

CHIS Bull'

Bulletin of the CERN health insurance scheme

n° 31 – March 2010

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The start of a new decade means new prospects, issues and challenges, and 2010 is no exception.

This year's main challenge is to redress the financial balance of our Scheme. Of course, we don't live in an isolated world but are subject to developments in the health sector as a whole, which has already been living through troubled times for many years, placing us at the mercy of spiralling price increases in excess of rises in contributions. Let's not forget that ours is a mutual and egalitarian scheme in which each individual member's efforts, however small, can benefit the whole scheme. So we should continue to be careful and be "better consumers", even if health is certainly not a consumer product!

We must not be lulled into a false sense of security, but must prepare ourselves for an inevitable rise in our contributions, which was the preferred option of active and retired CHIS members alike in two recent surveys. But we are still at the discussion stage at this point: more work is needed both within the CHIS Board and in conjunction with the Management in order to find proposals that are acceptable to all parties, particularly the Member States. This is one of the two themes of the five-yearly review, which is due to be concluded by the end of this year.

In 2008-2009, a first series of amendments was made to the CHIS Rules but the actual amounts of the contributions and benefits remained unchanged. Our contract with UNIQA was also extended for another two years. The aim of the five-yearly review will be to bring the Scheme into balance, as well as simplifying the Rules and adapting them to the new realities of the health sector.

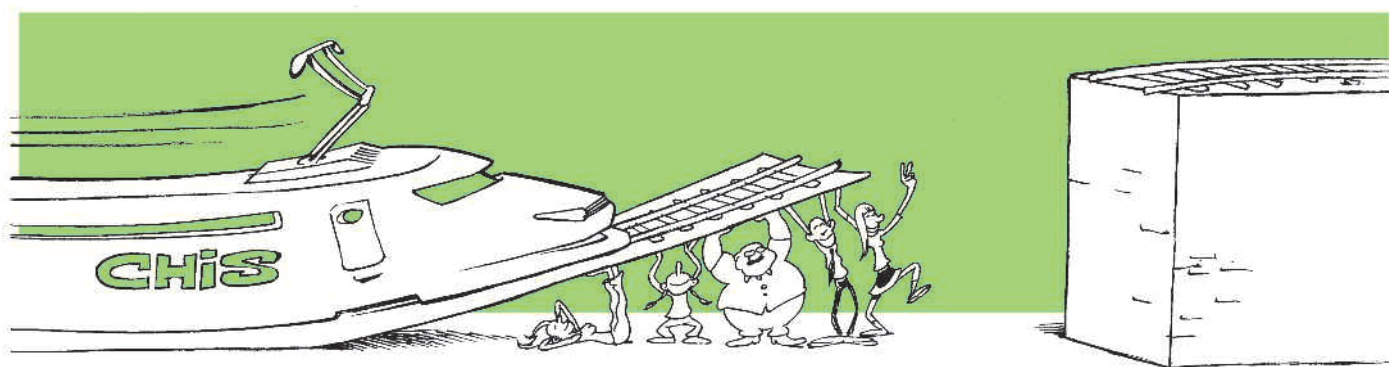
In this edition of the CHIS Bull' - which is a little late, but at least we've had time to mull things over! - we go back over some of the basic data, such as tariff agreements and the list of agreed hospital establishments. This type of information always serves as a useful reminder. Check it out before choosing your care provider. UNIQA is also there to answer any questions you may have on this subject. Some providers may tend to take advantage of our good health insurance cover by inflating the bill. It can be useful to remind them that you are not only concerned about your own health but also that of your health insurance scheme!

What do you know about tinnitus? Our specialists in the Medical Service tell us about this hearing disorder affecting between 10% and 17% of the population, and those over the age of 60 in particular. They also mention some interesting therapeutic approaches now available to sufferers.

In this first edition of the CHIS Bull' of the new decade, the CHIS Board and I would like to take the opportunity to thank you all for your individual efforts to protect the health of our collective Scheme through changes in your daily habits. And don't forget your own health either: look after it too as it's your most precious commodity!

Philippe Charpentier, Chairman of the CHIS Board

EDITO



CHIS 2010: Big stakes

The world of health care is in upheaval, and CERN's Health Insurance Scheme is not immune. In today's harsh climate, we are steadfastly committed to pursuing our two core objectives: first, to maintain financial balance in the medium-term without sacrificing high-quality services; and second, to modernise the Scheme in order to keep pace with the evolving situation. In this article, we review the highlights and some key features of the Scheme, before taking a look at what the future might hold.

