Appendix E. Characteristics of Included Studies Evidence Tables

| Table E1. Pharmacological or food supplement interventions and outcomes (n=16)  |
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| **Author****Year****Setting** | **Population** | **Intervention** | **Outcome Measures**  | **Results** |
| Aoki,762012Japan | Baseline sample: Total n = 60;Interven: n = 30; Cntrl: n = 30Setting: Department of OtolaryngologyMean age (SD): Interven: 64.9y (11.3); Cntrl: 61.6y (11.1) Gender: 20.7% male Presumed etiology of tinnitus: IdiopathicDuration of tinnitus: > 6 monthsSeverity of tinnitus: unilateral chronic Number of dropouts: 2Reasons for dropouts: Adverse eventsAudiological factors: 4-tone average better ear (dB)Interven: 31.8 +/-18.5; Cntrl 31.3 +/-20.4. Four-tone average worse ear (dB): Interven: 60.7+/-23.6; Cntrl: 56.8+/-22.8Comorbidities: NR | Lyophilized powder of enzymolyzed honeybee larvae (720 mg/4 capsules/day) Comparator: Placebo (hydrogenated dextrin;720 mg/4 capsules/day) indistinguishable in appearance or odorDuration of treatment: 12 weeksNumber of follow ups: 3 (4, 8 and 12 weeks)Duration of study: November 2009 to October 2010 | Depression (THI-sub)TS-QOL(THI\*, VAS) | The lyophilized powder of enzymolyzed honeybee larvae was not superior to placebo with regard to the total score on the Tinnitus Handicap Inventory and the visual analog scale.Adverse Events: “experienced discomfortafter taking the capsules” (1 Interven; 1 Cntrl) |

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| Table E1. Pharmacological or food supplement interventions and outcomes (n=16) (continued) |
| **Author****Year****Setting** | **Population** | **Intervention** | **Outcome Measures**  | **Results** |
| Arda,77 2003Turkey | Baseline sample: Total n = 50; Interven n = 30; Cntrl n = 20Setting: ENT ClinicMean age (SD): Total range: 21-74 y; Interven: 55 y (14.3); Cntrl: 51.2 y (12.8)Gender: Interven: 42.8% male; Cntrl: 30.7% malePresumed etiology of tinnitus: IdiopathicDuration of tinnitus: Interven: 39.39 months (±34.30); Cntrl: 26.08 months (±21.32)Severity of tinnitus: unilateral chronic Number of dropouts: 9 Interven n = 2; Cntrl n = 7Reasons for dropouts: Non-compliance Interven n = 2; Cntrl n = 7Audiological factors: Continuous tinnitus Interven 10 (35.7%); Cntrl 6 (46.2%)Comorbidities: Not reported | Zinc Interven: 28 patients in the zinc group were given 50 mg zinc per day for 2 months (Zinco 220, 50 mg). Comparator: Placebo – 1 starch tablet daily for 2 monthsDuration of treatment: 2 monthsNumber of follow-ups: 1 Duration of study: April 2000 to May 2001 | Loudness(Subjective score 0-7) | Clinically favorable progress was detected in 46.4% of patients given zinc. The severity of subjective tinnitus decreased in 82% of the patients receiving zinc (NS). The mean of subjective tinnitus decreased from 5.25 ± 1.08 to 2.82 ± 1.81 (*P* < 0.001).Adverse Events: 2 patients in the zinc group had minor gastric disturbances |

| Table E1. Pharmacological or food supplement interventions and outcomes (n=16) (continued) |
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| **Author****Year****Setting** | **Population** | **Intervention** | **Outcome Measures**  | **Results** |
| Azevedo,722005Brazil  | Baseline sample: Total n = 50Interven n = 25; Cntrl n = 25Setting: Otorhinology Hospital clinicMean age (SD): 60 y; range 35y to 82yGender: 58% malePresumed etiology of tinnitus: sensorineuralDuration of tinnitus: 9.8% <1y; 53.7% 1 to 7y; 36.6% >7ySeverity of tinnitus: NRNumber of dropouts:Interven n = 2; Cntrl n = 7Reasons for dropouts:  Side effects: Interven (1); Cntrl (5) Family pressures: Interven (1); Cntrl (2)Audiological factors: conductive and mixed hearing loss were excludedComorbidities: Hearing loss (59.4%); Dizziness (46.9%); Hyperacusis (9.3%) | Double Blind RCTAcamprosate 333mg, TIDComparator: Placebo, TID Duration of treatment: 90 daysNumber of followups: 3 at 30 days, 60 days, 90 daysDuration of study: October 2003 to October 2004 | TS-QOL (subjective) | A high index of success in the relief of tinnitus, about 86.9%.n 47.8% of the cases, more than 50% relief was found. Authors conclude that Acamprosate, a drug used in the treatment of alcoholism, is a safe and successful alternative for sensorineural tinnitus’ treatment.Adverse events: The incidence of side effects was low, 12%, all of them mild (epigastralgia, choking).  |
