Basic relaxation techniques for tinnitus patients

LUCY HANDSCOMB
(LECTURER AT UNIVERSITY COLLEGE, LONDON)

BETH-ANNE CULHANE
(ADVANCED AUDIOLOGIST, ST GEORGE’S HOSPITAL, LONDON)
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 muscurally-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)
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 requires practice – 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

- [www.tinnitus.org.uk](http://www.tinnitus.org.uk) relaxation CD
References


References


