

EARS NEWS

Birmingham & District Tinnitus Group

Reg. Charity Number 1055001

c/o Birmingham Institute for the Deaf, Ladywood Road, Birmingham, B16 8SZ

Newsletter Number 1. March/April 2010



HELPING THE TINNITUS COMMUNITY SINCE 1981

£1 to non-members

Monthly city centre daytime meetings
*are held on the second Tuesday of the month between
10.30 and 12 noon at Carrs Lane Church Centre
(along from the rear of M&S)*

Dates are listed on the back cover of this newsletter.
*Come and meet some of the committee and others with tinnitus.
Share a coffee and your experiences and maybe contribute to
the topics which come under discussion.*

Richard Hawkins is Guest Speaker at our March meeting

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Need support? Contact our *Friendly Ears* :-

Eileen - 01384 831032 Jennifer - 0121 355 2047
Eric - 0121 355 1496 Lorna - 0121 352 0671 Brenda - 0121 747 9369

E-mail : info@tinnitusbham.org.uk

Website : www.tinnitusbham.org.uk

“Nothing in life is to be feared. It is only to be understood.”
Marie Curie

BIRMINGHAM & DISTRICT TINNITUS GROUP

Reg. Charity Number 1055001

President W. Ewart Davies PhD

Chairman, Founder and Honorary Life Member Eric Trowsdale BA Hons (Psychology)
Co Founder and Honorary Life Member Maurice Bluck

Dear Friends,

A Spanish teacher was explaining how nouns in the Spanish language are either masculine or feminine.

A student asked “What gender is a computer?” Instead of giving an answer the teacher split the class into male and female groups and asked them to decide for themselves. They were required to give 3 reasons for their decision.

The male group decided on a female computer because (1) no-one but their creator understands their internal logic. (2) Even the smallest mistakes are stored in long-term memory for possible later retrieval and, (3) as soon as you make a commitment to one, you find yourself spending half your salary on accessories for it.

The female group decided on a male computer because (1) they have a lot of data but still can't think for themselves and (2) they are supposed to help you solve problems, but half the time *they* are the problem and, (3) as soon as you commit to one, you realise that if you had waited a little longer, you could have got a better model!

I regard myself as the world's worst computer Dumbo but Eric sent me a long list of true stories to boost my morale. Here are just a few :

Tech support: What kind of computer do you have?

Female customer: A white one...

Tech support: Click on the 'my computer' icon on the left of the screen.

Customer: Your left or my left?

Customer: I have problems printing in red... ***Tech support:*** Do you have a colour printer? ***Customer:*** Aaaah...thank you!

In the Line of Fire.

School music teachers have been warned to wear earmuffs or to stand behind noise screens to protect their hearing. Beginners tend to blast away much louder than professionals, and the most potentially damaging instrument is the cornet - one blast being measured at 140dB - enough to cause permanent ear damage. Standing in front of instruments such as the oboe and saxophone can become risky after just 15 minutes exposure. Standing next to a school band can be even more dangerous, the Health and Safety Executive warns.

Sound levels produced by groups of student instrumentalists are likely to be higher than those produced by a professional group because of less-developed technical abilities and natural exuberance.

Ear-damaging sound levels have been measured at the conductor's position in a school band, and conducting a brass, woodwind and percussion orchestra can be done safely for just 19 minutes.

The advice is aimed at protecting workers, but the HSE says consideration should be given for the use of hearing protection for both teachers and students to protect hearing during "loud" sessions.

Newsletter circulation

Our newsletters have always been circulated to members by post but, in recent committee discussions it was suggested that those who are able, might be interested in receiving them by email.

It will require time and effort to organise this facility and there may not be sufficient need, so, before taking any steps in this direction we would like to know what sort of backing the idea enjoys.

We do realise, of course, that newsletters via email cannot be easily passed on to your GP and/or other interested parties without your commitment. However, in this modern world of communication the option could be made available to you, but we do need to determine whether or not the demand merits serious committee dedication.

