

(T)

**British Tinnitus
Association**



Version 2.1

Issued February 2018.
To be reviewed February 2018.

© British Tinnitus Association

ALL ABOUT TINNITUS

Beth-Anne Culhane
Advanced Audiologist, St George's Hospital, London

This information has been written to help you understand more about tinnitus, the sensation of noises in the head and/or ears which have no external source.

What is tinnitus?

Tinnitus is the term for the sensation of hearing a sound in the absence of any external sound. You might hear different types of sound, for example ringing, buzzing, whooshing or humming. These can be continuous or they can come and go. The tinnitus might seem like it's in one ear or both, in the middle of the head or even be difficult to pinpoint. Some people may think the noise is coming from outside and hunt for it until they discover it's actually inside them!

Occasionally people have tinnitus that has a musical quality, and can seem like a familiar tune or song. This generally occurs in older people who have a hearing loss and a strong musical interest. This type of tinnitus is known as *musical tinnitus* or *musical hallucination*.

Who gets tinnitus?

Tinnitus is very common and is reported in all age groups, even young children. About 30% of people will experience tinnitus at some point in their lives but the number of people who live with persistent tinnitus is approximately 10%. Tinnitus is more common in people who have hearing loss or other ear problems, but it can also be found in people

with normal hearing.

The experience of tinnitus is different for different people. Most people find that it doesn't affect them in any way. Some people find it moderately annoying with others finding it very troublesome.

What causes tinnitus?

Whilst we do not know the exact causes of tinnitus, we know that it is not a disease or an illness. It is generally agreed that tinnitus results from some type of change, either mental or physical, not necessarily related to hearing.

When we hear, sound travels into the ear and then the hearing nerves take the signals to the brain. The brain is then responsible for putting it all together and making sense of the sound. Because the ears don't know what's important and what's not, they send a lot of information to the brain. This is too much information for us to process, so the brain filters out a lot of unnecessary 'activity' and background sound, such as clocks ticking or traffic noise.

If there is a change in the system, for example a hearing loss or ear infection, the amount of information being sent to the brain changes. The brain then responds to this change in levels by trying to get more information from the ear, and the extra information you may get is the sound we call tinnitus. The tinnitus is therefore actually brain activity and not the ear itself! It is generally accepted that it isn't only a change in the ear that can result in tinnitus, but it could be due to a change in our stress levels, for example, with tinnitus being noticed after periods of significant

Whilst the BTA makes every attempt to ensure the accuracy and reliability of this information, it is not a substitute for medical advice. You should always see your GP/medical professional.

stress, a change in life circumstances or general wellbeing. People often say that they are aware of noises in the ears when they have a cold, an ear infection or wax blocking the ear. Sometimes people become aware of tinnitus following a really stressful event and once they're aware of it, seem to notice it more and more, but this usually fades once these things have passed. However, some people continue to notice the tinnitus, for example after an infection has cleared up.

Fortunately, tinnitus is rarely an indication of a serious disorder and a doctor will be able to check this for you.

What should I do?

The first person to talk to is your GP. You may need to be referred to an Ear, Nose and Throat (ENT) Surgeon or an Audiovestibular Physician, who will rule out any medical factors, assess your hearing and probably give you some information about what tinnitus is and how best to manage it. Some hospitals have hearing therapists or specially trained audiologists who are available to offer more support, if you need it.

The most important thing to do is to keep doing the things you enjoy. If you start living your life differently to accommodate the tinnitus, it's just going to seem more of a problem. You may need to do things differently, for example reading with some background music on, but it's important that you do them nonetheless.

It does improve

When you first experience tinnitus, you may naturally be worried and very aware of this new sound. We constantly monitor our bodies and if anything changes, we become aware of the changes. Hearing tinnitus for the first time can be quite frightening if you think it means that something is wrong with you, or that it might change your life. It's a new sensation and you need to give yourself time to adapt.

Most people find that their tinnitus does seem to settle down after this initial period, even without doing anything in particular. You might hear this being referred to as **habituation**. It's a bit like walking into a room with a noisy fan or air conditioner. Initially, it seems really loud and then after a while, you stop noticing it as much. Tinnitus can often be much the same – initially, it's more noticeable but you gradually notice it less than you did. The first time you realise it's in the background is a great moment – it confirms that there are times when it's less noticeable,

which means you should be able to keep doing the things that you enjoy doing.

