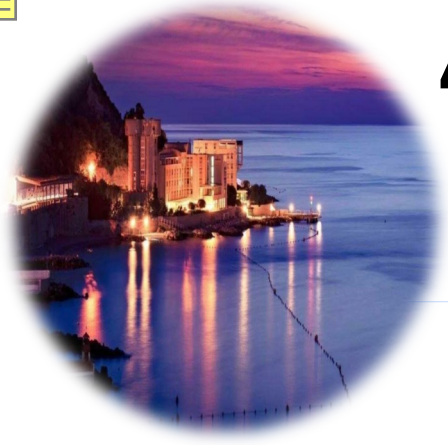

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APRILE 2025

L’acufene e gli aspetti emotivi correlati: dall’accettazione del disturbo alle strategie di coping

Dr.ssa Mariacristina Caramia
Specialista Ambulatoriale Psichiatra

ASL FROSINONE

PUBMED

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Tinnitus and its association with psychiatric disorders: systematic review

P C L Pinto [1], C M Marcelos [1], M A Mezzasalma [1], F J V Osterne [1], M A de Melo Tavares de Lima [2], A E Nardi [1]

Objectives: To systematically review the literature on the occurrence of psychiatric diagnoses in a tinnitus-affected population, and correlate the presence of psychiatric disorders with tinnitus-related annoyance and severity.
Method: A systematic review of the literature published between January 2000 and December 2012 was performed using PubMed, ISI Web of Science and SciELO databases. Original articles in English and Portuguese that focused on the diagnosis of mental disorders associated with tinnitus, especially anxiety and depression, were identified.
Results: A total of 153 articles were found and 16 were selected. Fifteen articles showed a high prevalence of psychiatric disorders in tinnitus-affected patients, and nine showed a high correlation between the presence of a psychiatric disorder and tinnitus-related annoyance and severity.
Conclusion: The prevalence of psychiatric disorders, especially anxiety and depression, is high in tinnitus patients, and the presence of these disorders correlates with tinnitus-related annoyance and severity.

PUBMED
2023 Nov;71(11):719-730.doi: 10.1007/s00106-023-01370-2. Epub 2023 Sep 13.

Chronic tinnitus: An interplay between somatic and psychological factors

[Article in German]

Benjamin Boecking [1], Petra Brueggemann [1], Matthias Rose [2], Birgit Mazurek [3]
Affiliations Expand

Abstract

in English, German

Chronic tinnitus is a common, sometimes highly distressing phenomenon that can be triggered and maintained by an interplay of physical and psychological factors. Partnering with clinical psychology and psychosomatic medicine, modern otolaryngology integrates both medical (e.g., hearing loss) and psychological influences (e.g., interactions between biographical experiences, personality traits, subjective evaluation of intrapsychic and interpersonal stimuli, emotional states, and intrapsychic or interpersonal emotion regulation strategies). Both groups of variables can influence the intensity and course of chronic tinnitus symptomatology both directly and indirectly, whereby the quality and relative degrees of psychological and physical components in a person's self-experience can fluctuate. With this in mind, the present article distinguishes between chronic tinnitus symptomatology with or without hearing loss-and strongly advocates for an integrated understanding of the symptomatology within a holistic psychological frame of reference. After a brief introduction to the principles of psychosomatic medicine and psychotherapy, the article discusses psychological case conceptualization using a vulnerability-stress-coping (VSC) model as an example, outlines clinical aspects and diagnostics of chronic tinnitus symptomatology, and concludes with a conceptualization of chronic tinnitus-related distress as a function of person-centered VSC interactions.

Keywords: Emotion-regulation; Functional hearing disorders; Person-centred psychotherapy; Psychological formulation; Psychosomatics.

“**To cope with**”significa: “**fronteggiare, reagire, resistere e gestire**”
Inizialmente inteso come “**il meccanismo che l’individuo mette in atto per rispondere ad eventi stressati esterni**” successivamente anche per eventi stressanti interni.
Oggi con il vocabolo “**coping**” si considera **un processo adattivo e dinamico** il quale esprime l’interazione e l’influenza reciproca tra l’individuo e l’ambiente.