If you have an email address and would consider receiving our newsletters electronically, we would be grateful if you could advise us via : [**info@tinnitusbham.org.uk**](mailto:info@tinnitusbham.org.uk)

When we have had time to judge the response, the need for such a provision will then be assessed in further committee discussions and we will advise the outcome at some future date.

BTA Tinnitus Awareness Week 8-14th February 2010

logo

A great deal of time and effort on the part of all Birmingham and district ENT Departments plus several of our members was put into making this annual national event another resounding success.

The *Hearing Services Centre* at Western Road held an open day on 8th with a Questions and Answers session to which our President, Dr Ewart Davies, contributed. Lorna Mills gave additional group support.

The *Lyng Centre for Health & Social Care* in West Bromwich supported TAW and information about our group was also available.

Throughout the week, there was an information desk in the main entrance of *Heartlands Hospital* and Stan Pyne was present on the 8th to outline the support we provide in the city. *Heartlands Hearing Centre* had an information morning on 10th and Brenda Law was there to assist.

Our monthly meeting at *Carrs Lane Church Centre* on 9th was given over to a special city centre TAW information day which was organised by Eileen Hewitson and Jennifer Hawker.

HARC, the *Hearing Assessment and Rehabilitation Centre* in Selly Oak, held a coffee morning on 11th which was supported by Eileen Hewitson and Margaret Ritchie, a member of our volunteer reserve force.

On the same day - with a view to eventually setting up their own local tinnitus support group - a coffee morning was organized by *Tamworth Social Health and Care Group* in the town's Memorial Hall. This was supported by Jennifer Hawker and me.

Our Chairman, Eric Trowsdale, was invited by the Norman Power Centre in Ladywood to address a *Community Link* meeting on the 12th.

Good Hope Hospital Treatment Centre also set up an information desk throughout the week. Fred Smith was there two afternoons to offer support and details about our group.

The *Queen Elizabeth Hospital* ENT had a tinnitus information stand on 9th, and *Worcester Hospital* had a stand in the foyer on 8th, 10th and 12th with Ivan Spencer (BTA's Worcester contact) on hand to give his support. Poster and notice board displays were distributed countywide.

Claire Parkes is a member of our group, a medical secretary, and also a Brown Owl. Claire organised a major ribbon-making marathon with her Brownies and friends. Ribbons, in gold and silver, went on sale at the various events. Our thanks to Claire and all her troops.

BID assisted with press releases and put details on their website.

The way you think about a situation determines your emotional and physical reaction.

The following story from Dr Lawrence McKenna psychologist and member of the BTA's Professional Advisors Committee illustrates the point.

Pretend that you don't have tinnitus, and you're in a subway in New York jammed in like sardines, and some idiot comes up behind you, and starts jabbing you in the back with an umbrella. What happens?

Well, if you're normal, you get upset, and you get mad. Your face gets red, your blood pressure goes up, and your pulse goes up. Those are physical changes in you based on the thought of the jerk who's stabbing you in the back with an umbrella. You turn around to tell him to stop, and you discover that it's not an umbrella, it's a gun. What happens?

Your face goes pale, your palms get moist, your mouth gets dry. Those are physical changes in you based upon your thoughts about the stimulus - the very same stimulus, a poke in the back. So you turn around to give the guy all your money and you discover that it is not a gun. It's a blind lady with a cane trying to maintain her balance in this precarious situation. What happens?

The colour returns to your face, a shudder of compassion comes over you, maybe a tear comes to your eyes. You try to assist her to a safe place in the subway. Again a different set of physical findings based upon your thoughts about the stimulus. So what's our stimulus? Our stimulus is our tinnitus. Changing the thoughts that we have about our tinnitus cannot only impact on us philosophically, it can impact on us physically.

Tinnitus Relief Hypnosis CD with Guide and extra Support and Advice - Reviewed by Eileen Hewitson

The Bournemouth Tinnitus Support Group has recently purchased the above CD. If you go to www.hypnosishealthcare.com you can hear a small sample of the voice (male). I found the background music quiet and unobtrusive in the short demonstration. The cost is £15.95 including postage and packing. As yet, we have not purchased this for the Derek Hickson Library, as the price includes free e-mail support which, I presume, would be made available only to one purchaser.

