EMDR Therapy in the Treatment of Tinnitus

This monthly newsletter was created primarily for our colleagues trained in Eye Movement Desensitization and Reprocessing (EMDR) who work with military, veterans, and their families. The purpose of EMDR and the Military-in-Action Newsletters is to promote continued dialogue regarding the efficacy and current developments with EMDR and its use with these special populations.

ATTENTION RESEARCHERS: If you are interested in doing research that addresses EMDR topics related to the military and you need additional funding, consider applying for the $25,000 EMDR Research Grant Award.

$25,000 EMDR Research Grant Award Details: https://emdrresearchfoundation.org/research-grants/25000-emdr-research-grant-award/

If you need access to expertise for a research project, don’t hesitate to apply for the $1,000 Research Consultation Award.
EMDR Studies

EMDR Study


Background: While normal tinnitus is a short-term sensation of limited duration, in 10-15% of the general population it develops into a chronic condition. For 3-6% it seriously interferes with many aspects of life.

Objective: The aim of this trial was to assess the effectiveness of a trauma-focused approach, eye movement desensitization and reprocessing (EMDR), in reducing tinnitus distress.

Methods: The sample consisted of 35 adults with high levels of chronic tinnitus distress from five general hospitals in the Netherlands. Participants served as their own controls. After pre-assessment (T1), participants waited for a period of 3 months, after which they were assessed again (T2) before they received six 90 min manualized EMDR treatment sessions in which tinnitus-related traumatic or stressful events were the focus of treatment. Standardized self-report measures, the Tinnitus Functional Index (TFI), Mini-Tinnitus Questionnaire (Mini-TQ), Symptom Checklist-90 (SCL-90) and the Self-Rating Inventory List for Post-Traumatic Stress Disorder (SRIP), were completed again halfway through treatment (T3), post-treatment (T4) and at 3 months' follow-up (T5).

Results: Repeated measures analysis of variance revealed significant improvement after EMDR treatment on the primary outcome, TFI. Compared to the waiting-list condition, scores significantly decreased in EMDR treatment \( t (34) = -4.25, p < .001, \text{Cohen's } d = .72 \). Secondary outcomes, Mini-TQ and SCL-90, also decreased significantly. The treatment effects remained stable at 3 months' follow-up. No adverse events or side effects were noted in this trial.

Conclusions: This is the first study to suggest that EMDR is effective in reducing tinnitus distress. Randomized controlled trials are warranted.

The Prevalence of Tinnitus in the Military

EMDR Study


ABSTRACT:

The objective of this study was to analyze differences in incidence and epidemiologic risk factors for significant threshold shift (STS) and tinnitus in deployed military personnel diagnosed with mild traumatic brain injury.
Traumatic brain injury (mTBI) due to either a blast exposure or nonblast head injury. A retrospective longitudinal cohort study of electronic health records of 500 military personnel (456 met inclusion criteria) diagnosed with deployment-related mTBI was completed. Chi-square tests and STS incidence rates were calculated to assess differences between blast-exposed and nonblast groups; relative risks and adjusted odds ratios of developing STS or tinnitus were calculated for risk factors. Risk factors included such characteristics as mechanism of injury, age, race, military occupational specialty, concurrent diagnosis of posttraumatic stress disorder (PTSD), and nicotine use. Among blast-exposed and nonblast patients, 67% and 58%, respectively, developed STS, (P=.06); 59% and 40%, respectively, developed tinnitus (P<.001). Incidence of STS was 24% higher in the blast-exposed than nonblast group. Infantry service was associated with STS; Marine Corps service, PTSD, and zolpidem use were associated with tinnitus. Unprotected noise exposure was associated with both STS and tinnitus. This study highlights potential risk factors for STS and tinnitus among blast-exposed and nonblast mTBI patient groups.

EMDR Study


ABSTRACT:

Hearing loss and tinnitus are the 2 most prevalent service-connected disabilities among veterans in the United States. Veterans of Operations Enduring Freedom, Iraqi Freedom, and New Dawn have been exposed to multiple hazards associated with these conditions, such as blasts/explosions, ototoxic chemicals, and most notably high levels of noise. We conducted a systematic literature review of evidence on 1) prevalence of, 2) risk and protective factors for, and 3) functional and quality-of-life outcomes of hearing impairment and tinnitus in US Operations Enduring Freedom, Iraqi Freedom, and New Dawn veterans and military personnel.

We identified studies published from 2001 through 2013 using PubMed, PsycINFO, REHABDATA, Cochrane Library, pearlring, and expert recommendation. Peer-reviewed English language articles describing studies of 30 or more adults were included if they informed one or more key questions. A total of 839 titles/abstracts were reviewed for relevance by investigators trained in critical analysis of literature; 14 studies met inclusion criteria. Of these, 13 studies presented data on prevalence and 4 on risk/protective factors, respectively. There were no included studies reporting on outcomes. Findings from this systematic review will help inform clinicians, researchers, and policy makers on future resource and research needs pertaining to hearing impairment and tinnitus in this newest generation of veterans.

EMDR Study


ABSTRACT:

Hearing plays a vital role in the performance of a soldier and is important for speech processing. Noise-induced hearing loss is a significant impairment in the military and can affect combat performance.
Military personnel are constantly exposed to high levels of noise and it is not surprising that noise induced hearing loss and tinnitus remain the second most prevalent service-connected disabilities. Much of the noise experienced by military personnel exceeds that of maximum protection achievable with double hearing protection. Unfortunately, unlike civilian personnel, military personnel have little option but to remain in noisy environments in order to complete specific tasks and missions. Use of hearing protection devices and follow-up audiological tests have become the mainstay of prevention of noise-induced hearing loss. This review focuses on sources of noise within the military, pathophysiology and management of patients with noise induced hearing loss.

In the News

U.S. Marines attached to India Battery, 3rd Battalion, 12th Marine Regiment cover their ears as a 500 pound bomb is dropped on an enemy position during a 2010 firefight in Kajaki, Afghanistan. (Scott Olson, Getty Images)

We treat hearing loss as an inevitable cost of war. It shouldn't be.

I don't remember the moment the bomb went off, but I do know that when I landed, stunned, at the bottom of the gun turret of my vehicle, blood was leaking from my ears. I was quickly evacuated to Bagram Air Force Base, where I saw an audiologist. I could barely hear a word he said, so he showed me a drawing of my eardrums. Only hanging shreds remained.

For weeks people would have to shout at me to even get me to notice them, and I was now stuck with the supremely tedious duty of mixing and pouring concrete into the fortified command post we would eventually abandon. Nothing is worse than watching your platoon roll out on patrol without you.

It was assumed that I would be permanently deaf.

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What's New?

NEW for Clinicians, Consultants, and
EMDR Fidelity Rating Scale (Version 2)

Deborah L. Korn, Psy.D.
Louise Maxfield, Ph.D.
Robert Stickgold, Ph.D. Medi
Nancy J. Smyth, Ph.D.

See the new EMDR Fidelity Rating Scale

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More Details on Creating a Fundraising Page

SEE OUR UPDATED TOOLKIT!

EMDR Early Intervention and Crisis Response: Researcher’s Toolkit
Version 03.2018 © 2014-2018

Rosalie Thomas, Ph.D., R.N. with formatting/design work by Katy Murray, MSW, LICSW

View Our New Researcher's Toolkit

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