

PEARLS



Practical Evidence About Real Life Situations

Cognitive	behavioural	therapy for	tinnitus	improves
quality of	life			

quality of I	lite			

Clinical question Should I consider cognitive behavioural therapy (CBT) as a treatment for individuals with tinnitus?

Bottom line CBT produces a significant improvement in the quality of life (decrease of

global tinnitus severity) of participants compared with waiting list controls and an educational intervention, and is not

associated with any adverse effects.

Caveat

CBT does not improve the subjective

loudness of tinnitus or the symptoms of clinical depression, if present.

Context Tinnitus affects 6–17 per cent of the population, with 0.5–2 per cent having tinnitus that produces sufficient annoy-

ance to interfere with normal daily life. At present there is no specific therapy for tinnitus which benefits all individuals.

(1. Searchfield GD. NZ Fam Phys 2003;30:345–349)

Cochrane Systematic Review Martinez Devesa P et al. Cognitive behavioural therapy for tinnitus. Cochrane Reviews, 2007, Issue I, Article No. CD005233.

Note: this review contains 6 trials and 285 participants.

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PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases. View PEARLS online at: www.nzdoctor.co.nz; www.nzgg.org.nz; www.cochraneprimarycare.org



