



# Improving quality of post therapy outcomes for Hearing Therapy patients at Chime Social Enterprise

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## Introduction



Hearing Therapy at Chime Social Enterprise aims to:

1. Reduce the impact of tinnitus, hyperacusis and misophonia.

- 2. Improve patients' confidence managing these conditions.
- 3. Consequently, reduce symptoms of anxiety and depression.

NICE (2020) recommends tinnitus related Cognitive Behavioural Therapy (CBT) delivered by psychologists to manage tinnitus. However, there is a shortage of psychologists offering tinnitus related CBT. For this reason, audiologist delivered CBT for tinnitus has been proposed (Aazh et al 2019). Chime have adopted this approach, to achieve Hearing Therapy aims, since January 2022.

## Objective

To improve quality of post therapy outcomes. Data was used to calculate:

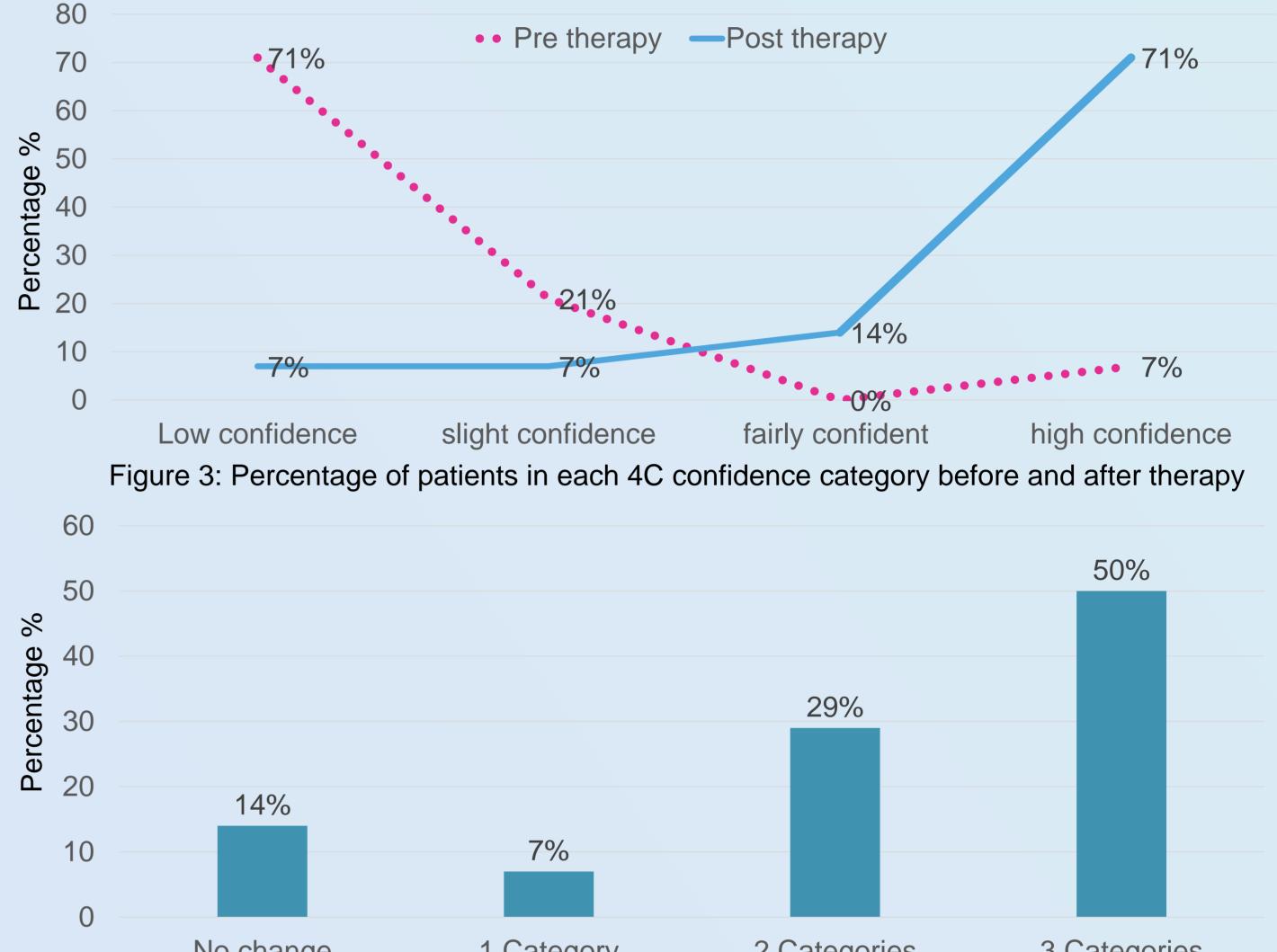
Percentage of patients whose post therapy questionnaires showed improvement compared with pre therapy questionnaires.

