

Use of a self-help book with weekly therapist contact to reduce tinnitus distress: A randomized controlled trial

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Abstract

Objective: Tinnitus distress can be reduced by means of cognitive-behavior therapy (CBT). To compensate for the shortage of CBT therapists, we aimed, in this study, to investigate the effects of a CBT-based self-help book guided by brief telephone support. **Methods:** Seventy-two patients were randomized either to a self-help book and seven weekly phone calls or to a wait-list control condition, later on receiving the self-help book with less therapist support. The dropout rate was 7%. Follow-up data 1 year after completion of treatment were also collected (12% dropout). The Tinnitus Reaction Questionnaire (TRQ) was the main outcome measure, complemented with daily ratings of tinnitus and measures of insomnia, anxiety, and depression. **Results:** On the TRQ, significant reductions were found in the treatment group both immediately following treatment and at 1-year follow-up. In the treatment group, 32% reached the criteria for clinical

significance (at least 50% reduction of the TRQ) compared to 5% in the wait-list group. Directly after treatment, two out of five measures showed significant differences in favor of the treatment with more therapist support compared with the group who, after their waiting period, received little therapist support. The self-help treatment was estimated to be 2.6 (seven phone calls) and 4.8 (one phone call) times as cost-effective as regular CBT group treatment. **Conclusions:** Guided self-help can serve as an alternative way to administer CBT for tinnitus. Preliminary results cast some doubts on the importance of weekly therapist contact. The effect size was somewhat smaller than for regular CBT, but on the other hand, the self-help seems far more cost-effective. Future studies should compare treatment modalities directly and explore cost-effectiveness more thoroughly.

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Introduction

Tinnitus is defined as the perception of an internal sound in the absence of an external source and leads to considerable distress for approximately 2% of the adult population, with negative effects on concentration, mood, sleep, and daily functioning [1]. In a systematic review of treatments for tinnitus, Dobie [2] concluded that medical treatments were largely ineffective in reducing tinnitus loudness and in decreasing tinnitus distress. Moreover, he

added that tinnitus often should be regarded as a chronic problem. Cognitive-behavior therapy (CBT) has been shown to help tinnitus sufferers cope with the negative consequences of their tinnitus, mostly by changing attitudes and adopting new behaviors incompatible with tinnitus distress (e.g., relaxation) [3]. Nonsystematic reviews [4] and two independent meta-analyses support the use of CBT for reducing tinnitus distress [5,6], and a longitudinal study established some long-term effects over an average period of 5 years [7]. Since CBT and psychological services in general are rarely available for tinnitus patients [8], an Internet-administered self-help treatment has been developed and tested in a randomized controlled study against a wait-list control group [9], in an open clinical effectiveness

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study [10], and in a randomized controlled group in comparison to regular group treatment [11]. However, because many people with tinnitus do not have access to the Internet, alternative means of delivering CBT should be considered. Self-help books lack some of the advantages of the World Wide Web (e.g., interactive possibilities online and automated replies) but are more easily available to patients who cannot access the Internet. Self-help books, often based on CBT and with some sort of therapist contact, have a demonstrated efficacy for a wide range of psychological problems [12]. The amount of therapist contact does not seem to be related to outcome, although some exceptions have been noted [13], and the large attrition rates have often been observed after self-help without any therapist input [14]. To our knowledge, with the exception of a study on the effects of a leaflet showing modest results in minimizing tinnitus-related distress [15], no self-help book for patients suffering from tinnitus has ever been evaluated empirically.

The primary aim of this study was to investigate how a CBT-based self-help book supplemented with weekly telephone calls would affect tinnitus distress in comparison to a wait-list control group. Secondary aims were to evaluate the effects of the intervention 1 year after treatment, to estimate cost-effectiveness, and to test the importance of therapist contact. This test was seen as preliminary since the study was not primarily designed to answer this question.

Participants and methods

Methods

The randomized controlled trial was carried out entirely by telephone and mail and compared a self-help book [16], accompanied by weekly phone calls, to a wait-list control group. The protocol was approved by the medical ethics committee in Uppsala, Sweden. After completing a telephone assessment (lasting between 30 and 45 min) and pretreatment questionnaires, participants meeting the inclusion criteria were randomized to a treatment or a wait-list condition by means of coin tossing (performed by a person not otherwise related to the study). Patients excluded from the study were informed about other treatment options and tinnitus support groups. The treatment group received the self-help book and was scheduled for seven weekly phone calls over a period of 6 weeks. Subjects were randomly assigned to one of two therapists. The wait-list control group received a written confirmation that they were included in the study, and a follow-up interview was scheduled. After 6 weeks, both groups were sent the posttreatment questionnaire. For ethical reasons, and to make an estimation of the importance of therapist contact, the control group received the self-help book and one initial phone call immediately after the subjects in the treatment group had finished their treatment. To be able to study the effect of therapist contact

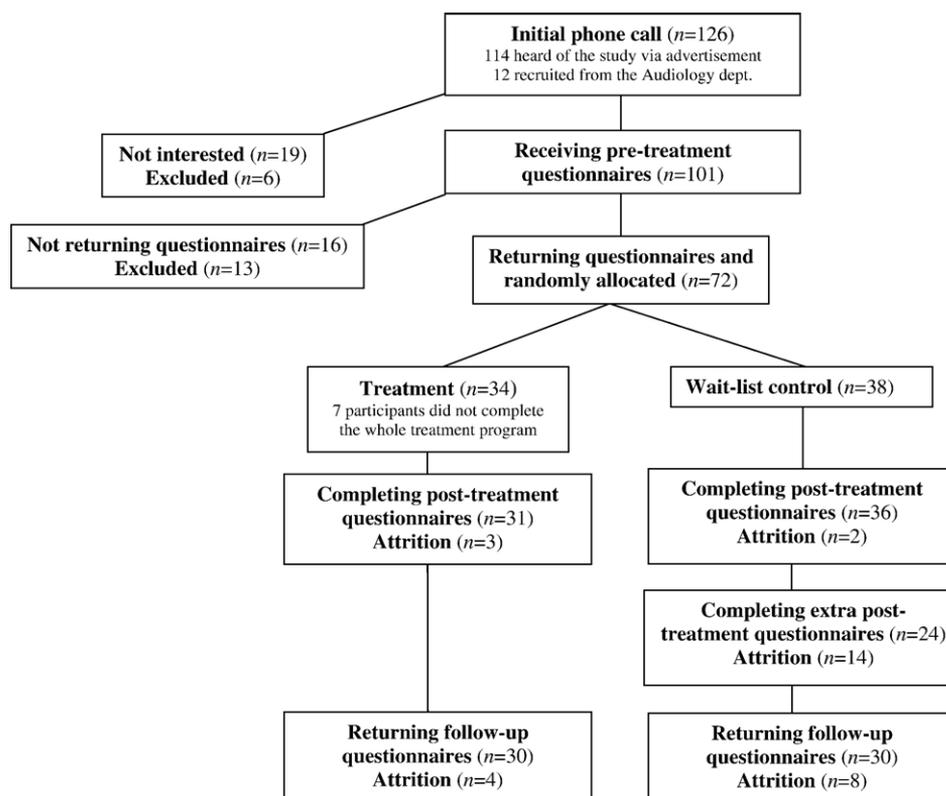


Fig. 1. Flowchart of participants throughout the trial.

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