Things that can help

Talking to someone

People around you may not understand what tinnitus is and how it might affect you, so might not be able to give you the type of support you need. It can be really helpful to talk to someone who has experience of tinnitus.

Meeting people who have been through the same things you are going through right now can be very helpful. There are Tinnitus Support Groups around the country. Not only can you pick up tips from others, but you can gain (and give) support simply by sharing your story with people who understand because they've been there themselves.

The BTA offers a confidential tinnitus helpline. You can call us for support, and we may also be able to point you in the right direction for local support groups.

Relaxation

It is quite common to feel anxious and afraid when you first experience tinnitus. By relaxing more, you may be able to feel less stressed and so notice your tinnitus less. Learning to relax is probably one of the most useful things you can do to help yourself.

A really easy way to relax is to find somewhere peaceful and just slow your breathing down (feel free to have some sound on in the background). You can take a few slow deep breaths and pay full attention to the feeling of the breath entering your body, filling your lungs and leaving your body. When we use deep breathing to relax, we feel calmer and more able to manage the tinnitus, and often don't notice it as much!

Using a hearing aid

Loss of hearing is often an unnoticeable and gradual process, and many people are surprised when they are told that they have a hearing loss. If you have hearing loss, using hearing aids can be helpful for tinnitus because they are restoring what you can't otherwise hear.

Using sound

Tinnitus is usually more noticeable in a quiet environment. It's a bit like candles on a birthday cake – in the lights, the candles aren't very bright but if you turn the lights off, the candles seem much brighter. With tinnitus, when there is

Whilst the BTA makes every attempt to ensure the accuracy and reliability of this information, it is not a substitute for medical advice. You should always see your GP/medical professional.

other sound, it doesn't seem that loud, but when you turn all the other sound off, the tinnitus seems much more noticeable.

A lot of people have found that using background sound helps them – this can be a radio, music, or using natural sounds. People are really good at figuring out ways of making things better for themselves and you might already be aware that you generally don't notice the tinnitus as much when there is background noise. By using sound at other times, you're just using other ways of doing what you already know to be helpful.

Addressing sleep problems

People who live with tinnitus might have difficulty falling asleep or staying asleep. In order to sleep well, our bodies and our minds need to be relaxed. Worrying about the tinnitus, or worrying about how much sleep you're getting (or missing out on), is unhelpful and will only make it more difficult to sleep. Most people with tinnitus sleep well and their tinnitus is no different from those who do not sleep well. People who have tinnitus and sleep poorly tend to worry more at night than people with tinnitus who sleep well. Working through problems during waking hours is better than in the middle of the night when you have nothing else to occupy you.

It helps to make use of relaxation techniques to prepare the body for sleep. Once your body and mind are relaxed, sleep will come a bit easier.

Having some soft sound in the bedroom can help some people with tinnitus sleep better. The type of sound you use is up to you – as long as it is pleasant or neutral.

Professional support

If you are referred to a specialist tinnitus clinic, and your tinnitus is particularly troublesome, you will be introduced to more formal or structured ways of managing tinnitus. Most centres use a combination of approaches. You may come across some terms before, or hear them when you get there, and it helps to have some understanding of what these terms are.

Cognitive Behavioural Therapy (CBT) - this is one psychological approach that can be useful in managing tinnitus. The idea is that when you became aware of your tinnitus, you responded to it negatively. For example, you may have thought there was something seriously wrong with your hearing (a belief) and this led to you being anxious

(an emotion), and you then tried to feel better, for example by avoiding silence (a behaviour). Some beliefs and behaviours are helpful and that's great – keep doing them! But some beliefs and/or behaviours are unhelpful and CBT helps you to recognise them, and then you work together with the clinician (usually a psychologist, audiologist or hearing therapist) to find different ways of responding to the tinnitus so it becomes less bothersome.

Mindfulness - this is a meditation technique that is used frequently for pain management, and more recently for tinnitus. The idea is that we tend to resist unpleasant sensations (eg hearing tinnitus). If we stop resisting and allow the unpleasant sensation, this alters our awareness to include more sensations. We start to notice that sensations become less dominant once our attention moves away from them and focuses on a different part of the body. All of this can change in a moment, simply by changing our awareness. If we use mindfulness effectively, we can create some space from the tinnitus and in that space, we can decide how we're going to respond to it. It's a wonderful way of achieving 'peace and quiet'.