Some basics you need to know

Since its inception, the Organization has been responsible for providing its employees with social protection. This responsibility was assigned to CERN by its two Host States, France and Switzerland. Thus, both the Headquarters Agreement with Switzerland and the agreement on social security with France are founded on the premise that CERN provides its personnel with social protection. CERN's employees are therefore not covered by the French or Swiss social security systems.

Accordingly, two bodies were set up: the Pension Fund and a private health, accident and invalidity insurance scheme, the precursor of our CHIS (CERN Health Insurance Scheme). Subsequently, an internal Unemployment Insurance Scheme was also set up. While the Pension Fund is a capitalised scheme, the CHIS needs to balance its budget every year by matching expenditure with contributions. By its nature, the CHIS is also a mutual scheme for protecting family welfare. For this reason, it is up to all of us to do our bit to ensure that the Scheme maintains a healthy balance.

The Scheme is not sheltered—how could it be?—from the gales that are buffeting the health care sectors of Switzerland, France, Europe and other parts of the world. Exploding costs, the result of the combined effect of increasingly sophisticated medical technology and an ageing population, are striking at all private and national healthcare schemes alike. Action is clearly needed, but results will be slow in coming. Any decision about the CHIS, whether it concerns the Scheme's funding or the services it provides, is the prerogative of the CERN Council. The one exception is that the Director-General has the authority to amend the Rules.

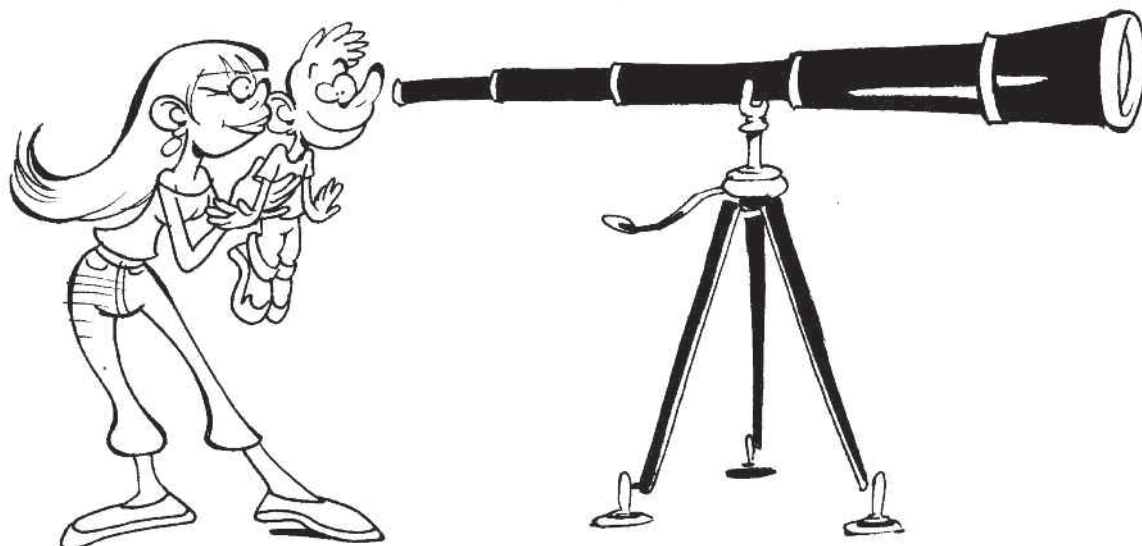
Under our contractual conditions, these Rules apply to all of us, active employees and pensioners alike. In line with common practice, an internal consultation mechanism has been set up: the CHIS Board, which comprises representatives of the CERN Management, the Staff Association and the CERN Pensioners Association. The CHIS Board is a subsidiary body of the Standing Concertation Committee (SCC), and has the role of regularly advising the Management on a variety of subjects concerning our health insurance scheme.

A little history

Already in 2006, during the last Five-Yearly Review of Employment Conditions, the CHIS Board warned of financial difficulties to be expected around 2008-2010, and proposed a variety of remedies. In December 2006 the Council therefore decided to double the size of the annual deductible and to set up the Vuillemin Working Group to study the problem (see CHIS Bull' Nos. 26 and 27). The outcome of that was two reports in 2007.

