Evaluation and treatment of tinnitus: comparative effectiveness

Record Status
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Citation

Authors' objectives
A review was undertaken to evaluate the peer-reviewed literature on three areas of tinnitus management for the following Key Questions (KQs): (1) measures used to assess patients for management needs (KQ1); (2) effectiveness of treatments (KQ2); and (3) identification of prognostic factors (KQ3).

Authors' conclusions
There is low strength of evidence (SOE) indicating that cognitive behavioral therapy interventions improve tinnitus-specific quality of life relative to inactive controls. For pharmacological interventions, SOE is low for improvements to subjective loudness from neurotransmitter drugs versus placebo; insufficient for antidepressants, other drugs, and food supplements with respect to subjective loudness; and insufficient for all other outcomes. There is insufficient SOE to suggest that medical interventions improve outcomes relative to inactive controls; sleep and global quality of life were not evaluated for medical interventions. The SOE for the adverse effect of sedation in pharmacological studies was judged insufficient. Future research should address the substantial gaps identified for KQ1 and KQ3. For KQ2, future research should concentrate on improving collection of adverse effects, calculating sample size, and specifying doses for interventions.

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