of ways. The book contains brief case examples to highlight aspects of tinnitus effects, its evaluation, and its management, and these brief case descriptions should resonate with readers who likely share similar experiences. Patients may benefit from observing elements of their own situation through the context of the cases offered, and at the same time practitioners may be reminded

of, and therefore able to (re)consider, past clinical encounters. Linking cases to diagnosis and intervention has long been one of Dr. Henry's strong suits. Of particular benefit, the description of tinnitus management strategies includes substantial information regarding patient triage, onward referrals, and realistic expectations. Stepped interventions such as his research group's Progressive Tinnitus Management (PTM) protocol, as well as options including cognitive behavioral therapy (CBT), are described in detail, but not belabored—the balance between providing adequate information without overwhelming the reader is clearly one of *The Tinnitus Book's* most attractive attributes. Importantly, Dr. Henry conveys in several passages the notion that, as much as one might know about tinnitus, it is the patient who may claim expertise; as Dr. Henry's mentor Jack Vernon suggested, most of what we know about tinnitus we learned from patients.


Dr. Henry uses a series of appendices to expand on material in the book for the curious reader and, hopefully, students and practitioners. The broad spectrum of tinnitus experiences springs from, at least in part, diversity of causes and exacerbators. The appendices provide Dr. Henry an opportunity to summarize and report elements from the literature related to, for example, mechanisms (Appendix A: Auditory Gain), measures (Appendix C:

Sound of Tinnitus), and management (Appendix D: Tinnitus Retraining Therapy [TRT]; Appendices E and H: CBT; Appendix F: Tinnitus Activities Treatment [TAT]). Such counseling and the related focus on information that may be provided by practitioners underscore the strategies that support patient coping and adaptability.

Audiologic rehabilitation often employs devices (for example, hearing aids or maskers); however, it is widely accepted that device benefit relies substantially on counseling related to the devices and realistic expectations for the devices. *The Tinnitus Book* and appendices offer detailed information regarding rehabilitative interventions that work reasonably, consistently and that are least invasive. Indeed, when drugs and surgery fail more often than they succeed—as is the case with tinnitus—it is incumbent upon providers to support patient coping through other means.

Throughout the book, Dr. Henry displays both a comprehensive understanding of and working relationship with the tinnitus event

that could only emerge from the substantial effort he exerted throughout his career in this practice domain. As a decorated researcher—his hundreds of presentations, publications, and five prior books earned him top-of-the-profession career awards from both the VA system and the American Academy of Audiology—Dr. Henry can state with clear and unwavering tone that tinnitus, although for the most part incurable, is manageable. He discloses his own tinnitus and its effects, and it may be encouraging to patients that individuals can coexist with tinnitus even when, perhaps as an occupational hazard, they think about it and talk about it more or less all the time. His compassion, humor, and gracious touch with facts and theory permeate this text in ways that will ease navigating the material, some of which may, admittedly, appear at times counterintuitive to potential consumers. Dr. Henry tells us that this is his first book in a series about tinnitus and “ears gone wrong.” Although his accomplishments need no additional burnishing, the thought that he will continue to investigate ways in which

tinnitus can be explained and managed should provide patients, providers, and students a measure of assurance that the condition’s complexities and obstinance may be addressed in the future through Dr. Henry’s unique correspondences. Already looking forward to the next one. 



*Marc Fagelson is a professor of audiology at East Tennessee State University. He received a BA in English and MS in audiology from Columbia University,*

*and his PhD in hearing science from the University of Texas at Austin. His academic teaching includes courses covering hearing science, audiologic evaluation, pathologies of the auditory system, and tinnitus management. Dr. Fagelson co-edited with Dr. David Baguley two texts published by Plural that center on tinnitus and disorders of sound tolerance. He has more than 40 publications and has given more than 100 conference and workshop presentations. In 2001, he opened the James H. Quillen Veterans’ Affairs Medical Center (VAMC) Tinnitus Clinic that now enrolls more than 1,200 patients. Dr. Fagelson is chair of the American Tinnitus Association’s Scientific Advisory Committee.*

## 30th Annual International In-Person/Online Conference

# Management of the Tinnitus & Hyperacusis Patient

### The 30th Annual International Conference, Management of the Tinnitus & Hyperacusis

Patient is scheduled to be held August 10-11, 2023, at the University of Iowa. The educational event is intended for otologists, audiologists, hearing aid specialists, and other healthcare professionals providing clinical services for tinnitus patients. Topics include an overview of current evaluation practices, management strategies, and research. Presentations are given by leading researchers, practitioners, and leaders in advocacy and include the latest developments in the areas of medical treatments, neuroscience, sleep therapy, noise-induced hearing loss, and hyperacusis.

The conference, which is being held in person and online, is intended to increase the knowledge and skills of clinicians; however, it is open to patients and their families, with the understanding that no individual diagnosis or treatment will be offered.

For more information, visit the University of Iowa’s website: <https://medicine.uiowa.edu/oto/education/conferences-and-courses/international-conference-management-tinnitus-and-hyperacusis>

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