

Editorial

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The British Tinnitus Association estimates that around one in eight people live with persistent tinnitus in the UK, which can significantly impair quality of life.^{1,2} Photobiomodulation therapy enables focused, non-invasive delivery of light therapy to the inner ear. A systematic review in this month's issue of *The Journal of Laryngology & Otology* seeks to establish outcomes following photobiomodulation therapy for tinnitus in humans and animal studies.³ Twenty-eight studies met the inclusion criteria, reporting outcomes in 1483 humans (26 studies) and 34 animals (2 studies). Overall, there was a trend towards short-term benefit from photobiomodulation therapy in both the animal and human studies, despite variations in parameters of delivery, duration, power, wavelength or animal species. However, few studies were able to demonstrate sustained and longer-term improvement at follow up. Future studies with longer-term follow up will allow researchers to assess the longer-term effects and complications of photobiomodulation therapy. It is also recommended that further robust trials with consistency in terms of photobiomodulation therapy parameters, tinnitus assessment tools and follow-up period are essential for the evaluation of photobiomodulation therapy in the management of tinnitus.

There is a drive to cut National Health Service waiting lists.⁴ A study by Tan *et al.* in this month's issue assesses the impact of primary care triage using the Head and Neck Cancer Risk Calculator version 2 on tertiary head and neck services in the post-coronavirus disease 2019 period.⁵ The head and neck cancer risk calculator is a statistical model designed to help predict an individual's risk of head and neck cancer by generating a percentage risk score based on symptoms, demographics and lifestyle factors.⁶ Such calculators can help to target patients appropriately to specialist assessment, rapid diagnosis and early management.

Rhinitis medicamentosa is defined as a drug-induced, non-allergic form of rhinitis that is associated with the prolonged use of topical vasoconstrictors (nasal decongestants) and can be a challenging condition to treat. Margulis *et al.* in this month's issue have compared two treatment strategies for the condition: medical therapy versus surgical therapy by inferior turbinate reduction.⁷ Forty-seven patients were included: 21 patients were treated with medical therapy and 26 underwent surgical treatment with turbinate reduction. Compared with medical therapy, inferior turbinate reduction for rhinitis medicamentosa resulted in reduced decongestant use and improved quality of life. The work of Margulis *et al.* supports the findings of a recent study which also concluded that surgically re-establishing a nasal airway was associated with long-term decongestant cessation and symptom improvement in medically refractory rhinitis medicamentosa.⁸ Although this was a retrospective study and has some limitations, it does provide an impetus for further randomised controlled trials in the field comparing medical treatments to primary surgery, as well as providing a stimulus for future trials comparing different forms of medical treatments, optimal protocols of medical therapy for rhinitis medicamentosa and identifying prognostic parameters for treatment failure.

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