La strategia di coping, è il tentativo cognitivo e comportamentale di ridurre lo stress correlato ad uno stimolo a cui non c’è una risposta adattiva automatica.

Negli anni ‘70-‘80 gli psicologi Richard Lazarus e Susan Folkman hanno messo a punto una **teoria cognitivo-transazionale** dove **lo stress rappresenta l’esito della transazione** tra variabili ambientali e personali, mediate da valutazioni cognitive e **il coping è un processo adattivo.**

Quindi **è la valutazione cognitiva dell’evento, piuttosto che l’evento in sé, a innescare o meno una reazione.**
Lazarus e Folkman oltre alla **strategia focalizzata sul problema** ovvero al **Problem-focused coping**, hanno distinto anche una **strategia centrata sull’emozione, Emotion-focused coping** .

Successivamente Norman Endler e James Parker hanno aggiunto una terza strategia di **coping centrata sull’evitamento, Avoidance coping**, tale strategia tuttavia è stata poi valutata come controproducente.

PUBMED

2023 Oct;71(10):632-639. doi: 10.1007/s00106-023-01340-8. Epub 2023 Aug 14.

Stress and suffering from tinnitus-a psychosomatic approach

[Article in German]

Matthias Rudolph [1], Helmut Schaaf [2]
Affiliations Expand

Abstract

in **English, German**

The development and processing of tinnitus is often associated with stress. There are many publications on this subject that have investigated possible connections between stress perception and tinnitus symptoms using different concepts and different test inventories. In this review, we present the development of Selye's concept of stress using the transactional stress model of Lazarus and its transfer to patients suffering from tinnitus. The literature evaluating the influence of stress on tinnitus symptoms with partly very different concepts is critically reviewed. For example, it is suggested that psychosocial stress has the same likelihood of contributing to tinnitus as noise in the workplace. However, what is striking in previous studies is that "stress" as an influencing variable could not be clearly verified with suitable psychometric test procedures or that no significant differences-to very different comparison groups-could be shown. Finally, a possible therapeutic approach to stress management is outlined.

Keywords: Hearing disorders; Occupational noise; Psychological burden; Psychological distress; Tinnitus coping.

PUBMED
Prog Brain Res
2021:262:263-285.doi: 10.1016/bs.pbr.2021.01.028. Epub 2021 Mar 31.

On the relationship between tinnitus distress, cognitive performance and aging

Petra Brueggemann [1], Patrick K A Neff [2], Martin Meyer [3], Natalie Riemer [1], Matthias Rose [4], Birgit Mazurek [5]

Abstract

In this study we analyzed psychometric data of 107 individuals who suffer from chronic subjective tinnitus. In particular, we elucidated the relationship between tinnitus-related distress, psychological comorbidities, age, and hearing, and the performance in cognitive concentration and interference tests. Previous research has provided first evidence that individuals with tinnitus may have deficits in cognitive tasks. The present study aimed at extending former research by investigating the relationship between tinnitus distress and cognition. Statistical analyses comprised correlation and regression approaches. We observed a significant relationship between tinnitus distress (tinnitus score, TQ), age and hearing loss and the performance in tests on selective and sustained attention (d2 test) and cognitive interference (Stroop test). Tinnitus distress was identified as the most important predictor of cognitive performance (additionally age for cognitive interference). For other psychometric variables (perceived stress, PSQ; self-efficacy, optimism and pessimism, SWOP) and hearing loss we could not find any meaningful relationship with cognitive performance. The results clearly point to a (currently non-causal) relationship between cognitive skills and distress of tinnitus-related symptoms. Furthermore, the influence of age is noteworthy as this finding implies that with increasing age an appropriate coping with aversive tinnitus symptoms based on proper cognitive functions and age-related hearing dysfunctions, namely inhibition, may become more difficult. Hence, it is suggested to consider cognitive tests as a supplementary measurement in clinical assessment of tinnitus and to raise awareness for the impairing influence of tinnitus on cognition in daily life.