The Working Group identified several options for balancing income and expenditure, from setting up a capitalised fund to raising the contribution rate, along with a number of intermediate hybrid options. The Working Group also proposed that steps be taken to pre-empt an undue discrepancy between the contribution rate and the rate of medical inflation.

Unfortunately, it was not a propitious time for such measures, as the Member States had already shouldered a heavy financial burden in 2007 in agreeing to devote substantial new resources to the consolidation of the Laboratory's facilities. Accordingly, the CERN Council decided to authorise the Organization to invest the accumulated reserves of the CHIS (a total of 93 MCHF, made up of the CHIS reserves and the LTC capital) and to defer any further decision until the 2010 Five-Yearly Review.



The situation today

Aware that such limited action could not be expected to have a long-term impact on the financial position of the Scheme, the CHIS Board moved into action, resolved to produce a model of the Scheme for the future that would be viable in terms of both contributions and benefits. An actuarial study was initiated in the spring to update the 2007 forecasts. Several sub-groups were set up and are working with diligence and determination on individual aspects of the issue. It is too early as yet to communicate the details of the innovative ideas they have been examining, but discussions are proceeding apace. The representatives of the different parties agree: they want a Scheme that will reach financial balance in the medium-term, and one that offers high-quality benefits while respecting the principles of mutuality and solidarity.

For this to work, account will have to be taken of many things: new hospital tariffs, demographic changes, new surgical and medical imaging technologies, and recent progress in pharmacology. These are examples of the new realities, which come with a price tag that we cannot ignore for much longer. If the problem had been merely one of raising more money, it would have been sufficient just to increase contributions.

In reality, the problem is more complex. The CHIS is based on concepts that date back forty years and are increasingly out of date. We need a more up-to-date Scheme that keeps pace with the latest medical developments and can adapt to the social realities of tomorrow.

Deductibles, ceilings and contributions in 2010

So where does that leave us as we await new decisions from the CERN Council at the end of 2010?

- The annual deductible for members over 18 years of age remains unchanged at 200 CHF.
- The various ceilings on reimbursement of expenses remain unchanged.
- The contribution rate for those who have a compulsory membership remains unchanged at 4.02% of the basic salary.
- Supplementary contributions for spouses with pensions or other income remain unchanged at their 2009 levels.
- The fixed contributions for voluntary members of the Scheme have increased slightly, by between 2 and 6 francs per month, depending on the type of insurance.

Contract with the Administrator

The contract with UNIQA expired on 31 December 2009. With the Scheme currently under examination in the framework of the Five-Yearly Review, it was decided, in the interests of maintaining continuity, to extend the contract to 31 December 2011 before inviting new bids. However, the contract extension includes a number of new conditions, relating in particular to reimbursement deadlines.

Top priority: restoring the Scheme to financial balance

What will tomorrow bring?

There is every reason to hope that a solution can be found that will be acceptable to all parties. The proposals will then have to go through a process involving the Member States, with a view to a decision in December 2010. Don't worry: well before that, most likely in the autumn, you will, as always, be asked to give your opinion on the candidate options.

In the meantime, this CHIS Bull' contains information on the CHIS Board's activities in 2009. You will see that, although the Board was sparing in its communication with its members last year, that wasn't because it was idle—far from it! This year, there will be several issues of the CHIS Bull', including one this spring that will provide the statistics for 2009. No surprises on this account: like 2008, the year ended on a deficit.

You can help!

As long as causes remain unchanged, they continue to produce the same results. That's why we all need to keep an eagle eye on our personal healthcare spending in 2010. Here is some simple advice: compare prices; get estimates for all non-emergency treatments and consult UNIQA; and take your prescriptions for medication, medical imaging and laboratory work to France. Each time you do this, you are helping to reduce the pressure on the Scheme while preserving the quality of your care.

As for the CHIS Board, we are of course happy that, like the ant in Aesop's fable, we were able to make provision for the winter when times were comparatively good. The important thing now is to avoid burning up those reserves all at once. Another reason to look forward to the return of summer in 2011!

