

The profession of audiology is committed to providing auditory and vestibular care through ethical and evidence-based clinical practices that lead to optimal patient outcomes. Standard of practice documents outline basic services that audiologists are expected to include in the provision of quality healthcare. They reflect the values and priorities of the profession, providing direction for professional practice and a framework for the evaluation of practice. Standards of practice are prepared by subject matter experts, based on available evidence, peer-reviewed and subject to periodic updating.

TREATMENT AND MANAGEMENT OF PATIENTS WITH TINNITUS

1. The global needs of tinnitus patients are complex and changing over time. Comprehensive care requires a multidisciplinary team led by an audiologist with advanced training in the treatment and management of tinnitus. 2, 6, 17, 44, 55
2. The audiologist determines when tinnitus treatment and management standards are applicable by using the outcomes of the audiological evaluation of tinnitus to create an individualized care plan. For detailed evaluation procedures, refer to Standard *S5.1 Audiological Evaluation of Tinnitus*. 5, 7, 11, 15, 16, 18, 21, 26, 42, 47, 57
3. The audiologist recognizes that a patient's awareness of tinnitus and response to tinnitus are distinct and are unique to the individual. The goal of tinnitus intervention is to improve both the awareness of and response to tinnitus. 1, 19, 20, 23, 24, 53
4. Individualized evidence-based tinnitus treatment plans, under the direction of an audiologist, commonly include the appropriate use of education, counseling, behavioral modification, sound therapy, prescription hearing aids, and any FDA cleared or approved tinnitus treatments. 4, 7, 28, 30, 39, 46, 48, 51, 54

5. The audiologist utilizes patient-centered counseling tools to educate the patient on the following: 2, 12, 36, 46, 60
 - a. Etiology and mechanisms of tinnitus
 - b. Demystification and providing hope towards treatment
 - c. Realistic expectations, patient accountability of treatment, and understanding of patient goals
 - d. Techniques to achieve goals, facilitate habituation and foster acceptance
 - e. Available evidence-based treatment options
 - f. Coordination of referral partners for comorbid conditions
 6. Audiologists recommend a variety of interventions for tinnitus, including: 2, 8, 9, 12, 13, 22, 25, 31, 33, 34, 35, 36, 40, 43, 54, 52, 58, 59
 - a. Audiologist-directed interventions
 - i. App-based programs
 - ii. Environmental sound enrichment
 - iii. Ear-level sound generator
 - iv. Prescriptive hearing aids
 - v. Prescriptive hearing aids with sound generator
 - vi. Implantable devices
 - vii. Counseling and behavioral strategies
 - viii. Lifestyle counseling
 - ix. Bimodal neuromodulation
 - b. Coordination with referral partners
 - c. Self-guided programs
 7. The audiologist guides ongoing patient-centered care based on the treatment plan, patient progress, and validated metrics. 29, 38, 41, 49, 50, 56
 8. The treatment plan, progress, and outcomes are documented where appropriate. Results and recommendations are communicated to the patient, family members, the multi-disciplinary care team, or legal counsel as appropriate. 3, 10, 14, 27, 37, 45
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DISCLAIMER

Adherence to this standard will not ensure successful treatment in every situation. Furthermore, this standard should not be deemed inclusive of all appropriate methods of care nor exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the propriety of any specific procedure must be made by the audiologist and the patient, in light of all the circumstances presented by the individual patient. This standard reflects the best available data at the time the standard was prepared. The results of future studies may require revisions to this standard to reflect new data.

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