

Critical Review:

The efficacy of ultra-high frequency bone conduction stimulation for the treatment of tinnitus

Reviewer

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This critical review examined the literature relating to the efficacy of ultra-high frequency bone conduction stimulation for the treatment of tinnitus. The study designs reviewed included five single group studies with pre-posttest experimental design, one of which also included single subject case study, one non-randomized clinical trial, cohort study, and two prospective crossover experimental studies with single subject design. Overall, the evidence did not support the use of bone conducted ultra-high frequency treatment for tinnitus and change in current clinical practice is not recommended. Given the limited number of well-designed studies providing high level of evidence, further research should be completed. Future studies should include patients with various types of tinnitus and use larger sample sizes, prospective within group crossover designs, double blinding, and placebo control. Additionally, it would be beneficial to compare treatment results for stimuli of different frequency ranges and to compare stimuli delivered via bone conduction to stimuli delivered via air conduction to determine whether bone conducted stimuli is in fact more beneficial than traditional tinnitus signaling methods.

Introduction

Tinnitus is a prevalent disorder affecting people in the United States and several studies have been reported by Probst et al. (2011) and Sperling et al. (2012). Tinnitus is a symptom characterized by sensations in the head or ears in the absence of external stimuli and may include ringing, buzzing, or other noises. Tinnitus Association of Canada (2011) reports that 10% of the population experience difficulty concentrating, difficulty sleeping, depression, and feelings of despair. Erndsson et al. (2011) reported that the prevalence and effects of tinnitus are important to evaluate treatment options to determine whether there is evidence to support the implementation of new therapies in clinical practice.

There are two main categories of tinnitus: objective and subjective. Objective tinnitus is physical sound that originates internally and can be detected by physical examination. Subjective tinnitus is auditory and is the type that is usually being referenced when the term tinnitus is used.

There are several treatment options available to tinnitus patients such as tinnitus Retraining Therapy (TRT), signaling therapy, and tinnitus retraining therapy. Research indicates that iron deficiency is a contributing factor. Research in the past has shown that the patient's reactions to tinnitus rather than attempting to eliminate the sounds. Locood, Sindt, and Baird (2011) research in the context of counseling and educating patients and using sound therapy, e.g., sound generators or hearing aids to enhance external sounds. Sperling et al. (2012) and Tinnitus Association of Canada (2011)

Tinnitus signaling is another form of treatment that suppresses tinnitus by using external sound to reduce tinnitus perception. Sperling et al. (2012) and Johnson et al. (2012) reported that tinnitus signaling effects fit behind or in the ear and are usually worn by the patient. For some patients, it produces residual inhibition or period of tinnitus relief that is experienced after signaling has been reduced. Johnson et al. (2012) reported that tinnitus signaling is a common method of treatment for patients who experience intermittent tinnitus. Locood, Sindt, and Baird (2011) reported that the significance of individual studies with tinnitus hearing loss is significant. Some studies have reported tinnitus relief in patients who used hearing aids, though the reason for this is unknown. Sperling et al. (2012) and Sperling et al. (2012) reported that other treatments include listening factors that contribute to tinnitus including exposure to loud noise and using signaling techniques such as soft white noise at night to promote sleep. Sperling et al. (2012) reported that patients who were instructed to discontinue the use of tinnitus inducing drugs and to manage otologic or dietary disorders such as high glycemic index of nicotine, chocolate, coffee, or tea. Sperling et al. (2012) reported that the management of otic conditions can also improve tinnitus and may be especially using topical antibiotics to treat otitis externa. Sperling et al. (2012) and Sander et al. (2012)

Objective

The primary objective of this paper is to critically evaluate the efficacy of ultra-high frequency bone

Methods

Search Strategy Computerized databases including MEDLINE SCOPUS CINAHL and PsycMed were searched using the following search strategy: high frequency OR ultrasonic OR ultrahigh frequency OR high frequency bone conduction OR Quiet AND tinnitus. The search was limited to English and Humans.