If anyone feels that we should include this in the library, will you please let one of the Friendly Voices know.

More from the www Down Under

Our January newsletter included extracts published by the TAV (Tinnitus Association of Victoria). TAV believes that there are 4 effective keys to successful tinnitus management. These are:

1) Overcoming Fears; 2) Perception; 3) Focus; 4) Adjusting your Lifestyle

TAV believes that implementing the ideas in these 4 keys will lead to habituation. Their Vice President believes there is a fifth key:

Normalising Your Life - by Ian Paterson, Vice President, TAV

“In addition to the 4 keys to successful tinnitus management, over the last few years I have come to realise the importance of a 'fifth key.' It is to 'normalise' your life as much as possible.

We assume that by instituting the four keys outlined previously that the natural outcome is a return to a 'normal' life similar to what we enjoyed prior to developing tinnitus. Unfortunately this is not always the case as many people continue to allow their tinnitus to have a greater level of importance in their brain than it deserves, thus affecting their reaching 'total habituation' and acceptance of their tinnitus.

Far more importantly for those who have just developed tinnitus or those that are on the route to habituation but are still not completely comfortable with their tinnitus, normalising your life during the habituation process actually accelerates that process. It is the little things that will make the difference, going to that social function even though there will be noise greater than you are comfortable with (take ear plugs!), or doing the normal chores such as mowing the lawn (use ear plugs and/or ear muffs), going shopping or visiting the kids or grandkids - these things are the very essence of a 'normal' life.

By doing these 'normal' activities, and not mentally or physically isolating yourself because of your tinnitus, will provide short term quality of life experiences as well as a process that will hasten the habituation process.

The opposite of what I am suggesting is of course surrendering to your tinnitus and using it as an excuse not to partake in life. Almost invariably when I get someone on the advice line saying that their tinnitus

has 'ruined their quality of life', it turns out that they have cut off almost if not all 'normal' activities. It is what we describe as the 'tinnitus prison' where the person has built a psychological wall around themselves that

mentally and physically isolates them. This leads to the person focusing on their tinnitus and allowing the tinnitus to manage and determine everything they do rather than them learning to manage it.

So what can you do to 'normalise' your life? I tell people that it is a simple 6 step plan:

1. Determine that you are going to manage your tinnitus from this point forward and not let it manage you.
2. Always ask yourself 'if I didn't have tinnitus, what would I be doing today?' and DO IT!
3. Plan your days each evening so that you have a 'plan' for the following few days. Don't just fill up your plan with 'chores', include 'treats' for yourself such as meeting friends for coffee and cake at your favourite patisserie etc..
4. Maintain your social contacts and outings, no matter how your tinnitus is affecting you at that time.
5. NEVER use your tinnitus as an excuse not to do something whether it is mowing the lawn, going out, sitting quietly reading a book (yes you can do that!) or having that red wine, chocolate or other foods that you may enjoy.
6. Maintain a PMA (Positive Mental Attitude) as the more you work at implementing the '5 keys', the faster you will reach habituation and be totally comfortable and relaxed with your tinnitus.”

New Occasional Paper - ‘Members’ Coping Skills’

The question “*What do you find helpful in coping with your tinnitus?*” appeared in our July ‘09 group survey. It was included in our survey in response to a number of requests we received for such information to be made available. Eileen Hewitson has compiled a list of members’ answers and these are presented as an Occasional Paper which is enclosed with this newsletter.

Personal tinnitus experiences - how I learned to cope

*Our group survey brought in requests for newsletter coverage of personal tinnitus experiences. Members are invited to send theirs to me and here, in the second of our series, **Robert Titmus** outlines some of his difficulties, experiences, and solutions when flying. If you would like to contribute a feature, please email me or write c/o BID Ladywood Rd.*

Flying with Hyperacusis - A rough guide

I experience both tinnitus and hyperacusis. If I went somewhere that's very noisy, such as a church with a loud church organ or a disco without wearing my attenuating ear plugs, I would probably suffer a migraine headache for about 24 hours.