Keywords: Attention; Brain aging; Cognition; Coping; Inhibition; Stress; Subjective tinnitus.

Tinnitus Handicap Inventory (THI)

Your Name: _____ Date: _____

Instructions: The purpose of this questionnaire is to identify, quantify, and evaluate the difficulties that you may be experiencing because of tinnitus. Please do not skip any questions. When you have answer all the questions, add up your total score, based on the values for each response.

1. Because of your tinnitus, is it difficult for you to concentrate? Yes (4) Sometimes (2) No (0)
2. Does the loudness of your tinnitus make it difficult for you to hear people? Yes (4) Sometimes (2) No (0)
3. Does your tinnitus make you angry? Yes (4) Sometimes (2) No (0)
4. Does your tinnitus make you feel confused? Yes (4) Sometimes (2) No (0)
5. Because of your tinnitus, do you feel desperate? Yes (4) Sometimes (2) No (0)
6. Do you complain a great deal about your tinnitus? Yes (4) Sometimes (2) No (0)
7. Because of your tinnitus, do you have trouble falling to sleep at night? Yes (4) Sometimes (2) No (0)
8. Do you feel as though you cannot escape your tinnitus? Yes (4) Sometimes (2) No (0)
9. Does your tinnitus interfere with your ability to enjoy your social activities
(such as going out to dinner, to the movies)?
Yes (4) Sometimes (2) No (0)
10. Because of your tinnitus, do you feel frustrated? Yes (4) Sometimes (2) No (0)
11. Because of your tinnitus, do you feel that you have a terrible disease? Yes (4) Sometimes (2) No (0)
12. Does your tinnitus make it difficult for you to enjoy life? Yes (4) Sometimes (2) No (0)
13. Does your tinnitus interfere with your job or household responsibilities? Yes (4) Sometimes (2) No (0)
14. Because of your tinnitus, do you find that you are often irritable? Yes (4) Sometimes (2) No (0)

15. Because of your tinnitus, is it difficult for you to read? Yes (4) Sometimes (2) No (0)
16. Does your tinnitus make you upset? Yes (4) Sometimes (2) No (0)
17. Do you feel that your tinnitus problem has placed stress on your relationships with members of your family and friends?
Yes (4) Sometimes (2) No (0)
18. Do you find it difficult to focus your attention away from your tinnitus and on other things?
Yes (4) Sometimes (2) No (0)
19. Do you feel that you have no control over your tinnitus? Yes (4) Sometimes (2) No (0)
20. Because of your tinnitus, do you often feel tired? Yes (4) Sometimes (2) No (0)
21. Because of your tinnitus, do you feel depressed? Yes (4) Sometimes (2) No (0)
22. Does your tinnitus make you feel anxious? Yes (4) Sometimes (2) No (0)
23. Do you feel that you can no longer cope with your tinnitus? Yes (4) Sometimes (2) No (0)
24. Does your tinnitus get worse when you are under stress? Yes (4) Sometimes (2) No (0)
25. Does your tinnitus make you feel insecure?
The sum of all responses is your THI Score ……
Yes (4) Sometimes (2) No (0)
0-16: Slight or no handicap (Grade 1)
18-36: Mild handicap (Grade 2)
38-56: Moderate handicap (Grade 3)
58-76: Severe handicap (Grade 4)
78-100: Catastrophic handicap (Grade 5)
This form is for informational purposes only and should not take the place of consultation and evaluation by a healthcare professional.