Selection Criteria Studies included in this review examined the use of ultrahigh frequency stimuli with increased frequencies (i.e., > 10,000 Hz) delivered via bone conduction for the treatment of tinnitus. Review articles were not included. Initial studies were selected by reviewing abstracts to determine which articles met the inclusion criteria. The reference lists in the articles selected were also examined.

Data Collection The results of the literature search yielded eight articles for inclusion in the review. Five single group studies with pre-posttest experimental design, one of which also included single subject case study, one nonrandomized clinical trial cohort study, and two prospective crossover experimental studies with within groups repeated measures design.

Results

Study #1. Goetsch Shinn Lenhardt Richards Madsen and Goint examined the residual inhibition of tinnitus following treatment with the device in patients with mild to moderate high frequency hearing loss and severe disabling high pitched tinnitus. The study used a single group pre-posttest experimental design.

The treatment consisted of digitally processed music that was used to modulate 10,000 Hz signals delivered via bone conduction transducer to the stapes. The stimulus was presented at 10 dB above each subject's threshold. The subjects listened to the stimulus for 10 minutes increasing to 15 minutes daily twice a day for four weeks. Audiograms and tinnitus pitch matching procedures were performed pre and post treatment and questionnaire administered 1 month after the end of treatment. Based on the results of the questionnaires, subjects reported a 50% improvement in their tinnitus and the duration of the improvement ranged from 1 week to 1 year. Six subjects reported no residual inhibition of the tinnitus. There were no significant changes in the patients' audiograms following treatment.

This study did not include randomization or controls. No statistical analyses were reported. The results should therefore be interpreted with caution.

Study #2. Lenhardt Goetsch Shinn and Goint examined the effectiveness of the device for tinnitus treatment in research report that included different studies.

single tinnitus and ordering its loudness when standard irritants were used. However, the gnetostriction transducer is ineffective as it does not comfortably recording treatment.

The study did not use randomization or controls nor did it provide sufficient information about the measures used to evaluate treatment outcomes. Statistical analyses were not reported and the sample sizes for each participant in this study were small.

Study #3. Shalton Strahan, Aileen Lenhardt, and Godstein used positron emission tomography (PET) as a monitoring system to compare brain activity before and after the use of a high frequency tinnitus therapy. They also compared the PET data with subjective hearing responses of the subjects. The study used a single group pre-posttest experimental design. All participants experienced subjective idiopathic tinnitus and were randomly selected from 100 participants who were receiving therapy. The experimental group then received 100 treatments with the therapy device for a period of 10 weeks. All participants were evaluated according to a medical audiology tinnitus protocol which includes a high frequency and conventional audiometry. Self-administered tinnitus questionnaires tinnitus pitch and loudness rating and initial single ears scores. PET scans were performed 1 week prior to treatment and within 10 hours of the final treatment. PET scans were analyzed for the regions of interest (ROI) in the left and right thalamus, the temporal auditory pathway and frontal lobes and the cerebellum. The Bonferroni correction for multiple tests was used and it was reported that normalized data for interhemispheric differences in the cerebellum left and right were significant pre-treatment but were not significant post-treatment. However, based on the significance level used, it appears that the pre and post treatment interhemispheric differences in the cerebellum were not significant. There were no significant differences found before or after therapy in other ROIs. Subjects reported varying degrees of tinnitus improvement on the questionnaires and initial single ears were found to be significantly reduced. The best subjective reports were from participants with thresholds of 10 dB or less from 1000 Hz. The authors concluded that the correlation between PET changes in initial single ears and high frequency audiograms and the subjective reports suggest that treatment induced neuronal

received the same treatment with only small differences in the treatment periods and no controls were used. In addition, the study did not provide sufficient information about the measures used to evaluate treatment outcomes.

Study #5. Gostein, Shinn, and Lenhardt presented the results of their patient selection criteria for predicting success in patients receiving ultrahigh frequency therapy with the *phonodevice* or ultrasonic acoustic therapy with the *phonodevice*.