CHIS Rules

The CHIS Board has also launched a revision of the Rules of the Scheme. For the time being, it is limited to a simple review of the existing texts. The only changes currently being envisaged concern the following:

- The extended coverage option, which has fallen into disuse since the introduction of world-wide coverage, is to be discontinued.
- The time limit for claiming reimbursement, which used to be two years from the date of treatment, will become one year from the invoice date. Transitional arrangements are planned for the move to the new system. The effect of this change will be minor, given that in the vast majority of cases claims are submitted within a few weeks of an invoice being received and paid. The Scheme will benefit from greater financial transparency, as expenditure accounts will be limited to one year.

These new provisions will be duly examined at the Standing Concertation Committee, which will then make its recommendation to the Director-General. Once he has approved them, you will of course be officially informed.

Other modifications will be made when the CERN Council takes its decisions on the Scheme at the end of 2010. At present it is too early to say anything about their scope.

>TARIFF AGREEMENTS IN 2010

> SOME DEFINITIONS

Tariffs	The financial relationship between a patient and a healthcare provider is that of customer and supplier. The supplier (who may be a dentist, a doctor, a pharmacist, a medical auxiliary, a clinic and so on) provides the patient with care in exchange for a fee. The fee may be determined by law or general regulations, or by bilateral agreements (tariff agreements), or it may be completely unregulated.
Third-party	In this financial relationship between the patient and the healthcare provider, the insurer has a third-party role, and the scope of its responsibilities is governed by its insurance rules. Although the CHIS is our insurer, it is the Administrator of the Scheme, UNIQA, that acts as the interface with the care providers.
Third-party payer	The care provider sends the invoice straight to the third-party insurer, not to the patient. After checking the invoice, the insurer makes payment for the entire amount. The insurer then sends the patient a bill for those expenses that are not covered by the Rules (deductibles, member's share of costs, personal expenses, services that are not covered or are limited, etc.).
Third-party payer (balance)	The care provider sends the invoice to the third-party insurer, who, after checking the invoice, pays only the portion that is covered by the insurance rules. The provider then bills the patient for the balance. Our scheme does not have provision for this type of payment.
Third-party guarantor	The insurer provides the care supplier with confirmation that the patient is insured and will therefore be able to obtain reimbursement for the proposed care. Under the third-party guarantor system the patient pays the full sum of the invoice to the care provider, and then submits a claim for reimbursement to UNIQA.
Outpatient care	Care not requiring an overnight hospital stay, dispensed by a doctor or a medical auxiliary at a surgery or hospital.
TarMed	Swiss medical tariff that has been in force since 2004. It applies to outpatient care provided by doctors, hospitals and clinics. Each item of care corresponds to a number of points that is standard throughout Switzerland. The points total is then multiplied by a fixed value per point, in Swiss francs. That value is fixed by canton. In 2010, each TarMed point is worth 0.96 centimes in Geneva, and 0.99 centimes in the canton of Vaud.
APDRG	Switzerland-wide medical tariff system for certain categories of public hospital care. Each diagnosis corresponds to a number of points that is standard throughout Switzerland. The points total is then multiplied by a fixed value per point, in Swiss francs. That value is fixed by the hospital, and varies according to the patient's status (e.g. whether the patient is a tax-payer in the canton or another canton, etc.).
Hospital or clinic	An establishment providing medical and surgical care. It may have its own emergency (casualty) unit operating around the clock. It may be publicly or privately funded.

> REMINDER OF THE REIMBURSEMENT RULES FOR HOSPITAL CARE

(in force since 1st January 2003)

Type of room	Establishment	Reimbursement rate	Approved	Annual ceiling for CHIS members	CHIS role
Shared room (2 beds or more)	PUBLIC	100%		0 CHF	Third-party payer
	PRIVATE	90%	Yes	2000 CHF	Third-party payer
			No	Unlimited	Third-party guarantor
Single room	Reimbursement is as for a two-bed room, the surcharge for a private room being at the patient's expense.				



> TARIFF AGREEMENTS IN A NUTSHELL

The following table provides an overview of the 2010 tariff agreements with certain private establishments. These are the “approved” establishments.

