LETTER TO THE EDITOR

Acupuncture for tinnitus

KEYWORDS
Acupuncture; Cognitive-behaviour therapy; Tinnitus

Editor,

We would like to comment on the paper by Jackson et al. in the last issue of CTIM.\(^1\)

Tinnitus is commonly described as the perception of sound in the absence of external acoustic stimulation. At present no specific therapy for tinnitus is acknowledged to be satisfactory. There are a number of uncontrolled studies in the literature suggesting that acupuncture may be effective in the management of tinnitus. This paper suggests that acupuncture may be worth considering in the treatment of tinnitus based on, what by convention would be termed, uncontrolled data; yet the title suggests that the data is controlled.

Most conventionally controlled studies have failed to show a specific effect of acupuncture in the treatment of tinnitus. This includes a large randomised controlled trial in Sweden (\(n = 300\)), recently completed, but as yet unpublished. This study uses the term controlled to refer to a comparison of data in the same subject before and after the intervention. The conventional use of the term controlled refers to studies which compare changes in outcomes in at least two groups of patients, only one of which has received the test intervention, or which compare changes in outcomes between different periods of time, only one of which involves the test intervention. It does not seem justified for the authors to claim that acupuncture might be effective in tinnitus, based on the data from their study, and their use of the term controlled in the title gives more prominence to their results than is deserved.

An important principle of tinnitus processing is that individual tinnitus appraisal is directly linked to neuronal networks in the brain responsible for the production of emotions and cognitions.\(^2\) Cognitive processes may be associated with a reduction in the tinnitus cognition threshold, resulting in hypersensitivity of cognition. The underlying mechanism is known as sensitisation and is suggested to be a specific learning process. It is likely that any intervention will result in amelioration of tinnitus considering the extra attention given to the patients as well as their expectations. This would suggest that until a specific therapy is found (if ever) patients should be offered cognitive-behavioural therapy, which has been shown to be effective.\(^3\)

When comparing cognitive-behavioural and habituation-based treatments, improvement in general wellbeing and adaptive behaviour was greater in tinnitus coping training than habituation-based treatments.\(^4\) Before referring patients with tinnitus to acupuncture, or any other intervention with mainly non-specific effects, the patients should ideally first be offered cognitive-behavioural therapy.

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References


