

# Basic relaxation techniques for tinnitus patients



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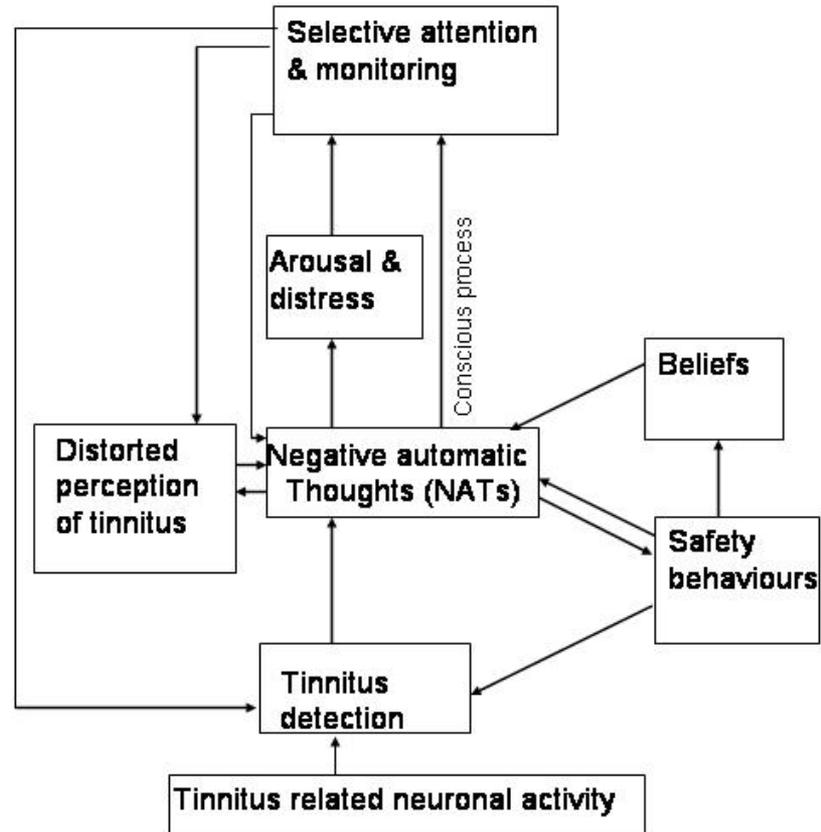
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# Tinnitus and Stress



- Individuals with tinnitus experience more stress, anxiety and depression (Andersson *et al.*, 2009, Herbert *et al.*, 2009)
- Tinnitus can result in psychological distress
- Tinnitus can be a stressor in itself (Weber et al, 2002) = VICIOUS CIRCLE

## A cognitive model of tinnitus



# Stress Management Techniques



- In disorders with predominant muscular component (e.g. tension headaches), use relaxation with muscularly-oriented method
- In disorders with autonomic dysfunction (e.g. hypertension, migraine), use relaxation with a strong autonomic component
- In anxiety and phobias, use methods with both strong cognitive and behavioural components  
(Lehrer, *et al.*, 1994)
- Purpose of relaxation is not to reduce tinnitus, but to deal with the consequences of it (Andersson & Kaldo, 2006)

# Evidence



- Progressive muscle relaxation
  - moderately strong effect size  
(Carlson & Hoyle, 1993)
- Relaxation and distraction training
  - greater decreases in tinnitus severity and tinnitus related distress compared with patients who received care as usual  
(Gerhards *et al.*, 2010 in Malouff, 2011)
- 10 week relaxation course
  - improved stress-managing capabilities
  - reduction in hormonal stress markers  
(Weber et al, 2002)

# Evidence



- Applied relaxation
  - reduces annoyance but not loudness of tinnitus
  - study showed results were short-lived but outcome measures used did not address quality of life effects  
(Davies *et al.*, 1995)
  - better than no treatment conditions
  - better than attention-placebo conditions  
(Ost, 1987)
- Review of self-help programmes and tinnitus
  - Self-help (usually CBT) led to significant improvement, with moderate effect size
  - Relaxation is part of this  
(Nyenhuis *et al.*, 2013)

# Evidence



- Internet-based stress management / relaxation programme
  - significant reduction in perceived stress
  - reduction in anxiety and depression symptoms  
(Zetterqvist *et al.*, 2003)\*
- Qigong (breathing and movement exercises) resulting in stress reduction
  - improvement in tinnitus for those who can alter their tinnitus by head and neck movements
  - Small sample size  
(Biesinger *et al.*, 2010)

# Unknown



Which elements of effective psychological treatments for tinnitus-related distress are essential (Malouff, 2011)?

# Introducing relaxation to your tinnitus patient



- Confidence in the intervention (evidence-based)
- Filtering of information
  - If information seen as threatening = stress arousal
  - If there is emotional importance = MORE aware
  - More aware = more stress
- Point of relaxation is to break this cycle
  - It is therefore an active coping strategy – **it is not ‘doing nothing’ (Andersson & Kaldo, 2006)**
  - Because it is an active coping strategy, it require practise – first in clinic together, then at home regularly

# How to do it



- Run through during appointment
- Ensure you are uninterrupted and unobserved
- Students join in or leave!
- Give practice material for home
- Consider recording *yourself*



- Identify a time when relaxation can be practised. How will you ensure you do it?
- May not feel relaxed first time. First goal is to get used to routine.
- **It's normal not to feel relaxed in hospital!**
- **Abdominal breathing can feel 'unnatural'**
- **'Letting go' can feel uncomfortable**

# Next Steps



- Longer routines, imagery
- Group sessions?

# 3 minute breathing space



**Enjoy...**

# Resources



- <http://www.mentalhealth.org.uk/help-information/podcasts/> - free podcasts!
- [www.tinnitus.org.uk](http://www.tinnitus.org.uk) - relaxation CD

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