

Bold exposure or safe masking? A fear-conditioning approach to chronic tinnitus suffering

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Does exposure-treatment decrease tinnitus-related fear, tinnitus-severity and recovery, when compared to a masking-therapy with use of personalised on-ear masking-devices, or vice versa? Can we identify different sub-groups of patients who benefit...

Ethische beoordeling	Positief advies
Status	Werving gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON27634

Bron

Nationaal Trial Register

Aandoening

Tinnitus, Cognitive behavioural treatment, Masking-therapy, fear-avoidance

Ondersteuning

Primaire sponsor: Maastricht University | Dept. of Clinical Psychological Science

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Overige ondersteuning: NWO - Veni grant

Dossier nummer 016.165.105

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

1. Tinnitus-disability: Tinnitus Handicap Inventory, (THI; Tinnitus Functional Index)

2. Tinnitus-severity: Tinnitus questionnaire (TQ)

3. Health related QoL: HUI, SF36

Toelichting onderzoek

Achtergrond van het onderzoek

Does exposure to tinnitus decrease fear and tinnitus-disability, as opposed to masking tinnitus?

Method: In a RCT, 250 tinnitus-patients (including 15% loss to follow-up) recently diagnosed with tinnitus will be randomized (stratified on severity) in a masking or exposure condition, with tinnitus-disability and severity as independents and tinnitus-related fear, threat-appraisal, avoidance/safety behaviour, and psychoacoustic measures [41] as dependent variables, at baseline, pre-/post-treatment, and follow-up at 3 and 6 months after intervention. Tinnitus-related fear-responding and tinnitus-intensity (using self-report diaries) during masking-exposure procedures during 12 weeks (6 weeks masking-exposure procedures; 3 weeks pre-/post-measurements) will be assessed daily.

Exclusion: severe hearing-loss (cut-off point at a pure-tone average of 45dB hearing-level in worst ear). Masking- and exposure-procedures will follow previously developed guidelines [32, 42, 43]. Only masking and exposure elements will be extracted from the formal guidelines for test-purposes

Hypotheses: (a) Tinnitus-fear, threat-appraisal, and tinnitus-related avoidance/safety behaviour decrease in the exposure-condition, not in the masking-condition. (b) Changes in tinnitus-related fear mediate changes in tinnitus-disability.

Doel van het onderzoek

Does exposure-treatment decrease tinnitus-related fear, tinnitus-severity and recovery, when compared to a masking-therapy with use of personalised on-ear masking-devices, or vice versa? Can we identify different sub-groups of patients who benefit more from one approach over the other?

Onderzoeksopzet

1. baseline,
2. pretreatment

3. post treatment
4. 6 months (after baseline)
5. 9 months (after baseline)

Onderzoeksproduct en/of interventie

CBT for tinnitus
Masking-therapy for tinnitus

Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

- Score on Tinnitus questionnaire of TQ>30
- No previous masking or exposure therapy of minimally 5 years before inclusion

- Aged 18 plus

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

- Hearing loss of more than 40 dB in either/both ears
- Limited knowledge: reading and writing skills in Dutch language

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Enkelblind
Controle:	Geneesmiddel

Deelname

Nederland	
Status:	Werving gestart
(Verwachte) startdatum:	22-05-2017
Aantal proefpersonen:	250
Type:	Verwachte startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nog niet bepaald

Ethische beoordeling

Positief advies	
Datum:	24-04-2017
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

ID: 44287

Bron: ToetsingOnline

Titel:

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL6235
NTR-old	NTR6415
CCMO	NL61673.015.17
OMON	NL-OMON44287

Resultaten

Samenvatting resultaten

1. Fuller, Thomas, Cima, R.F.F., Langguth, Berthold, Mazurek, Birgit, Waddell, Angus, Hoare, Derek J., & Vlaeyen, Johan W. S. (2017). Cognitive behavioural therapy for tinnitus. Cochrane Database of Systematic Reviews(4). doi: 10.1002/14651858.CD012614

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9. Andersson, G., Hesser, H., Cima, R. F. F., & Weise, C. (2013). Autobiographical memory specificity in patients with tinnitus versus patients with depression and normal controls. *Cognitive behaviour therapy*, 42(2), 116-126. Impact Factor: 0.86

10. Cima, R. F. F., Maes, I. H., Joore, M. A., Scheyen, D. J. W. M., El Refaie, A., Baguley, D. M., Anteunis, L. J.C., van Breukelen, G. J. P., & Vlaeyen, J.W.S. (2012). Specialised treatment based on cognitive behaviour therapy versus usual care for tinnitus: a randomised controlled trial. *The Lancet*, 379(9830), 1951-1959. Impact Factor: 39.06

11. Maes, I. H., Joore, M. A., Cima, R. F. F., Vlaeyen, J. W. S., & Anteunis, L. J. (2011). Assessment of health state in patients with tinnitus: a comparison of the EQ-5D and HUI mark III. *Ear and Hearing*, 32(4), 428-435. Impact Factor: 2.06

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