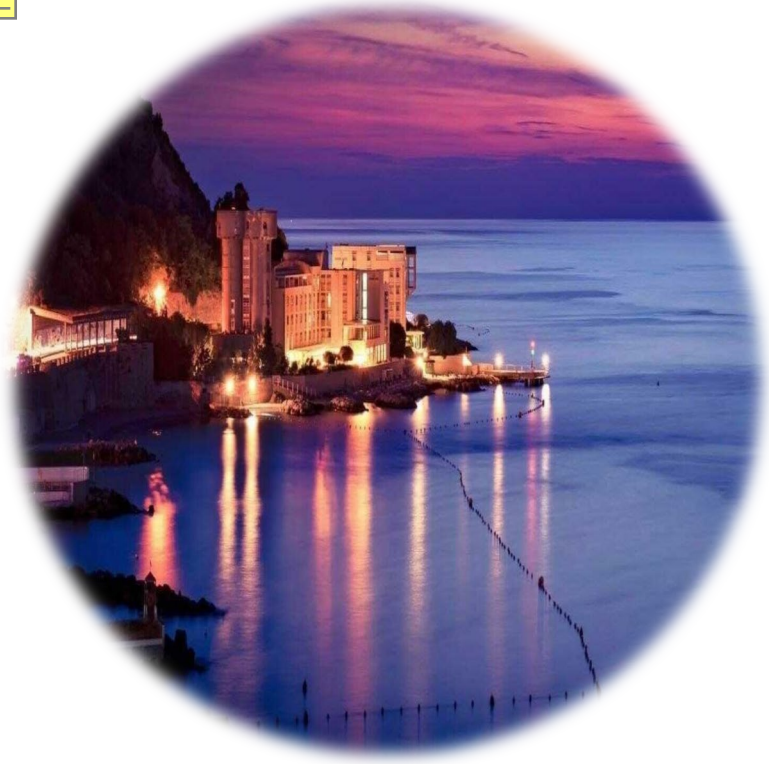
Il questionario TFI (Tinnitus Functional Index) **misura l'incidenza dell'acufene sulla vita quotidiana** per valutare la gravità e l' impatto negativo dell'acufene ed è efficace nel valutare gli effetti del trattamento.

Il CISS: Coping Inventory for Stressful Situations, è un questionario che **rileva i possibili modi di reagire** a diverse situazioni difficili, stressanti o disturbanti e le strategie preferenziali utilizzate.

Il SCL-90-R (abbreviazione di **Symptom Check List revised**) rappresenta uno strumento affidabile per **la valutazione dei sintomi psicopatologici**. È un questionario autosomministrato composto da 90 item su disturbi eventualmente provati nel corso dell'ultima settimana.

Strategie di coping :

- **ottimismo**
- **senso di padronanza**
- **buona autostima**
- **supporto sociale**



Coping

Resilienza

Antifragilità

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J Am Acad Audiol 2022 May;33(5):270-276. doi: 10.1055/a-1804-6601. Epub 2022 Mar 22.

Ego-resiliency and Tinnitus Annoyance

Małgorzata Fludra [1], Joanna Kobosko [1], Elżbieta Gos [1], Justyna Paluchowska [1], Henryk Skarżyński [1]

Abstract

Background: Tinnitus is a common and, in many cases, chronic condition. Coping with a chronic ailment is a long-term process, which also depends on the personality of the individual. One important personality resource is ego-resiliency, that is, how flexible the person is in adapting to the impulse to control their environment.

Purpose: The aim of the study was to determine whether ego-resiliency affects the perceived level of tinnitus annoyance.

Research design: This was a questionnaire study combined with a retrospective analysis of medical data.

Study sample: The study involved 176 people with diagnosed chronic tinnitus who volunteered to participate (53 men and 123 women aged 31-80 years).

Data collection and analysis: The following tools were used: Ego-Resiliency Scale to measure ego-resiliency, Tinnitus Functional Index to assess the impact of tinnitus on daily life, and a survey of sociodemographics and tinnitus history.

Results: The conducted research showed that men had higher ego-resiliency than women. Older subjects (older than 60 years) had higher ego-resiliency than younger ones. There was a negative correlation between ego-resiliency and the perceived annoyance of tinnitus. Regression analysis showed that a person's ability to cope and to tolerate negative emotions were the only factors of ego-resiliency that were a significant predictor of tinnitus annoyance.

