



## Introduction: Bridging the Gap

By JD Hairston

A few years ago, I left my career as a chef and restaurateur to study how I could improve the lives of people like me living with tinnitus. Since then, I've explored Audiology, Neuroscience, and Psychology as part of my quest for knowledge. Now I'm pursuing a graduate degree in Social Work. My hope is to help connect people seeking care with the right practitioners.

Through my experience, I've seen the dedication of tinnitus researchers along with the frustration of people still searching for relief. **Whether it's the search for a cure or just trying to calm the symptoms, it often feels like there's a gap between research, treatment, and lived experience.** This has been the inspiration for our December issue of the TRI Academy newsletter. By weaving in personal reflections from the authors, we hope to offer new perspectives that bring the challenges and possibilities of tinnitus care into sharper focus.

What might happen if the same energy that's put into scientific discovery was also directed toward things like prevention, education, or awareness? How can we make the global tinnitus community not only more informed, but more connected? This issue invites reflection on these questions.

This issue looks at the gaps between research and practice, funding and need, breakthroughs and lived experience, and explores how the tinnitus community can work to bridge them.



# Research Highlights

## Research Highlights

By Sook Ling

Working in the field of scientific communications, I see the recent wave of research breakthroughs not just as interesting reports, but as a powerful blueprint for where the future of tinnitus management is heading. The progress made in 2025 may suggest a major shift toward real, measurable, and personalized solutions designed to improve patient outcomes.. To me, the important trend in these advances is the push for finding the exact cause, measuring it accurately, and fixing it at the source. This raises an important question: how can our community best leverage this shift to put patients first and push for better care? Below are just a few notable highlights that show how fast the research in our field is moving.

1. Objective Biomarkers: [Dr Daniel Polley's team](#) demonstrated that involuntary, measurable physical reflexes (like tiny eye and face movements) can objectively capture a patient's auditory response. This is a critical step towards understanding reliable ways to measure tinnitus beyond self-report, crucial for validating the patient's experience and tailoring treatment.

Additionally, a large group of tinnitus researchers has formed a [consortium](#) with the long-term goal of developing an EEG-based biomarker.

2. Inner Ear Restoration: The successful [OTOF gene therapy trial](#) achieved significant hearing restoration in deaf children. This milestone strengthens the foundation for future work and brings hope for addressing the root cause of hearing loss-related tinnitus.
3. Targeting Genetic Causes: Researchers identified that a gene problem called [Carboxypeptidase D \(CPD\) deficiency](#) causes a type of hearing

loss, which may be reversible with a specific drug. This discovery opens a targeted path to fixing auditory damage at its genetic root.



Advances in tinnitus research raise broader questions about how the tinnitus community moves forward together. As research accelerates, how do we ensure that patient care, prevention, and mental health evolve alongside it?

1. **How can researchers, clinicians, and patient communities work together to design a clearer and more consistent pathway from first symptoms to long-term management?**
2. **What would it take to make prevention, hearing conservation, and early education a routine part of tinnitus care rather than an afterthought?**
3. **What questions about tinnitus remain unasked because they fall between disciplines, and who is best positioned to take them on?**

## **Crossing Borders, Bridging Gaps: What Global Tinnitus Pathways Reveal About Practice**

**By Milena Engelke**

Across countries, the first stop for people newly experiencing tinnitus can look surprisingly different. These differences tell us a lot about how healthcare systems shape patient journeys. While many begin with their general practitioner, what happens next depends on national traditions, professional structures, and even historical quirks in healthcare training.

In the United States, the United Kingdom, Scandinavia, and the Netherlands, audiologists play a clear and independent role in tinnitus care. They are recognized as frontline providers, particularly when tinnitus becomes chronic, offering assessment and long-term management. In Germany, however, audiology sits within the domain of otorhinolaryngology, and ENTs take the lead.

Neither system is “better” by default, but each creates a distinct pathway. This may influence not only access, but also the types of support patients ultimately receive.

A [comparison from Deborah Hall in 2011](#) highlighted just how wide these variations can be. Self-reports from GPs and ENTs across six Western countries revealed notable differences in referrals beyond ENT or audiology. For example, UK ENT specialists reported no referrals to neurology at all. Referral patterns, whether intentional or simply habitual, may reflect assumptions about tinnitus and the kinds of expertise considered relevant, even though we cannot say for certain which factors truly drive these choices. Notably, we have even less information on countries outside the Western Hemisphere.

The divergence continues when we look at treatment provision. Patients in different countries can encounter very different therapeutic landscapes, from counseling-based approaches to sound therapy to more medically oriented investigations. And yet, despite the variety, there is one consistent thread that practitioners across professions and borders seem to agree on: frustration with the limited treatment options available.

What makes this particularly striking is the contrast with the scientific literature, where new interventions with promising results appear with regularity. This discrepancy raises important questions: Are we seeing a gap between research and clinical training? Do publication biases paint a more optimistic picture than what clinicians experience on the ground? And if evidence-based guidelines are meant to help bridge theory and practice, why do so many practitioners still feel undersupported?

As someone who works in both clinical practice and science, I often find myself reflecting on these tensions. Perhaps the real challenge lies not in the lack of research, but in the pathways through which research becomes practice. How can we strengthen communication between researchers and clinicians so that innovation doesn't stop at the page but reaches the people who need it most? If we can answer that, perhaps the first step of a tinnitus patient's journey, regardless of which professional they see, will lead somewhere more consistent, more evidence-based, and ultimately more hopeful.



## Events, Labs, Initiatives, Collaboration

- **Tinnitus Awareness Week** - Feb 2-9, 2026 | [Tinnitus UK events](#) | [American Tinnitus Association events](#)
- [CBT-Hear Masterclass](#) - March 5-7, 2026 | Ghent, Belgium
- [International Hearing Society Conference & Expo](#) - August 13 - 15, 2026 | Washington, D.C.
- [Tinnitus Research Initiative Conference](#) - September 16-18, 2026 | Berlin



TINNITUS RESEARCH INITIATIVE CONFERENCE

**BERLIN** | **September 16-18, 2026**

Jump the wall – discover and uncover gaps

- [4th World Tinnitus Congress and XV International Tinnitus Seminar](#) - 30 June to 2 July 2027 | London
- **International TRI Tinnitus Conference** - September 15 - 18, 2027 | Washington, D.C.



As we close out 2025, the challenge many of us may choose to take on is how to bring research, practice, and patient experience into closer alignment.

In my own training, I've come to see social work as the connective tissue between disciplines. It is the place where gaps are acknowledged, and with the discipline's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence in mind, I feel it positions the field to be responsive to the concerns highlighted in this issue.

Many patients experience tinnitus not only as a medical condition but as a barrier to participation, employment, sleep, and social connection. Recognizing tinnitus as a human rights and public health issue may be one step toward bringing these individuals more fully into view.

May this holiday season bring you moments of calm and joy, and may the new year open new paths for collaboration and discovery.

*- JD and the TRI Newsletter team*