If I'm travelling in a fairly noisy vehicle for a journey lasting a couple of hours, I'm likely to have a moderate headache the following day. Also, just prior to getting my attenuating earplugs I did a long haul flight (Singapore to New Zealand) at the back of a plane and suffered the consequences.

So, the next time I was due to take a long haul flight (to the USA) I read up the BTA information paper "*Flying and the Ear*" by Andrew McCombe. In this paper he suggests that you select a seat in front of the wing (where, in large aircraft, the noise level will be much lower than at the rear of the plane). My hearing therapist arranged for me to get attenuating earplugs and he also provided me with a letter to show to the airline supporting, on a medical basis, the need for a seat as close as possible to the front of the wings.

I rashly assumed that the Disability Discrimination Act would ensure that asking for suitable seats would be deemed a "reasonable request" which would be easily granted. However, Travel Agents / Travel Companies seem to adopt a "well at least we can ask for you" attitude which was less than reassuring.

Most airlines state on their websites that they provide services for people with disabilities, but on the RNID website the fact sheet on "*The Disability Discrimination Act - for service providers*" states that when travelling by air, the service is not covered by the D.D.A., although

the service infrastructure, i.e. the air terminal, is covered by the act. Also, of course, the country you travel back from may well not have similar legislation.

For me, getting a suitable seat has been a tough nut to crack. If you can travel first class or similar you should be O.K. but if you're travelling Economy, as I do, you may want to bear in mind that families with small children will probably be at the front next to the bulkheads. If the children are affected by the pressure changes in their ears they may be distressed and therefore noisy! So you may be better a few rows back.

I have often been able to arrange suitable (but not ideal) seats on outbound flights but inbound flights are a different matter. Also, bear in mind that if your holiday involves short-hop flights in small aircraft there may be little difference in noise levels from front to rear of the plane.

I have not yet had a go at trying to book my seat on-line - I may try to do that next time. If you know which airline you are travelling with, and what type of plane you are due to travel on, you can check on the website www.seatguru.com whether the seats allocated are O.K.. However, remember that the type of plane that you actually travel on can change if a technical problem occurs.

I've had a few bad experiences with getting suitable seats, including one where the staff's attitude was so bad that I complained to the airline. They could do little other than repeat their mantra "guaranteeing passenger's seat requests is just something we aren't able to do".

So, my conclusion is that you should do what you can to get seats fairly well forward in the plane and not behind the engines if at all possible, but just in case it doesn't work out, don't expect airline staff to put themselves out too much and try not to get upset if you don't get the seating you think you need. Be self-reliant.

If your hearing therapist agrees, I strongly recommend that you consider using attenuated earplugs. I find that soft foam earplugs are just not good enough if your seat is right at the back of the plane.

So that I don't have to listen to my tinnitus for 10 or 12 hours, I also take some noise reduction headphones with me (the type that cover

the whole ear) and an MP3 player (plus spare batteries) loaded with Ella Fitzgerald or something else soothing. (Yes, I know ear plugs and noise reduction headphones are a bit belt and braces but it works for me.)
Enjoy the flight.

Middlepiece

“This being Easter Sunday, we will ask Mrs Lewis to come forward and lay an egg on the altar.”

Research : **Roland Schaette** is the new British Tinnitus Association Senior Research Associate working at the UCL Ear Institute in London. Roland studied Bio- physics in Berlin and Zurich, then did a PhD on Tinnitus in Berlin and continued working there as a postdoc before starting work at the Ear Institute in 2007. He explains a bit more about his work at UCL.