Healthcare provider	Location	Type of healthcare offered
Clinique GENERALE BEAULIEU	CHAMPEL (GE)	General hospital, surgical unit, maternity ward
Hôpital de LA TOUR Clinique de CAROUGE Centre Médical de MEYRIN	MEYRIN (GE) CAROUGE (GE)	General hospital, surgical unit, maternity ward, emergency unit
Clinique des GRANGETTES	CHENE-BOUGERIES (GE)	General hospital, surgical unit, maternity ward
Clinique LA LIGNIERE	GLAND (VD)	Cardiovascular and functional rehabilitation, psychiatric unit
Clinique de GENOLIER	GENOLIER (VD)	General hospital, surgical unit, psychiatric unit
Groupe médical de Chantepoulet	GENEVA	24-hour surgical unit (around-the-clock reception)

Healthcare provider	Location	Type of healthcare offered
Geneva clinics: Clinique Joli-Mont Clinique de Montana	GENEVA	Convalescence, long-term hospital care without intensive care
	CRANS-MONTANA (VS)	Internal medicine, treatment of psychosomatic disorders, rehabilitation, pain management
OnO - Ophtalmology Network Organization	LAUSANNE (VD) ONEX (GE) PREVESSIN (FR)	Outpatient ophthalmological surgery
SITEX	PLAN-LES-OUATES (GE) LAUSANNE (VD)	Hospitalisation at home (including adjacent areas of France)
PRESTI-SERVICES	VESSY (GE)	Healthcare at home (including adjacent areas of France)
Le Clos Chevalier	ORNEX (01, FR)	Long-term care facility
Fondation pour le dépistage du cancer du sein	LAUSANNE (VD) GENEVA	Breast cancer screening



> THE UNIQA COLUMN

Pharmacy taxes in Switzerland can be avoided

Under the service-based remuneration system introduced on 1st July 2001, Swiss pharmacies are paid a flat rate for the services they provide. This allows them to guide and advise patients independently, without being influenced by the price of medicines.

- > The pharmacist tax covers the validation of prescriptions and the advice given to patients. The tariff is 4.30 francs per item on the prescription, except, for example, when several packs of the same medicine are purchased at the same time.
- > The patient tax covers the follow-up of the patient's records, i.e. the pharmacist has to check whether the medicines prescribed by different doctors can be taken at the same time and whether the patient is taking them as prescribed. The pharmacist charges a fee of 7.55 francs per customer per quarter to cover the cost of keeping these records.
- > Outside normal opening hours, an emergency surcharge of 13 francs is levied, rising to 21.60 francs at night.

All these taxes have a substantial impact on the pharmacy bill paid by the insurance scheme, including the portion paid by the member.

It is possible to avoid paying these different taxes. Quite a number of pharmacies do not charge them. We cannot cite them by name in this article but it's worth looking out for their advertisements and making a short detour, if necessary, to use them!

Why do we have no tariff agreement with these pharmacies?

The policy of the CHIS on this point remains unchanged: we continue to encourage members to purchase their medicines in France since the public tariffs there will always be lower than those of an agreement with a Swiss pharmacy. As legal restrictions prevent us from concluding an agreement with French pharmacies, it would give a contradictory signal if we were to sign agreements with their Swiss counterparts.

Purchase of contact lenses on-line: how to obtain reimbursement

In a previous CHIS Bull' article we set out a number of recommendations concerning the reimbursement of on-line purchases. We often receive questions about the on-line purchase of contact lenses.

There are various health and safety risks associated with the purchase of pharmaceutical and other medical items from internet sites around the world. The origin of such articles is difficult to establish and for this reason we do not reimburse purchases from such sites.

However, there are a few contact lens suppliers with verifiable company credentials that offer sufficient guarantees for us to reimburse purchases from them. It is sometimes possible to purchase lenses from them at lower cost than from a traditional optician, although a thorough comparison should always be made.

The on-line purchase of contact lenses can be reimbursed if it can be verified that all the following conditions are met:

- > The supplier must be a registered company.
- > The supplier must have at least one high-street dispensary offering the services of a qualified optician able to conduct eye tests and issue a prescription for contact lenses or glasses.
- > Members of the Scheme can use this prescription, which is valid for a limited period, to purchase and make repeat purchases of contact lenses on the website of the supplier in question.

Once you have established that the above-mentioned criteria are met, you may contact UNIQA to confirm whether or not the purchase will be reimbursed.

New agreement with Presti-Services: care and help in the home

In 2009 CERN and UNIQA concluded an agreement with Presti-Services for home care and assistance designed to allow members suffering from a short or long-term loss of autonomy, such as the elderly, disabled or those having undergone a hospital operation, to be looked after at home.