## Methods

A retrospective approach was adopted. Data was collected from audiological records of all individuals seen by Hearing Therapy for the first time from January 2022 to end of December 2022. Twenty-one patients (mean age 53) of 212 patients (mean age 55) initially seen in 2022 completed therapy (6+ sessions). These 21 patients were identified for audit.

#### 4C Questionnaire (Aazh et al, 2022)

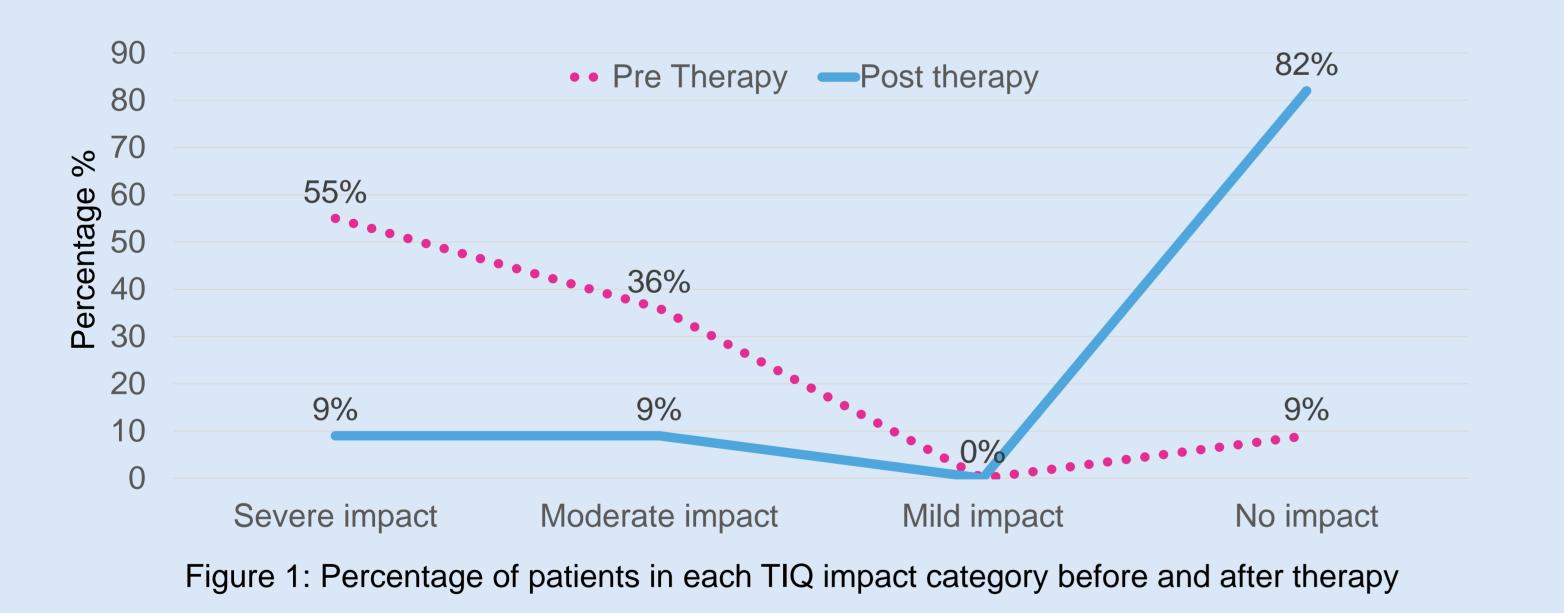
Measure of confidence in managing tinnitus (or hyperacusis/misophonia) 71% (n=14) had pre and post therapy results, these were analysed.