Testing the Predictions of a Theoretical Model of Tinnitus Development

Tinnitus is often related to hearing loss, but how hearing loss could lead to tinnitus has remained unclear. Animal studies show that the occurrence of tinnitus is correlated to increased spontaneous firing rates of central auditory neurons, but mechanisms that give rise to such hyperactivity have not been identified yet. Here we present a computational model that reproduces tinnitus-related hyperactivity and predicts tinnitus pitch from the audiograms of tinnitus patients with noise-induced hearing loss and tone-like tinnitus. Our key assumption is that the mean firing rates of central auditory neurons are controlled by homeostatic plasticity. Decreased auditory nerve activity after hearing loss is then counteracted through an increase of the neuronal response gain, which restores the mean rate but can also lead to hyperactivity. Hyperactivity patterns calculated from patients' audiograms exhibit distinct peaks at frequencies close to the perceived tinnitus pitch, corroborating hyperactivity through homeostatic plasticity as a mechanism for the development of tinnitus after hearing loss.

The model suggests that tinnitus that is caused by cochlear damage could be alleviated when auditory nerve activity is renormalized through additional stimulation. Currently, the most common form of additional stimulation is acoustic stimulation with behind-the-ear devices. However, such devices are limited in their high-frequency output (up to 5-6 kHz only). In that case, the model predicts that only patients with a tinnitus pitch within the frequency range of the stimulation device should experience a reduction in tinnitus loudness. To test this prediction, we investigated the effect of long-term acoustic stimulation on perceived

tinnitus loudness in 15 subjects with chronic tinnitus. Eleven patients received a hearing aid and four patients a noise device. Perceived tinnitus loudness was measured using a visual analog scale. We found that the effect of acoustic stimulation with behind-the ear devices on tinnitus loudness depends on tinnitus pitch, as predicted by the model: Only patients with a tinnitus pitch of up to 4 kHz ($n = 9$ subjects) experienced a significant reduction in perceived tinnitus loudness (from 75.4 ± 6.4 before to 57.1 ± 8.3 after treatment, $p = 0.023$). In patients with a tinnitus pitch of 6 or 8 kHz ($n = 6$ subjects), tinnitus loudness was not significantly changed after six months of treatment (63.3 ± 4.7 before and 67.2 ± 5.9 after treatment, $p = 0.19$). The biggest changes took place within the first two months of stimulation, suggesting a time scale of weeks for the effects of acoustic stimulation on tinnitus.

Hearing Therapists

A change over the coming years

Hearing therapists provide a comprehensive rehabilitation service for people who are deaf or hard of hearing.

Hearing therapists generally have a primary university degree or audiology qualification and have worked with the hearing impaired in some guise. They then undertook a 2 year diploma in hearing therapy.

They have a wide remit, supporting people with hearing or balance problems as well as tinnitus.

They offer help with acclimatising to hearing aids and teach lip-reading. They advise on assistive listening devices such as amplified tele-

phones. They supply general information and advice regarding the auditory system and explain conditions such as Menieres Disease or Otosclerosis.

In many units hearing therapists are the main providers of TRT and other forms of tinnitus management. A few hearing therapy departments accept tinnitus patients directly from the GP which can speed the patients' progress through the system. The vast majority of units, however, still stipulate that new tinnitus patients should be assessed by an ENT specialist or audiological physician prior to referral to a therapist.

Audiological careers are being restructured and the above structure will change over the coming years. For example, no more hearing therapists are being trained and their role will increasingly be taken by audiologists who have received appropriate specialised training.

Understanding and Managing Tinnitus - BTA Information sheet *By V.Jayarajan FRCS, Msc - Consultant Audiological Physician*

Introduction: Tinnitus is defined as a perception of sound when there is no external source of sound. This is a common condition, and affects about 10% of adults in the UK.

In order to understand tinnitus, it is essential to have some idea about the mechanism of hearing. The process of tinnitus generation is complex, and there may be several different underlying causes for this relatively common condition. Furthermore, it is apparent that tinnitus is not always intrusive or distressing. Many people who have tinnitus do not complain about it. In some, the onset of tinnitus can be linked to a stressful event, either emotional or physical.

