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Advances for Audiologists

Published by Merion Publications Inc.
Publishers of leading healthcare magazines — since 1985

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W.M. "Woody" Kielinski

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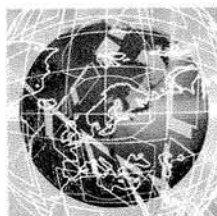
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tinnitus research escalates

This success reflects ATA's work over the course of the past year, as our mission changed to exclusively developing resources that advance tinnitus research. We took this approach so the research community can continue making the exciting, scientific breakthroughs it has achieved over the past decade. ATA has helped make this possible by funding research that has led to isolating tinnitus within the auditory pathways of the brain and by providing ongoing support and leadership in the audiology community.

The 2008 Bill

The DoD appropriations bill includes a provision of \$50 million for the Peer Reviewed Medical Research Program (PRMRP). Established in 1999 by a congressional directive, PRMRP's mandate is to study issues relevant to military forces and directly relevant to those engaged in battle. Tinnitus has always been prevalent in the active duty military and veteran populations but in the past six years has skyrocketed and seen the largest increases in history.

Since 2001, the Department of Veterans Affairs (VA) has seen an average increase of 18 percent per year in the number of veterans receiving service-connected disability for tinnitus. A recent assessment of VA audiological disabilities caused by all conflicts in which the United States has been involved since World War II indicated that tinnitus is one of the most commonly reported, with its highest numbers a result of the Global War on Terror to date. In perspective, it has always been in the top five service-connected disabilities even during peacetime. In 2006, disability payments to veterans topped \$539 million for tinnitus alone. If this trend continues or worsens, which is likely, the cost to American taxpayers for tinnitus disability payments to veterans will top \$1.1 billion by 2011, if not sooner. Compare that to a paltry \$3 million available for research through all public and private funding and one can begin to understand the breadth of the problem.

The American Tinnitus Association (ATA) has a sustained commitment to raising awareness of the urgent need for basic and clinical tinnitus research. So it is with great pleasure that ATA kicks off 2008 by announcing one of the most significant national recognitions of our efforts. Imbedded in the 2008 Department of Defense (DoD) Appropriations bill, signed into law in mid-November 2007, are significant research dollars—a national milestone for ATA and the entire tinnitus community.

Since 2001, the Department of Veterans Affairs (VA) has seen an average increase of 18 percent per year in the number of veterans receiving service-connected disability for tinnitus.

Of the approximately 700 VA medical centers throughout the United States, 125 have audiology programs and only about 40 of those provide some sort of tinnitus management, which varies from center to center (Bruneau, Dan, U.S. Department of Veterans Affairs Public Affairs Office, April, 26, 2006). ATA understands that the ever-growing incidence of this problem dictates that more be done to address tinnitus from a biomedical research standpoint. This would in turn support a proactive approach in tinnitus management. And from the early success we've had in making that case to our elected leaders, they think so too.

Audiologist Applications

There is a need within the VA system for additional audiologists trained in

diagnosing and treating tinnitus. This shortage at the VA parallels the problem faced by tinnitus patients in general and the audiology community. As health professionals, you encounter the bulk of tinnitus patients. You may feel that, because of the shortage of research funding and scientific investigation, improved research dollars are a must. ATA agrees and that's why we are working diligently every day to help researchers get closer to cures and other effective forms of treatment. For those 12 million Americans who seek medical attention for their tinnitus, we understand these cures cannot come soon enough.

Until those cures become a reality, you are critical to the care of those affected by tinnitus. ATA seeks to assist you in every possible way in directing

your patients to the most accurate and current tinnitus information and resources. ATA maintains a listing of health professionals who diagnose and treat tinnitus. This listing is the only one of its kind and is the most requested piece of information from first-time callers to ATA. If you are an audiologist who treats tinnitus and are not part of our health professional listing, please contact us at 800-634-8978 to request an application. Though not a formal referral service, this listing connects people across America with tinnitus care professionals in their state.

Another way you can remain up to date in the latest and greatest in tinnitus research and management is to become an ATA member and to encourage your tinnitus patients to do so as well. As a member you receive our publication, *Tinnitus Today*, which includes reports on research funded by ATA and others and conducted worldwide; "Questions and Answers" written by tinnitus pioneer Dr. Jack Vernon; "Letters to the Editor;" and timely feature articles. As the largest member-based research funding organization of its kind, ATA needs continued assistance from the people that tinnitus cures matter to most—those affected by this often-debilitating condition, their families and those who provide them with help when they need it most. \$

REFERENCES

1. VBA Office of Performance & Analysis (2007). *Audiology Care in the VA*. Presented by Dr. Lucille Beck, Chief Consultant, Rehabilitation Services and Director, Audiology and Speech Pathology Service, Nov. 28, 2007, Washington, D.C.

Tinnitus Facts

- Over 50 million Americans have tinnitus to some degree.
- 12 million Americans suffer from tinnitus severe enough for them to seek medical assistance.
- Research into tinnitus currently focuses around two primary issues: mechanisms and management. Mechanisms focus into how tinnitus occurs. Management focuses on developing treatment plans of tinnitus sufferers.
- Tinnitus can exacerbate other health problems, including depression.
- In almost all cases, tinnitus is a subjective noise, meaning that only the person who has tinnitus can hear it. People describe hearing different sounds: ringing, crickets, whooshing, pulsing, ocean waves, buzzing, dial tones, even music.
- Pulsatile tinnitus is a rhythmic sound most often in time with the heartbeat. It can usually be heard through a stethoscope on the patient's neck or through a microphone placed inside the ear canal. It has some well-known causes: hypertension, a heart murmur, Eustachian tube disorder, a glomus tumor, an abnormality of a vein or artery, and others. Very often, this kind of tinnitus can be treated.

Source: American Tinnitus Association

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