

# Audiology, Measurement and the Future of Tinnitus Care in India:

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## An interview with Dr Prashanth Prabhu, All India Institute of Speech and Hearing, Mysuru

Tinnitus science is developing around the world, yet its trajectory is shaped heavily by the priorities of healthcare systems and research funders. In this year's Annual Tinnitus Report, we spoke with Dr Prashanth Prabhu, Assistant Professor of Audiology at the All India Institute of Speech and Hearing in Mysuru, to explore where the field is heading and what it means for patients and clinicians in India and beyond.



Dr Prabhu begins by reflecting on the current global emphasis in tinnitus research. Epidemiology, burden of disease, service modelling and clinical intervention trials are receiving the greatest attention. These areas are highly attractive to policymakers because they offer data that can influence guidelines and justify investment in clinical services. In contrast, measurement science, diagnostic refinement and auditory or neural mechanism research remain comparatively under supported. According to Dr Prabhu, this is not a matter of scientific disinterest, but rather the result of funding criteria that reward large, visible, near term outcomes over the slower and more technical work needed to understand individual differences and long term treatment responsiveness. The result is progress in service development without equivalent advancement in the foundational science that would allow personalised or stratified care.

Throughout the interview, Dr Prabhu returns repeatedly to the role of assessment. He believes that the future of tinnitus and hyperacusis care will be determined by the quality of the tools used to assess them. Good assessment should do more than measure treatment outcomes. It should determine how a patient is triaged, guide treatment selection, predict trajectories, identify comorbidities and monitor progress in realistic, everyday settings. He notes that many services rely too heavily on broad mental health questionnaires, which can overshadow the unique features of tinnitus, hyperacusis and misophonia. When a questionnaire is too general, a patient with severe sound intolerance may be categorised as simply anxious. A patient distressed by chewing or breathing sounds may be treated as though they have hyperacusis rather than misophonia. Small distinctions of this kind shape treatment decisions and ultimately shape outcomes.

*“DR PRABHU’S CENTRAL MESSAGE IS THAT FUNDERS FAVOUR HIGH-VISIBILITY CLINICAL STUDIES OVER FOUNDATIONAL MEASUREMENT AND MECHANISM RESEARCH, LEADING TO SERVICE DEVELOPMENT WITHOUT THE ASSESSMENT TOOLS NEEDED FOR TRULY PERSONALISED, ACCURATE TINNITUS, HYPERACUSIS AND MISOPHONIA CARE.”*



**Dr Prashanth Prabhu (India)**

The conversation then turns to digital and smartphone-based interventions. Dr Prabhu recognises the substantial potential of internet-based treatments. Structured digital self help, counselling modules and sound therapy libraries can increase access for people who live far from specialists or who struggle to afford regular appointments. International data shows that motivated adults who are comfortable with reading and self guided exercises often do well with digital programmes, particularly when they have stable internet access and a supportive environment. In India, the picture is more varied. Urban patients with strong digital literacy and access to smartphones tend to benefit most, while many people in rural communities experience barriers related to language, connectivity and awareness of tinnitus as a treatable condition. He believes digital tools will work best as part of a stepped model of care in which online resources provide first line support, while in person services are reserved for patients with complex needs or psychological comorbidity.

Dr Prabhu has built his career working across tinnitus, hyperacusis and misophonia, and his perspective on the relationship between them is grounded in clinical reality. All three involve an exaggerated emotional and physiological response to sound or sound related stimuli, together with shifts in attention and difficulty disengaging from auditory salience. However, their emotional profiles and triggers diverge in important ways. Tinnitus involves the perception of sound without an external source. Hyperacusis centres on intolerance to physical loudness. Misophonia is different, in that the sound is not remarkable for its intensity but for its pattern and its interpersonal context. People with misophonia do not simply struggle with a sound. They struggle with what the sound means and who produces it. When these three conditions are grouped under vague labels such as sound sensitivity, the risk of mismanagement increases. For Dr Prabhu, careful differentiation during assessment is essential.



The final part of the interview focuses on tinnitus research in India. The All India Institute of Speech and Hearing has contributed considerably through work on prevalence, risk factors, psychoacoustic profiling and intervention outcomes. Across the country, interest in tinnitus is growing among audiology and otolaryngology departments, and professional societies are beginning to allocate space for tinnitus within conferences and training events. Yet several structural gaps remain. India does not currently have a formal tinnitus association. Clinical protocols and management pathways are not uniform across centres. National scale epidemiological and clinical datasets are still limited. Dr Prabhu believes the coming years present an opportunity to address these gaps. He highlights culturally adapted assessment tools, electrophysiological investigation of cognitive and auditory processing, and pragmatic evaluations of stepped care as core areas of focus at his institute. He sees national collaboration and interdisciplinary partnership as crucial to shaping the next chapter of tinnitus research and care in India.

The discussion offers a clear message for health policy and science. The field has matured in visibility and clinical reach, but continued progress will require investment in mechanisms, measurement and culturally relevant models of care. India's tinnitus research community stands at a promising turning point. With coordinated effort, it has the potential to influence global practice while addressing the distinctive needs of its own diverse population.



# PRABHU ON CULTURAL ADAPTATION

***Real progress in tinnitus care requires stronger investment in measurement, mechanisms, and culturally appropriate assessment tools, because without these foundations even expanding services cannot deliver accurate, personalised treatment.***