| Dib,812007Brazil  | Baseline sample: Total n = 85 Interven n = 43; Cntrl n = 42Setting: NRAge Range: 45 to 80 yGender: Interven: 41.9% male; Cntrl: 26.2% male Presumed etiology of tinnitus: no defined etiology disease in the middle earDuration of tinnitus: 1 yrSeverity of tinnitus: NR Number of dropouts: 0Reasons for dropouts: N/AAudiological factors: Normal audiograms, mild/moderate sensorineural hearing lossComorbidities: NR  | Trazodone (antidepressant) 50mg per tablet, single night dose for 60 continuous days. If important side effects were seen, the medication was discontinued.Comparator: PlaceboOnly the pharmacist knew what drug was being given to which patient.Duration of treatment: 60 daysNumber of follow ups: 1Duration of study: February to June (2005) | G-QOL (VAS)TS-QOL (VAS-s\*; VAS-d) | There was a significant improvement in intensity, discomfort and life quality in both groups after treatment; however, there was no significant difference between the drug and placebo groups. Trazodone was not efficient in Cntrlling tinnitus in the patients evaluated under the doses utilized.Adverse Events: No AEs in 83.7% of the Treatment group. AEs included: apathy, hypertensive crisis, epigastralgia, nausea, sleepinessSleepiness Interven = 3 (7%); Cntrl = 1 (2.4%) |
| Drew,842001United Kingdom | Baseline sample: Total n = 1,121Interven n = 559; Cntrl n = 562Setting: mail and telephoneMean age (SD):Int: 52.9y (9.3); Cntrl: 53.0y (9.3)Gender: Int 69% male; Cntrl 69% malePresumed etiology of tinnitus: NRDuration of tinnitus: >12 months; ≤5 yInt: 10.0y (8.3); Cntrl: 10.1y (8.3)Severity of tinnitus: NRNumber of dropouts:Interven: 99 (17.7%); Cntrl: 87 (15.5%)Reasons for dropouts: didn’t return questionnairesAudiological factors: NRComorbidities: NR | Ginkgo Biloba: 252 tablets containing 50 mg standardized extract LI 1370 (containing 25% flavonoids, 3% ginkgolides, and 5% bilobalides) – instructed to take 3 tablets daily Comparator: Placebo tablets identical to the active tables in shape, size, color and packaging.Duration of treatment: 12 weeksNumber of followups: 3 (4, 12, 14 weeks)Duration of study: NR | TS-QOL (TSQ-21)Loudness (VAS) | 50 mg *Ginkgo biloba* extract LI 1370 given 3 times daily for 12 weeks is no more effective than placebo in treating tinnitus.Adverse events: The incidence of AEs was similar between the treatment groups. AEs included: gastrointestinal upset, dizziness, headache, mouth ulcer, sleep problems, redness of face, awareness of heartbeat, effects on hearing, hyperacusis. More than 1 AE: Interven: 2.0% Cntrl: 1.6% |
| Johnson,24 1993United States | Baseline sample: Total n = 40 Interven n = 20; Cntrl n = 20Setting: University clinicMean age: NRGender: NRPresumed etiology of tinnitus: IdiopathicDuration of tinnitus: >1 yearSeverity of tinnitus: Constant and not fluctuant in nature, sufficient severity to disrupt daily activities (greater than 600 on the disability sub-scale of the IOWA THQNumber of dropouts: Interven n = 3, Cntrl n = 1Reasons for dropouts:Excessive drowsiness (2); not attend 2nd appointment (1); noncompliance (1) Audiological factors: NRComorbidities: NR | Interven: Alprazolam Subjects given a 9-day supply of Alprazolam, 1 per day, return to the clinic for a reevaluation of their tinnitus. Subjects interviewed for adverse reaction to drugs, and loudness of tinnitus evaluated with synthesizer. If no AE for the first week, received an appropriate amount of medication for the next 23 days and asked to return to clinic. Followup at 21 days, if tolerated well, were given a final supply of the drug for 58 days, and scheduled for a return visit in 56 days. Comparator: PlaceboDuration of treatment: 12 weeksNumber of follow-ups: 3 (1, 4, 12 weeks)Duration of study: NR | Loudness (VAS) | Of the 17 patients receiving alprazolam,13 (76%) had a reduction in the loudness of their tinnitus when measurements were made using a tinnitus synthesizer and a visual analog scale.Alprazolam is a drug that will provide therapeutic relief for some patients with tinnitus.Adverse Events: excessive drowsiness (2); mild withdrawal symptoms (1); more dreams (4); unfocussed (1) |