## Results

### **Tinnitus Impact Questionnaire (TIQ)**

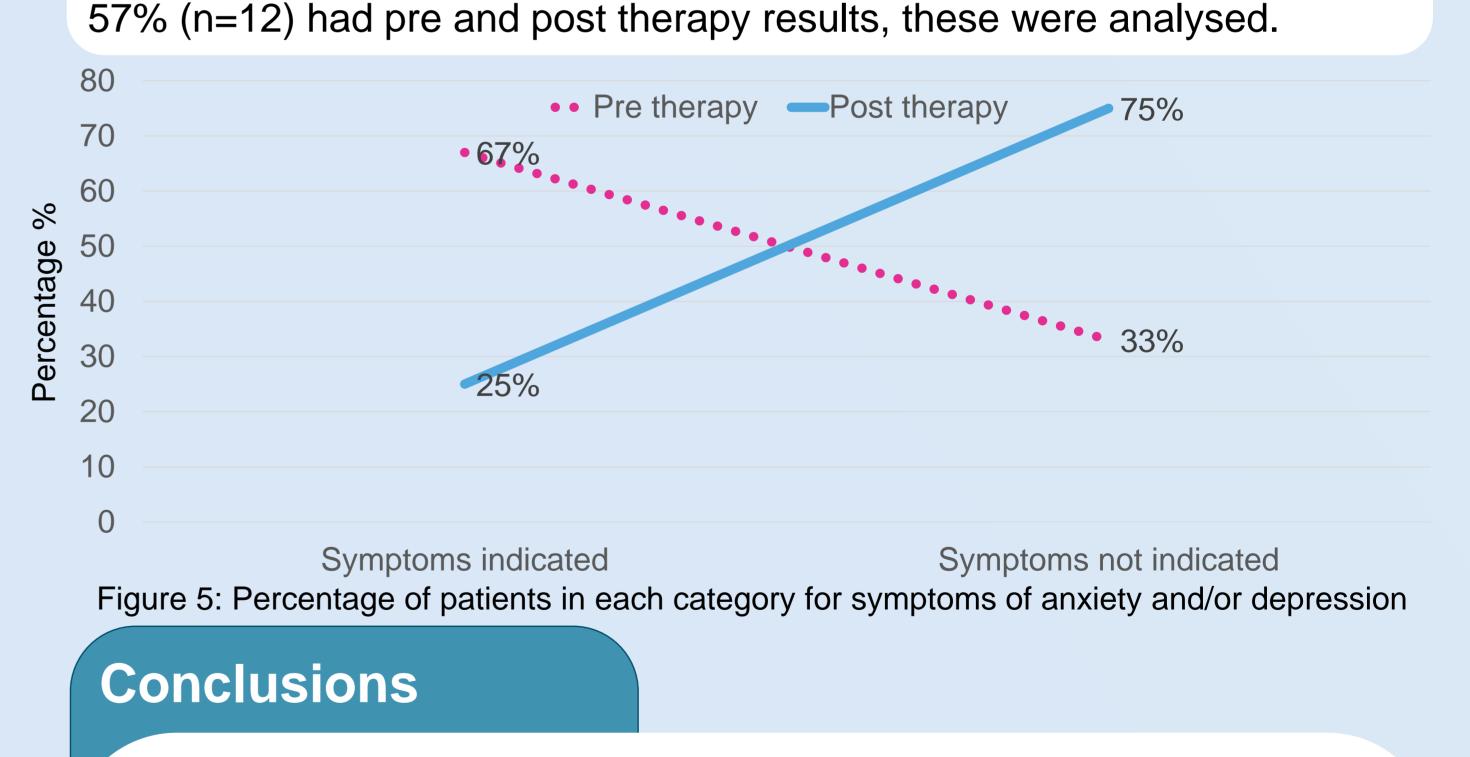
Measure of tinnitus impact (Aazh et al, 2024) 52% (n=11) had pre and post therapy results, these were analysed.