How we hear: The hearing pathways consist of the ears, the nerves of hearing and the connections within the brain. It is the brain which recognizes and analyses the sound signal. The brain is also able to reject sounds which are meaningless.

The organs of hearing are fully developed in the first weeks of pregnancy. Connections are formed between these organs, the hearing nerves and the brain. Links are also formed between the brain's hearing area and other centres, such as the pathways of emotion (the limbic system), the alarm centre (reticular formation) and the centres of thought

and memory (the frontal cortex).

It is now known that an unborn baby can hear sounds. After birth, the brain begins to recognize different sounds, especially speech. This recognition process forms the basis of a child's language development.

Occasionally this process of sound filtration may fail. This would result in the perception of an unwanted sound in the higher centres (the cerebral cortex). This is the basis of tinnitus generation.

Along with this process, it has been suggested that the brain has the ability to increase its awareness of sound (auditory gain). This can occur in a number of situations, for example if a person is under stress. Here the limbic system becomes active. Increased auditory gain can also occur if an individual is in a room where there is complete silence. In this case, the brain becomes aware of random activity in the hearing pathway which would normally be rejected by the filtration process. This was demonstrated by a well known experiment carried out by Heller and Berg-

man in 1953. They isolated a group of medical students in a sound proofed room (they all had normal hearing and no perception of tinnitus) and asked them to describe any sounds which they heard. 94% claimed that they heard a variety of different sounds, although no sounds were actually introduced into the room. The silence had increased the students' auditory gain, resulting in the perception of sound signals generated in the auditory pathway.

Auditory Processing Disorder: The ability to hear specific sounds such as speech in the presence of other background sounds is the result of a complex process. This is mainly a function of the auditory filter. In addition, we have the ability to improve this by 'straining to hear' – increasing the auditory gain. This ability is well developed in certain people e.g. musicians. A mother will normally hear her baby's cry, even if there are other sounds in the house. However, in many others the brain simply cannot cope with the competing sounds. This is known as an Auditory Processing Disorder (APD).

The Impact of Trigger Factors in Tinnitus: It is well known that various emotional and physical factors, such as bad news, head

injuries, illness such as colds and flu, injuries of the head and neck may be closely linked to the onset of tinnitus. In all these cases there is increased arousal mediated via the autonomic nervous system, resulting in tinnitus, as described earlier. In such cases, because the tinnitus is often of sudden onset, it can raise fears about potentially serious conditions such as brain tumors. Unfortunately, this only serves to aggravate the situation by increasing the brain's awareness of the tinnitus.

Increased Sensitivity to Sound (Hyperacusis): The increase in auditory gain which occurs in tinnitus subjects often results in a general increase in the sensitivity to sound. This is known as hyperacusis. In these subjects loud sounds cause severe discomfort, and also tend to aggravate the tinnitus. Not surprisingly, such people tend to avoid noisy places like pubs and restaurants. This can make matters worse. To achieve a reduction of auditory gain and hence hyperacusis subjects need to be gradually exposed to a variety of sounds. This concept should be explained to patients, so that they can begin the process of auditory retraining.

The Role of Professionals: Tinnitus is a common symptom, and it is essential for all professionals working in the field to have a thorough knowledge of the mechanisms involved in its generation. Patients with tinnitus who seek advice should undergo a complete medical

examination by a doctor to exclude any treatable medical condition. After this, they should be referred to a Specialist Centre where they could receive counselling and advice about the management of their tinnitus.

The Final Word: It is quite common for tinnitus patients to be told that 'nothing can be done' or 'there is no cure'. This is both unfortunate and incorrect. Research carried out in the UK and other countries have shown the benefits of various treatment measures in tinnitus. These include detailed counselling about the tinnitus, behavioural techniques such as Relaxation Therapy and Cognitive Behavioural Therapy (CBT), together with various forms of Sound Therapy. This can take many forms, such as white noise generators (tinnitus maskers), hearing aids (where appropriate), or other noise generating devices such as personal CD's. There are also numerous tinnitus self-help groups throughout the UK. Information about these groups can be obtained from the British Tinnitus Association. *Information published June 2009.*

Group website

Our website was (as the RNID Tinnitus Helpline whilst based in Nottingham once said) a huge step forward when it was first established and it's remained a popular source of support and information ever since, currently receiving around 40 hits a day. A worldwide 'knowledge exchange' exists between other tinnitus groups - surf the web and you'll realise how often the information source is credited to some distant nation. That's all very encouraging!