| Mazurek,97 2009Germany  | Baseline sample: Total n=42Setting: Tinnitus Centre Mean age (SD): Total=49.0 y (10.2)Gender: 71.4% malePresumed etiology of tinnitus: IdiopathicDuration of tinnitus: > 3 monthsSeverity of tinnitus: “chronic” (excluded acute or intermittent) Number of dropouts: Interven=5; Cntrl=2Reasons for dropouts: drug-related adverse events: Interven=4; Cntrl=1; poor compliance: Interven=1; Cntrl=1Audiological factors: NRComorbidities: NR  | Vardenafil Interven: 10 mg vardenafil administered orally twice a day over a period of 12 week, dosing interval approx.12 hours. Non-medicated follow-up for another 4 weeks. Comparator: Matching placebo tablets administered orally twice a day over a period of 12 weekDuration of treatment: 12 weeksNumber of follow ups: Measured at baseline (V2), 4 weeks into treatment (V3), at the end of treatment (V4), and 4 weeks after treatment (V5).Duration of study: 16 weeks | G-QOL (SF-36)TS-QOL(TQ)Sleep (TQ-subscale) | Vardenafil had no superior efficacy over placebo in the treatment of chronic tinnitus during this study. Within- and between-groups differences on the TQ were clinically not relevant.There was a tendency on the TQ subscales for minor deteriorations under Vardenafil medication. All differences in changes from baseline were statistically not significant.Adverse Events: There were no serious or fatal AEs. 6 subjects (28.5%) in the Vardenafil group reported drug-related AEs of headache, diarrhea, nasal congestion or prolonged penile erection |
| Meeus,982011Belgium | Baseline sample: Total n = 35Interven n = 13; Cntrl n = 15Setting: Multidisciplinary Tinnitus ClinicMean age (SD): 55.4y (9.1)Int: 57.9y ; Cntrl: 53.2yGender: 89.3% maleInt: 76.9%male; Cntrl 100% malePresumed etiology of tinnitus: unilateral or bilateral tinnitusDuration of tinnitus: > 3mSeverity of tinnitus: primary complaint of chronic tinnitusNumber of dropouts: 7Reasons for dropouts: NRAudiological factors: normal MRI pontine angleComorbidities: none | Double-blind crossover trial – data extracted from end of first period onlyInterven: Additional effect of Deanxit (Flupentixol 0.5 mg + melitracen 10 mg) on clonazepam (Rivotril) 1 mgComparator: PlaceboDuration of treatment: 3 weeksNumber of followups: 1 week washout, switch to treatmentDuration of study: NR | Loudness(VAS)Sleep (TQ-sub)Depression (BDI)TS-QOL (TQ\*, VAS) | Significant tinnitus reduction was seen after intake of the combination clonazepam-Deanxit, whereas no differences in tinnitus could be demonstrated after the administration of clonazepam-placebo. This was true for all patients according to the following parameters: time patients are annoyed by the tinnitus (p = 0.026) and the VAS for tinnitus annoyance (p = 0.024).Adverse events: extrapyramidal syndromes and tardive dyskinesia are known side effects of Deanxit – not observed in this study population |
