
EDITORIAL

International Tinnitus Forum, Twentieth Anniversary Meeting San Diego, California, September 21, 2002

The International Tinnitus Forum (ITF), known prior to 1995 as the *International Tinnitus Study Group (ITSG)*, marked its twentieth anniversary meeting on September 21, 2002, in San Diego, California. The objective for clinicians attending this meeting was to consider the introduction of routine vestibular testing into a medical audiological tinnitus patient protocol for the purpose of establishing the accuracy of a tinnitus diagnosis; to assist in establishing the medical significance of tinnitus; and to determine the application of routine vestibular testing for tinnitus treatment, all for the ultimate benefit of the tinnitus patient. In fact, the goals of the meetings since 1982 have been, first, to benefit the tinnitus patient by attempting to establish the accuracy of a tinnitus diagnosis and to provide modalities of treatment for tinnitus relief and, second, to integrate the basic science of the cochleovestibular system and the neuroscience of brain function as applied to the symptom of tinnitus with the clinical experiences of both patient and professional in an attempt to achieve a cure for all clinical types of tinnitus.

The ITF efforts are part of an international effort to understand the symptom of tinnitus and to provide to the patient an understanding of the medical significance of the tinnitus symptom and its treatment modalities. We who are involved in the ITF and our colleagues worldwide have been witnessing the evolution of a new discipline, tinnitology, which is defined as an integrated discipline of basic science, neuroscience, and clinical medicine concerned with an aberrant auditory phenomenon unrelated to an external sound source. The classical teachings about the symptom of tinnitus, which focused predominantly on the ear and the psychophysical and psychoacoustic characteristics of tinnitus, have been integrated with the neuroscience of brain and mind.

The search for a new understanding of tinnitus has included evolving clinical experience, investigation of the role of the vestibular component of the cochleovestibular system, and the clinical application of vestibular testing for the diagnosis and treatment of tinnitus. In increasing numbers worldwide, a significant incidence of occurrence has been noted clinically of the symptom

of tinnitus in association with not only hearing loss but also a vestibular complaint. In addition, positive vestibular test findings in tinnitus patients who are asymptomatic for vertigo are being reported in increasing numbers. More frequent use of vestibular testing as part of the routine evaluation of patients with tinnitus of a severe disabling type has introduced an increased accuracy for tinnitus diagnosis as well as increased efficacy of treatment.

The themes of the meeting included the role of the vestibular system in tinnitus, methods of intratympanic drug therapy, and neuroprotective drug therapies for tinnitus. The first section of the meeting was dedicated to basic and clinical scientific attempts to understand different diagnostic and treatment methods being recommended for the tinnitus patient. The second portion was dedicated to clinical applications and focused predominantly on the vestibular system and intratympanic drug therapy for attempting tinnitus relief. Secondary endolymphatic hydrops (SEH) was reviewed historically and placed in perspective as it applies to the symptom of tinnitus (A. Shulman). The incidence of SEH in tinnitus patients of the severe disabling type has been reported since 1979 to be approximately 35%. Its identification and treatment was reported to have increased the efficacy of recommendations of instrumentation (e.g., hearing aid, tinnitus masker, tinnitus instrument, habituator). The medical significance of the symptom of tinnitus may be that of a gradual, progressive sensorineural hearing loss of which the underlying mechanism may be SEH.

The role of electrocochleography and vestibular testing was addressed, and the significant occurrence of positive vestibular test results was reported in tinnitus patients (S.R. Whitaker). In addition, an update of the utility of intratympanic steroids for inner ear disorders was reviewed (S. Chandrasekar), and longitudinal outcome studies were recommended. Further, auditory manifestations of the superior canal dehiscence syndrome were presented and included the symptom of tinnitus (L.L. Minor).

The presentation of guest of honor Prof. Claus F. Claussen, Professor Extraordinarius of the University of Wurzburg, Germany, on craniocorpography is considered

to be a major step forward (1) to objectively characterize the proprioceptive component of the vestibular response and (2) to provide an objective demonstration of the psychomotor component of the tinnitus symptom. The application of craniocorpography for the symptom of tinnitus and for whiplash injury patients was described.

The results of intratympanic gentamicin therapy with an indwelling catheter to control vertigo in Ménière's disease patients were reviewed, and an update of the results was presented (M.E. Hoffer). Continuation of satisfactory control of vertigo and associated tinnitus continues to be reported long-term. In addition, intratympanic steroidal drug therapy for tinnitus relief demonstrated both positive and negative results (M. Seidman).

A panel discussion of the role of the vestibular system in tinnitus addressed the role of vestibular testing in tinnitus patients (moderator: W. Rubin; participants: J. Pulec, K. Brookler, J. Epley, D. Weider, and A. Shulman). The evolving experience focused particularly on the experience of Ménière's disease. Differences of opinion regarding the need for routine vestibular testing in the tinnitus population reflected differences in philosophy: When vestibular testing was recommended, test results were found to be positive and to support continuation of this recommendation. The consensus was that vestibular testing was important in a significant number of tinnitus patients.

As was true of all previous meetings of this organization, from its inception at the International Tinnitus Seminar in New York City in 1979 until the present, the goal of the twentieth anniversary meeting of the International Tinnitus Forum (ITF) was to provide an open platform for the exchange of information among

professionals involved in the diagnosis and treatment of tinnitus, for the ultimate benefit of tinnitus patients. Appreciation was expressed to John J. Shea Jr., who contributed "seed" money of \$500 toward expenses of the first meeting; to the American Tinnitus Association (Executive Director Gloria Reich, Ph.D.) and the Lionel Hampton Ear Research Foundation which, until 1995, paid the expenses of the meetings; and to the Martha Entenmann Tinnitus Research Center, Inc., which has supported the meetings since 1995. The executive committee of the ITF extended a special and well-deserved expression of appreciation to Dr. Barbara Goldstein, coordinator of the ITF.

I too expressed special thanks to my loyal colleague and friend, Dr. Barbara Goldstein. Together we have formed collaborations and friendships with colleagues worldwide. We are pleased that as this meeting has grown, so too has the *International Tinnitus Journal*, the official journal of the ITF since 1995. Together with our colleagues, we look forward to the continued growth of the ITF for the ultimate benefit of the tinnitus patient. We anticipate a future in which we will be able to provide improved methods of tinnitus diagnosis and treatment. Likewise, we look forward to discovering in tinnitology an answer to the question that we consider basic to every tinnitus case: How is a sensory phenomenon, tinnitus, transformed into an affective phenomenon, a behavior? The solution to this question will hasten the ability of professionals to provide a cure for all clinical types of tinnitus.

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