News on recycling hearing aid batteries

At one time we returned used hearing aid batteries to the point of collection for new supplies but, although they will still be accepted it's no longer considered a rule within battery provision. However, there are rules and regulations concerning the disposal of used hearing aids batteries. We are not supposed to throw them into our household rubbish bins as they cannot be dumped in landfill sites. If asked, there seems to be a degree of confusion on the part of refuse collectors as to what exactly the procedure is, but we are informed that some council rubbish depots are allocating space to receive these and other small batteries. Check at your own depot - it may have a designated deposit point of which you are unaware.

News from the Committee

Guest Speaker at Carrs Lane - our meeting in March will welcome Richard Hawker as our Guest Speaker. He will be talking about Mindfulness Meditation and its role as an aid to coping with tinnitus.

Fundraising - our Treasurer John Carnie was pleased to announce that he has received a cheque from HM's taxman covering Gift Aid donations. With this, together with a refund settlement we were reimbursed the welcome sum of £1022.37. Thanks to all members who signed up for Gift Aid thus enabling us to make this useful claim.

Due to printing deadline, the "**Music with afternoon tea and cakes**" fundraising concert which Pat Bennett organised on the afternoon of Sunday 21st February will be featured in our May issue.

Membership Renewals for 2010/11 are now due

a message from our Chairman, Eric Trowsdale

After our merger with BID in June last year, we moved the annual date for subscription renewals to **end of March**. In effect this change gave all our members an extra three months free membership and so the next subscription year will run from 1st April 2010 to 31st March 2011.

Your membership fees do, of course, help us to run the group and play an important part in our support work both in and around the city. We cannot over-stress the importance of your support as it enables us to reach out to encourage further interest in tinnitus research and - most importantly - within the medical profession.

Membership has continued to be subsidised by the extra funding raised throughout the year by a number of our hard-working committee members and, whilst we continue to enjoy the excellent support of group members via donations and/or our various fundraising efforts, we find that, due to rises in printing costs and postal charges we are unable to avoid an increase in subscription fees for the coming year.

As always, membership offers two options : you can be a member of our group for £8 (**£7 if renewal is received before 30th April**). For an extra £10, you can also be a member of the BTA (a total cost of £17 or £18) - **this offers a £5 reduction on the usual direct BTA membership fee of £15**.

Enclosed with this newsletter is a membership renewal form for the year 2010/11. ***Please remember, if you joined our group in the first three months of this year your membership is automatically carried forward to end of March 2011 and there is no need to return the form.***

Tinnitus Advisor Training. A new name - same course

Over the years the BTA Counselling Training Courses have become widely recognised. They include teaching some counselling skills with additional input on audiology, setting up clinics and the medical aspects of tinnitus. The aim is to encourage people to be equipped to help and advise those who have tinnitus. In this respect BTA see the course members becoming *advisors to tinnitus sufferers* and from this they have decided to now call this course '**Tinnitus Advisor Training**'. Delegates who complete the course can then call themselves BTA trained Advisors. Apart from the change of title, the course and contents remain the same.

