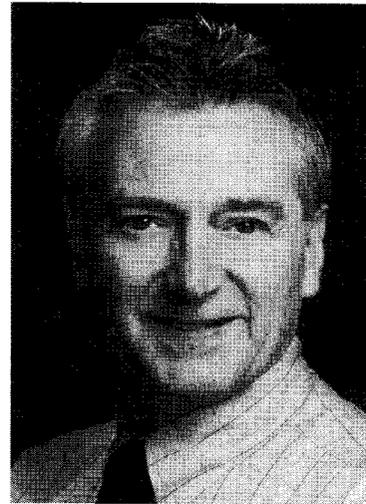


Guest Editorial

Research at the Veterans Affairs Rehabilitation Research and Development National Center for Rehabilitative Auditory Research



The extent of research funded by the Veterans Health Administration is a surprise to many people. The VA Office of Research and Development oversees research programs at more than 100 VA medical centers across the country. Each of these programs is sponsored by one of four divisions of VA research, including the Rehabilitation Research and Development (RR&D) Service. RR&D, in addition to funding individual investigator-initiated research, sponsors 12 Centers of Excellence. Each of these RR&D centers focuses on a specific area of rehabilitation for medical problems that are prevalent among veterans. The RR&D National Center for Rehabilitative Auditory Research (NCRAR) has been in existence at the Portland, Oregon, VA Medical Center since 1997. Directed by Stephen Fausti, PhD, the NCRAR is a multidisciplinary, multisite resource that is dedicated to improving rehabilitative care for veterans with hearing and tinnitus disorders.

Tinnitus is an increasingly significant problem for veterans and for the Veterans Health Administration, as evidenced by the numbers of veterans receiving a new service connection for tinnitus. As of September 2001, 162,409 veterans with service-connected tinnitus receive approximately \$172,721,000 per year in tinnitus disability compensation (Office of Policy and Planning, VA Central Office). These numbers are especially alarming because of their rate of increase: in the 4 years since September 1998, 15,723 veterans per year were added as service connected for tinnitus, with new compensation of \$21,056,000 per year. There are untold more veterans who also suffer from tinnitus who are not service connected for the condition.

Research at the NCRAR is addressing the rapidly escalating problem of tinnitus by developing techniques for the clinical management of veterans who suffer from tinnitus. Tinnitus is a subjective symptom, and world-

wide efforts to quantify its "acoustic" aspects have not resulted in a widely accepted method. An ongoing project at the NCRAR is developing computer-automated techniques that measure tinnitus loudness and pitch reliably and in a standardized format. For *treatment* of tinnitus, a randomized clinical study is currently being completed that is documenting the clinical effectiveness of two popular methods for treating tinnitus: tinnitus masking and tinnitus retraining therapy (TRT). Such documentation is required to offer these techniques to other VA medical centers where veterans are in need of these services. A number of other tinnitus projects are under way or planned for the future.

This special issue of *JAAA* contains three articles that have resulted from tinnitus research at the NCRAR. The focus of each article is to provide practical information for audiologists who want to increase the level of clinical services that they provide for their tinnitus patients. The first article is a description of the clinical process to evaluate patients for treatment with TRT. It is practically a step-by-step guide for audiologists to perform a complete audiologic and tinnitus evaluation and to administer the TRT initial interview. The second article is a description of tinnitus masking from the perspective of Martin Schechter, PhD, a VA audiologist and researcher who has provided tinnitus treatment for veterans for over 20 years. The third article explains the similarities and differences between these two tinnitus treatment techniques. Tinnitus masking and TRT are two tinnitus treatment methods that have often been misunderstood. It is our sincere hope that these articles will serve to encourage audiologists to provide the highest standard of care for their patients who suffer from tinnitus.

James A. Henry
Guest Editor

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