Conclusion: People with a high level of personal ability to cope and to tolerate negative emotions are likely to experience decreased tinnitus annoyance. Ego-resiliency levels should be considered when diagnosing and planning interventions for people with tinnitus. In psychological intervention programs for people with tinnitus, it is worthwhile developing ego-resiliency, paying particular attention to positive emotions which are crucial in building it. Research should be continued on other personal resources affecting perceived tinnitus annoyance.

Trattamenti

Per l'acufene esistono **trattamenti psicologici** particolarmente efficaci che utilizzano la **psicoterapia cognitivo-comportamentale (**CBT: Cognitive Behavioral Therapy) per ottenere il **cambiamento dei modelli di pensiero negativi e irrazionali** legati all'acufene ovvero una ristrutturazione cognitiva.
Obiettivi: riduzione della percezione dell'acufene, aumento della tolleranza e incremento delle attività che portano piacere nella vita quotidiana.

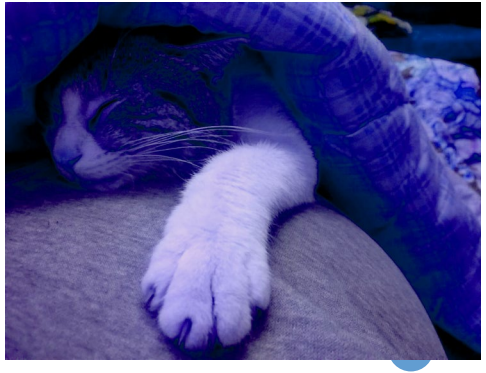
Risultati comunque efficaci si ottengono anche con **percorsi brevi di presa in carico psicologico del paziente con acufene**, in quanto già l'ascolto, le spiegazioni mediche, la valutazione con il paziente di possibili strategie di coping, di fatto riduce notevolmente l'ansia associata al sintomo.

Take Home message:

- In risposta allo stress innescato dall'insorgenza dell'acufene, **il soggetto può utilizzare diverse strategie di coping**, ovvero **strategie mentali e comportamentali** messe in atto per gestire situazioni problematiche **per ridurre lo stress** correlato ad uno stimolo a cui non c'è una risposta adattiva automatica.
- **Un intervento di coping** si focalizza sull**'aiutare il paziente a ridurre l'effetto negativo** dello stimolo e diversi studi indicano che **l'uso di strategie di coping aiuta a diminuire le risposte psicologiche negative a stimoli avversi.**
- Per la valutazione del disagio dell'acufene, essendo legato ad una risposta soggettiva sono stati studiati **diversi questionari standardizzati** per valutare la sofferenza causata dall'acufene come ad esempio il **THI (Tinnitus Handicap Inventory)** e il **TFI (Tinnitus Functional Index)** che misurano l'incidenza e il disagio sulla vita quotidiana. Vi sono poi questionari sulle strategie di coping ***CISS (Coping Inventory for Stressful Situation),*** e sui sintomi psicologici ***SCL – 90R (The Symptom Checklist – 90 Revised).***
- In assenza di cura per il sintomo acufene, le **strategie di coping** consentono ai pazienti di riconoscere e affrontare l'acufene conferendo **maggior accettazione** del problema **rispetto alle strategie evitanti.**

- L’analisi degli studi in letteratura ha rivelato **come l’acufene possa avere un impatto importante sulla vita dell’individuo,** causando disturbi psicologici di varia natura.
- Una terapia psicologica mirata, da affiancare a quella medica in **un percorso riabilitativo completo**, può rivelarsi la chiave per consentire ai pazienti che soffrono di acufene di **limitarne gli effetti negativi** che rischiano di compromettere seriamente il benessere psico-fisico dell’individuo.
- Un trattamento particolarmente efficace utilizza la **psicoterapia cognitivo-comportamentale** che si concentra sulle modificazioni dei pensieri negativi e sulla gestione dello stress.

Grazie per l’attenzione!



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giuseppina.greco@aslfrosinone.it

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