| Piccirillo,101 2007United States | Baseline sample: Total n=115Interven=70; Cntrl=65;Setting: Dept of OtolaryngologyMean age (SD): NRGender: Interven: 35.6% male; Cntrl: 44.6% malesPresumed etiology of tinnitus: NRDuration of Tinnitus: >6mSeverity of tinnitus: Sufficient to disrupt daily activities, THI score ≥38Number of dropouts:  Interven: 11; Cntrl: 9Reasons for dropouts:Lack of results(9); Nausea(3); Weight gain(2); sleep disturbance(2); Dizziness(1); Other(2)Audiological factors: NRComorbidities: TMJInterven: 86%; Cntrl: 77% | Gabapentin (Neurontin)Interven: Patients in gabapentin arm received gradually titrated dosages of gabapentin (week 1, 900 mg/d; week 2, 1800 mg/d; week 3, 2700 mg/d; and week 4, 3600 mg/d). All subjects were provided an equal number of capsules (300 mg each) and instructed to follow a dosing schedule of 3 times per day. If intolerable adverse reactions occurred, the dosage was decreased in 1-dose (300 mg) steps until the drug could be tolerated. The dose established during the titration period was maintained throughout the additional 4 week fixed-dose period afterwardsComparator: Placebo Duration of treatment: 8 weeksNumber of follow-ups: 2 (4 weeks; 8 weeks) Duration of study: 8 weeks | TS-QOL (THI) | The change among the 59 subjects randomized to the gabapentin arm was 11.3 and the change among the 56 subjects in the placebo arm was 11.0. The difference was 0.03 (95% confidence interval, −5.5 to 6.2; *P*=.91). The response to gabapentin, as measured by the THI score, does not reflect a true effect.Adverse Events: 9/153 (7%) withdrew owing to AEs. Nausea (3); Weight gain (2); Sleep disturbance (2); dizziness (2). All AEs ceased on discontinuation of the study medication. |
| Rejali,103 2004United Kingdom | Baseline sample: Total n = 66 Interven n = 33; Cntrl n = 33Setting: Otolaryngology clinicMean age (SD): Interven: 60 y (11.4); Cntrl: 59 y (10.4)Gender:  Interven: 55% male; Cntrl: 59% malePresumed etiology: noise exposure (55%); middle ear disease (22%); idiopathic (43%)Duration of tinnitus: Duration of tinnitus: Interven: 4.4 y; Cntrl: 5.9 ySeverity of tinnitus: main complaint Number of dropouts: 6 Int n = 2; Cntrl n = 4Reasons for dropouts: Death from a co-existing condition (Int=1); Loss to follow-up (Int=1; Cntrl=2); co-existing illnesses (Cntrl=2)Audiological factors: active middle or external ear disease excludedComorbidities: NR | Gingko Biloba Interven: Patients received 120 mg once daily sustained release formulation of G. bilobaComparator: PlaceboDuration of treatment: 12 weeksNumber of follow-ups: 1Duration of study: NR | TS-QOL(THI)G-QOL(GHSI) | Ginkgo biloba does not benefit patients with tinnitusAdverse Events:diarrhea (6% in placebo and 3% in active group) and headache (3% in each group). |
| Robinson,1052005United States | Baseline sample: Total: n = 115; Interven n = 57; Cntrl n = 58Setting: Otolaryngology clinicMean age: 57 yGender: 58% malePresumed etiology of tinnitus: Duration of tinnitus: >6mSeverity of tinnitus: NRNumber of dropouts: 26 Interven n = 17; Cntrl n = 5 Reasons for dropouts: adverse events (side effect, perceived increase in tinnitus)Audiological factors: NRComorbidities: Major depression (n=1)Number of dropouts: 26 (Interven=17; Cntrl=5) Reasons for dropouts: adverse events (side effect, perceived increase in tinnitus) | Paroxetine: Treatment 10 mg of paroxetine (or placebo) per day for the first week. Dose increased to 20 mg per day for 2 weeks. Dose was increased in 10-mg increments every 2 weeks to a maximum of 50 mg per day. Comparator: PlaceboDuration of treatment: 100 daysNumber of follow-ups: 1 (1 month post-treatment)Duration of study: (mean) 100 daysNOTE: 21 participants who withdrew from the study had their last observation carried forward, resulting in a total of 115 participants with follow-up data, used in the ITT analysis  | Depression (HADS-D, BDI\*)Anxiety (HADS-A, BAI\*)TS-QOL(THQ\*, Likert 0 to 7)Sleep (PSQI)G-QOL (QWB) | Majority of individuals did not benefit from paroxetine in a consistent fashion.Adverse Events:Significantly more participants in the paroxetine group (*n* =17) dropped out because of adverse events than those in the placebo group (*n* =5), *p* <.05).Significantly more participants in the paroxetine group reported moderate or severe sexual dysfunction, drowsiness, and dry mouth than in the placebo group at follow-up.  |
