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Editorial

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This year has seen the ongoing effects of the coronavirus disease 2019 (Covid-19) pandemic, with healthcare systems around the world still struggling to come to terms with it.¹ In a narrative review in this month's issue of *The Journal of Laryngology & Otology*, Kapoor *et al.* examine the role of otorhinolaryngologists in the management of the pandemic, and assess the impact the pandemic has had on practice and training in the specialty.² The authors emphasise how the pandemic has changed both otolaryngological practice (e.g. with regard to personal protective equipment (PPE) precautions) and training. Of concern is the notable impact the pandemic has had on training in particular, as a result of redeployments, reduced face-to-face patient interactions and reduced elective activity. This was borne out in a recent survey of UK trainees redeployed during the pandemic.³ The one-year findings of the UK national registry of ENT surgeons with Covid-19, recently published in *The Journal*, highlight the importance of ongoing risk reduction measures, including optimal PPE and vaccination.⁴

The presence of presbylarynx and/or presbycusis, both common conditions that often co-exist in the elderly, leads to significant communication problems, which can be associated with social withdrawal, isolation, anxiety and depression. In a study by Rodrigues Dias *et al.* in this month's issue, the authors used a multidimensional assessment, including objective and subjective measures, to examine the potential influences of presbylarynx and presbycusis on the 30-item Voice Handicap Index and on emotional status (as assessed by the Geriatric Depression Scale) in 174 participants.⁵ The authors conclude that the presence and severity of presbylarynx have strong associations with Voice Handicap Index scores, the voice and quality of life. In addition, presbylarynx and presbycusis were found to have a cumulative effect on emotional status. To the best of the authors' knowledge, this is the first study to indicate a cumulative effect of presbylarynx and presbycusis on the presence of depressive symptoms.

Tinnitus is associated with a variety of cognitive, psychosocial and psychiatric disorders, and may contribute to suicidality. However, the prevalence of suicidal ideation in tinnitus populations has not previously been systematically reviewed. In a systematic review by Tailor *et al.* in this month's issue, 6 cross-sectional studies were included, representing 7192 tinnitus sufferers across 4 countries.⁶ The pooled prevalence of suicidal ideation in tinnitus populations was 20.6 per cent (95 per cent confidence interval, 10.8–30.3 per cent). Although the authors acknowledge the study's limitations, necessitating cautious interpretation of the pooled prevalence, the authors' findings suggest that suicidal ideation may be more prevalent in tinnitus sufferers than in the general population, specifically for individuals with a higher degree of tinnitus-related distress. The authors conclude that clinicians should therefore be assessing suicidality as standard in tinnitus sufferers, and, if suicidal ideation is present, formal suicide risk assessment and appropriate referral to mental health services are important. With increasing public interest concerning suicidality in tinnitus sufferers, further large-scale epidemiological research across a greater geographical reach is needed to substantiate this relationship, which may lead to a better understanding of the psychopathological profile of tinnitus sufferers and improved psychiatric risk stratification in this population.

The Senior Editors would like to take this opportunity to thank all those who have contributed to this year's journal, including all the authors, Assistant Editors, reviewers, advisers, production staff, our publishing partners at Cambridge University Press and all other colleagues at *The Journal*. Finally, we wish all of our readers a happy and successful 2022.

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