Presti-Services is based in Vessy (Switzerland) and provides care on both sides of the border in the Geneva region. Presti-Services offers a flat-rate package of auxiliary nursing services once or twice per day, comprising the following:

- > Ensuring that medication is taken as prescribed
- > Basic personal care (help with washing and dressing, etc.)
- > Mobility assistance and help in accomplishing basic everyday tasks
- > Recording of all data in an individual care file
- > Forwarding of information to the consulting practitioner and the nursing team.

The nursing auxiliary works under the responsibility of a referent nurse, who assesses the patient's needs in accordance with the doctor's instructions before the care and/or assistance programme begins. A prior agreement is signed between Presti-Services and UNIQA in all cases. The services provided are reimbursed within the ceiling for medical auxiliaries or, in the case of medically certified dependency, under the paramedical care arrangements. In addition to the services covered by the health insurance scheme, Presti-Services offers home help services to those it provides with home care. However, Presti-Services is not to be regarded as a cleaning company: it provides a specific service to those experiencing a loss of autonomy on medical grounds. PLEASE NOTE that the CHIS does not reimburse home help.

1971-2010: 40 years of collaboration between UNIQA and CERN!

This year marks 40 years of collaboration between UNIQA and CERN. We should like to take this opportunity to thank you for the confidence you have placed in us throughout this time and for entrusting us with the administration of the CERN Health Insurance Scheme for a further two-year period. You can be reassured that the UNIQA team is continually committed to ensuring that its services meet your requirements and we look forward to continued collaboration with you in the future.

UNIQA Assurances SA

> TINNITUS

Tinnitus is characterised by a ringing or humming sound heard in one or both ears or perceived as being inside the head. Worldwide, 10% to 17% of the population are thought to suffer from the affliction.

Tinnitus can be divided into two categories, depending on whether the noise can be heard by persons other than the sufferer. If the noise is audible to others, this is called objective tinnitus. Such cases are very rare. The noises can be caused by vascular anomalies, abnormal muscular contractions in the ear-nose-throat area, or structural defects in the inner ear. If others cannot hear the noises, it is called subjective tinnitus, and its origin may be situated at any point along the auditory pathway, from the outer ear canal to the brain. The most common source is the cochlea.

More common after the age of 60

Tinnitus can occur at any age, but it tends to appear after middle age, at 60 years or more. It often accompanies the high-frequency auditory loss that is associated with ageing (presbycusis), but it can also be linked to hearing loss caused by exposure to noise.

Once the patient starts to notice the tinnitus, it can take one of two very different courses. Most patients find that they are able to ignore the noises quite readily, so they are hardly affected. Others (approximately 20%), faced with noises of the same frequency and intensity, find them impossible to ignore and report impairment of their ability to concentrate or fall asleep, significantly lowering their quality of life. Which of the two courses tinnitus takes in any given case is probably determined by the functioning of the patient's autonomic nervous system and the emotional significance that he or she attaches to the tinnitus.

Neuropsychologists tell us that sound stimuli which are new, or associated with a negative experience, become significant, and elicit an emotional response that prepares the organism for a fight-or-flight response. If the stimulus is repeated, this sharpens the perception, which becomes resistant to suppression by other stimuli. By contrast, when neutral signals are repeated, the induced responses gradually disappear, a process that is known as habituation. This is therefore the normal course of tinnitus in the absence of an emotional reaction. Nonetheless, tinnitus always impairs the quality of life, particularly when it first appears.

> IT IS ADVISABLE TO CONSULT AN EAR-NOSE-THROAT SPECIALIST AS SOON AS THE SYMPTOMS OF TINNITUS ARE DETECTED.

The following treatments are currently used:

The first stage of treatment is to attack the root cause where possible: removal of earwax accumulation, implantation of an ossicular replacement prosthesis, removal or destruction of an acoustic neuroma.

In addition, the associated symptoms, i.e. high blood pressure, metabolic or hormonal disruption, stress, anxiety and depression, have to be treated with medication.

