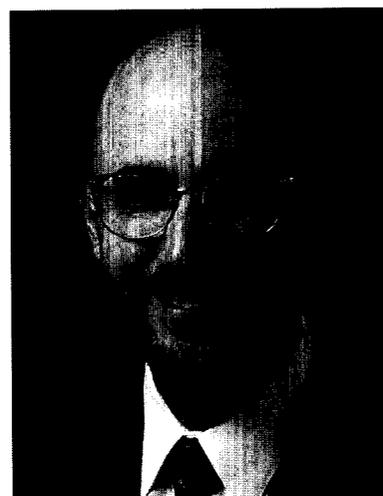


Special Issue on Tinnitus



When the symptoms of ear disease are discussed, invariably hearing loss, dizziness, and tinnitus are mentioned. Students of graduate and postgraduate training programs are taught a great deal about the identification, diagnosis, and rehabilitation of hearing loss. They are taught less about the evaluation of dizziness/unsteadiness and balance rehabilitation. I have observed little, if any, formal training in the evaluation and rehabilitation of tinnitus. What *is* taught about tinnitus is done in the context of symptoms of ear diseases such as Meniere's disease and vestibular schwannoma. It is difficult to understand how it is possible to ignore in academic training a symptom of ear disease that may be experienced by as many as 40 million Americans, 7 to 8 million of whom are bothered enough by it to seek medical care and an estimated 2 million of whom are disabled by it.

Given the lack of training in universities, it is not surprising that in the mid to late 1970s and early 1980s, few audiologists expressed clinical interest in tinnitus evaluation and rehabilitation. In this country, it was Drs. Jack Vernon, Robert Johnson, and Mary Meikle at the Oregon Health Sciences University Hearing Research Center (who have been kind enough to give me advice and training over these years) and Dr. Richard Tyler and colleagues at the University of Iowa who were the auditory scientists responsible for the lion's share of the published reports in that era.

The lack of interest in tinnitus by mainstream audiologists stemmed, in part, from the fact that the physiologic origins of tinnitus were unknown and no techniques existed to objectify the patient's complaints. During that time, the nonmedical management technique

of choice was to cover up or "mask" tinnitus with an outside sound (i.e., an ear level tinnitus masker).

In the late 1980s, Dr. Pawel Jastreboff (then of Yale University and now of Emory University) developed the first animal models of tinnitus. Shortly thereafter, Dr. Jastreboff developed what he termed the "neurophysiological approach" to tinnitus, which evolved into a practical management approach for patients with severe disabling tinnitus. This technique, which the authors referred to as "tinnitus retraining therapy" (or TRT for short), incorporated both direct patient counseling and sound therapy and has become the nonmedical management technique of this decade.

As we come to the end of the 20th century, a cadre of new and "seasoned" clinicians and career researchers have entered, or re-entered, the area of tinnitus research. Indeed, tinnitus research has become mainstream. A handful of this talent is represented in this special issue of the *JAAA*. It is significant to note that funding for tinnitus research has come, in large part, from the American Tinnitus Association (ATA), which continues to be the premier advocacy group for the tinnitus patient. I am grateful for the support the ATA has provided and continues to provide patients and researchers alike.

It is my hope that papers constituting this special issue will form a good, comprehensive, contemporary overview of tinnitus research for students and practicing clinicians. Lastly, I would like to express my appreciation to the contributors of this special issue for the care and thought that went into the preparation of their manuscripts.

Gary Jacobson
Guest Editor