| Sharma,1062012India | Baseline sample: Total n = 40Setting: Outpatient Department of ENT HospitalMean age (SD): 53 yearsGender: NR Presumed etiology of tinnitus: IdiopathicDuration of tinnitus: NRSeverity of tinnitus: NRNumber of dropouts: 5 Reasons for dropouts: worsening of condition (n=2); left treatment at crossover and could not complete the study (n=3)Audiological factors: varying degrees of sensorineural hearing loss; 65% of patients had bilateral hearing loss; 35% had bilateral tinnitusComorbidities: NR | AcamprosateInterven: tab. acamprosate 333 mg 1 tab TID for 45 days; then washout period of 7 days; crossed over to matched placebo 1 tab orally TID for next 45 daysCntrl: matched placebo 1 tab TID for next 45 days; then washout period of 7 days; crossed over to tab acamprosate 333 mg 1 tab orally TID for 45 daysComparator: PlaceboDuration of treatment: 45 daysNumber of follow-ups: 3 (45 days, 7 day washout, 45 day)Duration of study: NR | G-QOL (Subjective)Loudness (VAS) | The drug had shown a statistically significant improvement in reducing the tinnitus score in 92.5% of the patients and placebo with an improvement in 12.5% of the patients. Adverse Events: The drug was well tolerated without any serious drug reactions |
| Sullivan,1071993United States | Baseline sample: Total n = 117:Interven n = 63, Cntrl n = 54Setting: University otolaryngology clinic Mean age (SD): 62.1 y (8.0)Gender: 52% maleInterven: 61% male; Cntrl: 42% malePresumed etiology of tinnitus: Idiopathic Duration of tinnitus: ≥ 6 months Severity of tinnitus: sufficient severity to disrupt daily activities (score ≥600 THQ disability subscale) Number of drop outs: Interven n = 14; Cntrl n = 11Reasons for dropouts: Interven: Anticholinergic side effects, sedation; Cntrl: Unsatisfactory therapeutic response and scheduling conflictsAudiological factors: Treatable otologic disorder related to the tinnitus excludedComorbidities: 28 participants had current major comorbid depression and 54 were depression-NOS subjects | Nortriptyline Intervention: Treatment initiated at 25 mg at bedtime and titrated upward 25 mg per week. When therapeutic or side effects were evident or when 100 mg was reached, blood level was assessed. Dosage adjusted to a therapeutic level between 50 and 150 mg/mL and maintained there for 6 weeks. Comparator: Placebo Nortriptyline and placebo groups received same number of capsules and same titration protocol. Duration of treatment:12 weeksNumber of follow ups: 1Duration of study: NR | Depression (HDS)Anxiety (Sheehans’ Disability Scale)TS-QOL (IOWA\*, Likert scale) | The antidepressant Nortriptyline decreases depression, functional disability, and tinnitus loudness associated with severe chronic tinnitus.Separate analysis demonstrates that decreases in tinnitus disability closely parallel decreases in depression severity.Adverse Events: anticholinergic side effects and sedation (n=11) |
| Topak,109 2009Turkey  | Setting and subject recruitment: HospitalBaseline Sample: Total n=69Mean age (SD): Interven: 49.9 y; Cntrl: 55.3 yGender: Interven: 66.7% male; Cntrl: 58.6% malePresumed etiology of tinnitus: Subjective tinnitus of cochlear originDuration of tinnitus: NRSeverity of tinnitus: Only subjects for whom drug treatment had failedNumber of dropouts: 11Reasons for dropouts: Failed to return for follow-upAudiological factors: Patients with sudden sensorineural hearing loss excludedComorbidities: NR | Methylprednisolone (by intratympanic injection). Patients were randomized to receive one of two treatments: 0.3 to 0.4 ml intratympanic injections of either a 6.25mg methylprednisolone solution or placebo (saline solution). The treatment protocol comprised 3 intratympanic injections, 1 per week for 3 weeks.Comparator: PlaceboDuration of treatment: 3 weeksNumber of follow ups: 1Duration of study: 30 months | TS-QOL (TSI)Loudness (Self-rated) | No significant post-treatment changes in the tinnitus severity index individual and total scores were observed in either group.The results of this study indicate that intratympanic methylprednisolone has no benefit, compared with placebo, for the treatment of subjective tinnitus of cochlear origin refractory to medical treatment.Adverse Events: pain during injection, vertigo, a burning sensation around the ear and in the throat, and a bitter taste |