Occasional Papers

These are papers produced by B&DTG presenting a variety of points to offer information and support for our members

Acoustic Neuroma

A rare problem

Coping Strategies for Tinnitus

Twenty tips to help you cope

Combating Insomnia

Novel ways to get to sleep

Ear Care

Day-to-day care

‘Flu

NHS information

Hearing Aids

The NHS and private routes

Help for the Helpers

For those who support us

Library Loans

Available to members

Members’ Coping Skills

Answers to our survey

Mindfulness Meditation

New way of dealing with tinnitus

Neck Awareness

Avoid bad habits

Noisegard Earphones

Noise cancelling

Practise Palming

An addition to a relaxation routine

Recommended Relaxation CD

For tinnitus needs

Relaxation Workshop Exercises

Simple exercises

Relaxation and You

A six-part course for tinnitus needs

Stress

How to deal with it

Sudden Deafness/Loud Tinnitus

A mini emergency in its own right

The Sound of Silence

Silence is not golden

Tinnitus: FAQs

Some frequently asked questions

TV & Radio Background Noise

How to complain about it

All the papers listed above can be downloaded from our website at

www.tinnitusbham.org.uk

Alternatively they can be sent by post. Send requests with a SAE to :-

OPs, 3 Pilkington Ave, Sutton Coldfield, B72 1LA

See also the British Tinnitus Association’s Journal QUIET for a list of their information leaflets and support publications

AVAILABLE ON LOAN from the DEREK HICKSON LIBRARY

The group is happy for members to borrow and/or trial any of the items and publications which are kept in our tinnitus support library.

Sarabec Crescendo - a listening device which helps you hear TV and conversation

Tinnitus - Learn to Live WithOUT It! a video by a USA doctor who has tinnitus

River & Sea (a DVD with scenes of moving water)

Aroma/Sound Relaxer - also known as an aroma therapy ball

Under-pillow Speakers for personal listening at night-time

Borrow one, and if you wish to keep it we ask for a £5 donation to replace stock.

We have a number of books relating to tinnitus

A number of CDs are also available

including

**The British Tinnitus Association's Sound therapy/relaxation CD
'Surf on Deal Beach'**

&

The British Tinnitus Association's CD 'Representative Tinnitus Sounds'
which are both obtainable direct from the BTA in Sheffield. (See back cover)

Members - for library loans, contact any of our Friendly Ears & Voices

Visit our website or email us for more detailed library contents

FUNDRAISING - EVERY LITTLE HELPS

www.everyclick.com

Log onto the above search engine (SE) and select us as your charity. Then use this as your SE and we'll receive funds for every click you make, with no cost to you.

www.buy.at/tinnitusbham

Our group funds will receive a commission when you buy online.

**Recycling your empty ink cartridges and old mobile phones
are also a valuable source of funding for our group**

phone Eric on 0121 355 1496 for information and recycling envelopes.

Register for GIFT AID with your membership and we can reclaim the tax

DATES FOR YOUR DIARY 2010
Monthly Daytime Support Meetings 10.30-12 noon
Carrs Lane Church Centre
(situated along from the rear of M&S)

Jan 12; Feb 9; Mar 9 (Guest Speaker, Richard Hawkins); April 13;
May 11; June 8; July 13; Aug 10; Sept 14; Oct 12; Nov 9; Dec 14

USEFUL SUPPORT LINKS:

British Tinnitus Association Freephone : 0800 018 0527 Fax : 0114
2582279

e-mail : info@tinnitus.org.uk Website : www.tinnitus.org.uk
For advice and excellent support literature

RNID Information Line Freephone : 0808 808 0123 Fax : 020 7296 8199

e-mail informationline@rnid.org.uk Website : www.rnid.org.uk
For factsheets on hearing and deafness

*When you've finished with your current newsletter and the
BTA's Journal "Quiet" please pass them on to your GP.
This would help to enhance the public awareness of your local Tinnitus
Group.*

We look forward to welcoming you to our monthly meetings at Carrs
Lane.

We wish you all a very happy Easter.

With kind regards,

Ann Perry

Email : editor@tinnitusbham.org.uk

Endpiece - *from my local Parish magazine*

There are **56** words in the Lord's Prayer, **297** in the Ten Commandments,
300 in the American Declaration of Independence, and **26,911** in the EEC
directive on the export of duck eggs !

Disclaimer : Reports and comments in *Ears News* do not necessarily reflect the views of the
Birmingham & District Tinnitus Group. We always advise that you consult a doctor on all health
matters.

Surfing the internet is no substitute for obtaining expert medical advice.