A new form of treatment was introduced in the 1990s, first in the United Kingdom and then in the United States. It is a multidisciplinary approach

that combines auditory therapy, also called "noise therapy", with psychological coaching in which the patient learns how tinnitus is created and processed by the brain, in order to prevent the auditory and psychological damage that can result from inappropriate responses. Noise therapy may take various forms, depending on the level of hearing loss and the degree of discomfort experienced. It may require simply avoiding situations of total silence, or sessions with white noise or personalised listening backgrounds for several hours per day, with or without the use of hearing aids. Cognitive and behavioural therapies can be helpful in particularly difficult cases. Alternative medicines such as sophrology may also be effective as a means of combating stress, whether caused by tinnitus or not.

In every case, to improve the chances of a favourable prognosis it is important to continue living one's life normally, to ignore the tinnitus as much as possible, and not to make any changes because of it other than taking steps to avoid excessive exposure to noise.

See also an announcement on page 8

"Tinnitus" comes from the Latin verb *tinnere*, "to ring". It may be defined as follows: "the sensation of hearing in the absence of any external stimulus." In the French-speaking world it is commonly known as "acouphène".

<http://www.tinnitus-liga.ch>

<http://www.tinnitus.org.uk/>

<http://www.rnid.org.uk/>

<http://olfac.univ-lyon1.fr/documentation/audition/acouphene/>

<http://www.france-acouphenes.org/site/index.php>

Dr Véronique Fassnacht et Dr Eric Reymond,
CERN Medical Service



> CHIS: COMPOSITION OF THE CHIS BOARD IN 2010

The CHIS Board (CERN Health Insurance Supervisory Board) is a sub-group of the Standing Concertation Committee whose members are appointed partly by the Management and partly by the Staff Association and the CERN Pensioners Association. The members of the Board in 2010 are:

Chairman: Philippe Charpentier

Manager of the contract with UNIQA: Erwin Mosselmans

Members appointed by the CERN Management: Mark Büttner, Daniela Macina, Matti Tiirakari,

Members appointed by the Staff Association and the CERN Pensioners Association: Jean-Paul Diss, Sébastien Evrard, Joël Lahaye, Pierre Lazeyras

Alternate: Alain Burlet

Ex officio Members: Gianni Deroma, Sigurd Lettow

Standing invitations to attend: Véronique Fassnacht, Eric Reymond, Carmelo Saitta

Secretary: Marcel Aymon

> HOSPITALISATION IN NEIGHBOURING FRANCE... A REMINDER!

A new regional hospital centre for the Annecy region, the CHRA, located in the commune of Metz-Tessy, was opened last spring. The centre, which has 609 beds, has all the latest technical equipment. This new centre is meant to improve accident and emergency services, geriatric and psychiatric care and the treatment of pathologies affecting women, mothers and children. Cancer treatment is also one of the centre's priorities. In parallel, its expertise in its reference activities (emergency mobile medical services for the 74 Department, intensive care, cerebral vascular accidents, interventional cardiology), as well as its activities in other areas (out-patient care, home hospitalisation, care of multi-trauma victims, neurosurgery and heart surgery), have all been strengthened. It is useful to bear all this in mind since, as a public hospital, the centre is automatically a CHIS-approved establishment, and its tariffs are a far cry from those of hospitals in Geneva!

<http://www.ch-annecy.fr>

CONFERENCE ON THE TREATMENT OF TINNITUS AND HYPERACUSIS

Monday 3 May 2010 from 2.30 p.m. to 4.30 p.m. - IT Auditorium: Building 31 3 004

Sylviane Chéry-Croze, Honorary Research Director at the CNRS and Ange Bidan, Vice-President of the French Association of Tinnitus Sufferers

> DO YOU SUFFER FROM TINNITUS OR HYPERACUSIS?

The CERN Medical Service and UNIQA Assurances SA, Geneva, invite you to a conference organised by the French Association of Tinnitus Sufferers. The conference will start with an introduction devoted to the destabilising experiences of people suffering from these symptoms and to the reactions that they induce. This introduction will be followed by a presentation of what are universally assumed in the medical research world to be the causes of the most frequently encountered forms of tinnitus (neurosensorial tinnitus). The presentation will also describe the multidisciplinary treatment that is currently regarded as the most effective means of initially managing the symptoms and then of eliminating them and that similarly targets the assumed causes. The presentation will also survey the various clinical research protocols currently under way in Europe, which give sufferers of certain types of tinnitus hope of treatments in the short to medium-term that will bring about a complete cure.