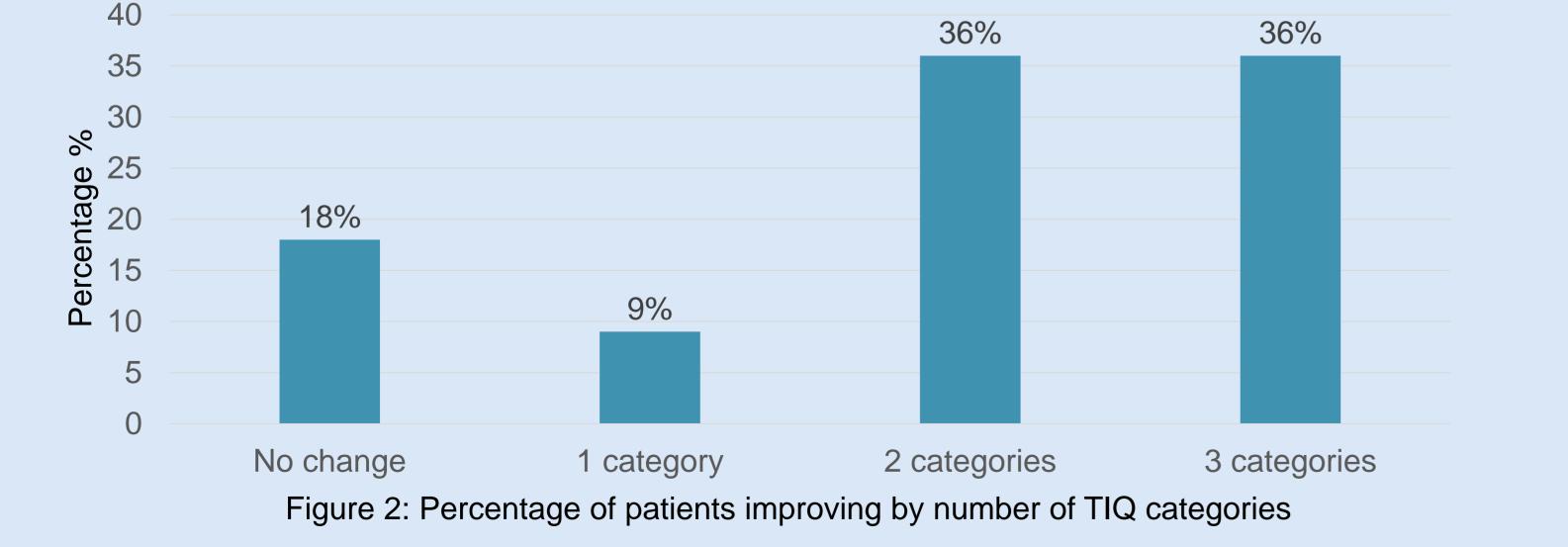
No change 2 Categories 1 Category 3 Categories Figure 4: Percentage of patients improving by number of 4C categories

## Results

Screening for Anxiety and Depression in Tinnitus, Hyperacusis and Misophonia (SAD-T) (Aazh et al, 2024) Screening tool for symptoms of anxiety and/or depression.



Results showed improvement in questionnaire scores and categories when post therapy questionnaires were compared with pre therapy questionnaires. This shows reduced impact of patients' main complaint (mainly tinnitus) following a course of CBT based therapy at Chime.



Improvements are needed to ensure more patients complete pre and post therapy questionnaires.

We need to better understand why patients do not complete therapy.

Reaudit is needed to determine whether improvement is clinically significant (using Tinnitus Function Index as the measure).

#### References

Aazh et al, 2024. Confirmatory factor analysis of the Tinnitus Impact Questionnaire using data from patients seeking help for tinnitus alone or tinnitus combined with hyperacusis. Online:

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Aazh et al, 2022. Psychometric evaluation of the 4C tinnitus management questionnaire for patients with tinnitus alone or tinnitus combined with hyperacusis. International Journal of Audiology. 63. 21-29 Aazh et al, 2019. Patient's Perspectives About the Acceptability and Effectiveness of Audiologist-Delivered Cognitive Behavioural Therapy for Tinnitus and/or Hyperacusis Rehabilitation. American Journal of Audiology. 28 (4). 973-985. National Institute for Clinical Excellence (NICE), 2020. Tinnitus: assessment and management. Online: www.nice.org.uk/guidance/ng155. Accessed 28/10/2024.