

Summary Somatosensory Tinnitus : Identification of Best Practices

Context

L'Institut de réadaptation en déficience physique de Québec (IRDPO) situated in Quebec (Canada) offers adaptation, rehabilitation and social integration services to people of all ages with impairments and living in handicap situations due to their auditory, motor, neurological, visual, speech and language impairments, as well as accompaniment and support to their significant others. At the IRDPO, the program for hearing impaired adults and older people offers services to people living with disturbing and persistent tinnitus significantly hindering the accomplishment of life habits. Currently at the IRDPO, patients with somatosensory tinnitus are not differentiated from all the users with tinnitus that are managed by the program for hearing impaired adults and older people. The program would like to adapt its services to better serve its clientele with somatosensory tinnitus. In order to support this decision, in March 2012 the Health Technology Assessment Unit of IRDPO produced a summary report which summarized scientific evidence related to the efficacy of interventions for the management of clientele with somatosensory tinnitus as well as the principal parameters of the organization of its services.

Results

Somatosensory tinnitus is different from other types of tinnitus by the fact that it is related to the head or the neck (somatosensory system) rather than to the ear (auditory system). Somatosensory tinnitus is generally caused by head or neck trauma, dental or cervical manipulations or an unknown chronic pain.

The evaluation process showed that there is little scientific evidence for these questions and that what evidence does exist is of weak or mediocre quality, most notably because research in this area is relatively new. Three promising interventions for treating people with somatosensory tinnitus were identified: transcutaneous electrical nerve stimulation as well as physiotherapy and osteopathy exercises. These interventions merit special attention and more research in order to know their veritable efficacy. Two aspects of service organisation should be considered particularly important: standardised clinical evaluation of the clientele and the multidisciplinary approach. The standardised clinical evaluation allows for identification of possible cases of somatosensory tinnitus and standardization of practices. In this regard, the multidisciplinary approach favors collaboration between different practitioners, including certain new practitioners such as physiotherapists and osteopaths, in the management of patients with somatosensory tinnitus.

In the coming years, using the results of this summary report and conjointly with research and evaluation, the program plans to revise its services to better serve people with somatosensory tinnitus. For more information on the IRDPO, please consult our website: www.irdpq.qc.ca

The complete health technology assessment summary report is available free of charge on the IRDPO website. A French version of the report is currently available and an English translation will be provided in the coming months:

http://www.irdpq.qc.ca/enseignement/ETMISSS_IRDPO_2012_Acouphenes_somatosensoriels_note_breve.pdf

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