| Westerberg,111 1996United States  | Baseline sample: Total n = 63Interven n = 31;Cntrl n = 32Setting: ear instituteMean age (SD): Total: 51.2 y Gender: 57% maleInterven: 58% male; Cntrl: 56% malePresumed etiology of tinnitus: IdiopathicDuration of tinnitus: NRSeverity of tinnitus: NRNumber of dropouts: 11Reasons for dropouts: side effects (n=9); unknown (n=2)Audiological factors: Only constant, non-pulsatile includedComorbidities: NR | Baclofen vs PlaceboBaclofen: Three weeks of baclofen (10 mg BID for 1 week, 20 mg BID 2nd week and 30 mg BID 3rd week) were given to drug group. Drug was tapered before discontinuationComparator: Placebo designed to mimic baclofen capsules in route, schedule appearance and tasteDuration of treatment: 3 weeksNumber of follow-ups: 1 (3 weeks)Duration of Study: NR | TS-QOL (THI)Self-reported Loudness (Subjective 0-10) | Reports of subjective improvement occurred in only 9.7% of the baclofen vs 3.4% of the placebo groups (NS).Adverse Events: 26% withdrawals from the baclofen arm due to AEs. None were severe or life threatening and all resolved with stopping the medication or by study’s end.   |
| Zoger,114 2006Companion: Holgers,902011Sweden  | Baseline sample: Total n = 76; Interven n = 38; Cntrl n = 38Setting: Audiology department, university hospital Mean age (SD): Interven: 40 y; Cntrl: 46 yGender: Interven: 51.7% male; Cntrl: 61.8% malePresumed etiology of tinnitus: IdiopathicDuration of tinnitus: NRSeverity of tinnitus: major complaintNumber of drop outs: Interven n = 9; Cntrl n = 4Reasons for drop outs: Interven; A/E (2), moved (1), stress (2), other (4) Cntrl: changed psychiatric condition (2), moved (1); other (1)Audiological factors: Pure-tone averages better than 50dB HL in the worse hearing ear; positive answer on at least one of NHP itemsComorbidities: excluded psychiatrically severe condition in need of acute treatment | Sertraline Interven: During the first week, 25mg/d of sertraline; 50 mg/d thereafter. To alleviate an expected initial worsening of psychological distress, all patients offered oxazepam 10mg during first 2 weeks of the study. Limit 3 tablets of oxazepam10mg daily to maximum of 25 tablets Comparator: PlaceboDuration of treatment: 16 weeks Number of follow-ups: 2 (16 weeks and 28 weeks) Duration of study: 28 weeks All patients were offered an open trial of sertraline at week 16 for another 12 weeks (post-data is taken before crossover portion of this study).  | TS-QOL (TSQ\*, VAS)Loudness (VAS)Anxiety (HAS\*, CPRS-S-A, PGWB sub)Depression (HDS\*, CPRS-S-A, PGWB sub)G-QOL90 (PGWB) | Individuals in the Interven condition who completed the post-assessment experienced a significant reduction in tinnitus distress from pre-Interven to post-Interven (p =.0001].The between-groups difference in the rates of reliable change, although in the hypothesized direction, was not statistically significant (p =.15).Adverse Events: Sexual side effects (1 Interven; 2 Cntrl) |

\*Indicates the test used to measure outcomes which were selected to represent the domain in the forest plots (and subsequent SOE decisions)
**Abbreviations:** A/E = Adverse events; AMT = active motor threshold; CBT = cognitive behavioral treatment; ENT = ear, nose and throat; grp = group; G-QOL = global quality of life; HADS = Hospital Anxiety and Depression Scale; HDS = Hamilton Depression Rating Scale; interven = intervention; month = month; N/A = not applicable; NR = not reported; QOL = quality of life; RCT = randomized controlled trial; SD = standard deviation; TCT = Tinnitus Coping Therapy; THI = Tinnitus Handicap Inventory; TMJ = temporal mandibular joint; TS = tinnitus specific; TSQ = Tinnitus Severity Questionnaire; VAS = visual analog scale; week = week; WLC = wait list Cntrl; yr = year