Tinnitus Retraining Therapy (TRT) - this is a very structured approach to managing tinnitus. Basically, TRT assumes that the tinnitus has been prioritised as an important signal. TRT uses sounds at a particular level to try to reduce the priority of the tinnitus so that you no longer hear it. It is based on the idea that we can get used to sounds, e.g. the sound of the fridge or air conditioner, so we can also get used to this sound of tinnitus. The process of getting used to the tinnitus sound is called **habituation**. TRT uses sound generators and counselling to attempt to retrain how the brain processes sound so that you habituate to the tinnitus. Most people working in the tinnitus field will use elements of TRT but the strict method is not frequently used because there is limited evidence for its effectiveness.

Take care of your hearing

Frequent, prolonged exposure to loud noise increases the risk of getting tinnitus, or of making it worse, so take care to avoid very loud sounds, or protect your ears against them. Wear proper ear protectors (not cotton wool) when hammering metal, using power tools or when you are near any noisy motors. Ear protection is also important if you watch live music or play in a band or orchestra. Ear protection should not be used if ordinary, everyday sounds are uncomfortable (this may be **hyperacusis** or oversensitivity to sound). If ear plugs are worn for blocking

Whilst the BTA makes every attempt to ensure the accuracy and reliability of this information, it is not a substitute for medical advice. You should always see your GP/medical professional.

out such sounds, it can actually make hyperacusis worse.

Hyperacusis

Hyperacusis is an increased sensitivity to sound. If you find that everyday or ordinary sounds are uncomfortable, you may have hyperacusis. Whilst it might seem natural to want to block out as much sound as possible, avoiding sound can actually make hyperacusis worse. Talk to your GP about this and ask for a referral to either an ENT Surgeon or Audiovestibular Physician who will be able to suggest management options – often, using sound (in a very controlled way) can improve hyperacusis.

More information

Having information about tinnitus can be very helpful. A lot of people start off looking online and while there is some fantastic information available on the internet, there is also a lot of very unhelpful information. An easy way to ensure what you are reading is appropriately written and produced is to check that the Information Standard has been adhered to - you can see the logo on the front page, as all BTA information complies with the Information Standard.

References

A list of the references consulted in preparing this leaflet is available on request.

Alternative formats

This publication is available in large print, Easy Read and audio formats on request.

For further information

Our helpline staff can answer your questions on any tinnitus related topics on **0800 018 0527**. You may also find our website **takeontinnitus.co.uk** helpful.

BTA publications

Our information leaflets are written by leading tinnitus

(T)

British Tinnitus Association

British Tinnitus Association

Ground Floor, Unit 5, Acorn Business Park, Woodseats Close, Sheffield S8 0TB

Email: info@tinnitus.org.uk

Helpline: **0800 018 0527**

Website: tinnitus.org.uk

The British Tinnitus Association. Registered charity no: 1011145 Company limited by guarantee no: 2709302. Registered in England. This information has been produced by the BTA and conforms to the Principles and Requirements of the Information Standard.

professionals and provide accurate, reliable and authoritative information which is updated regularly. Please contact us if you would like to receive a copy of any of our information leaflets listed below, or they can be downloaded from our website. *available in Easy Read

All about tinnitus*

Balance and tinnitus

Complementary therapy for tinnitus: an opinion

Drugs and tinnitus

Ear wax removal and tinnitus

Flying and the ear

Food, drink and tinnitus

Hearing aids and tinnitus*

Hyperacusis

Ideas for relaxation without sound

Information for musicians

Musical hallucination (musical tinnitus)

Noise and the ear

Otosclerosis

Pulsatile tinnitus

Relaxation

Self help for tinnitus*

Sound therapy

Sources of mutual support for tinnitus

Supporting someone with tinnitus

Taming tinnitus

Tinnitus: a parent's guide

Tinnitus: a teacher's guide

Tinnitus and disorders of the temporo-mandibular joint (TMJ) and neck

Tinnitus and sleep disturbance

Tinnitus and stress

Tinnitus services*

Leaflets for children:

Ellie, Leila and Jack have tinnitus (for under 8s)

Tinnitus (for 8-11 year olds)

Tinnitus (for 11-16 year olds)

Ellie, Leila and Jack have tinnitus activity book

Tinnitus activity book (for 8-11 year olds)

Tinnitus activity book (for 11-16 year olds)

Whilst the BTA makes every attempt to ensure the accuracy and reliability of this information, it is not a substitute for medical advice. You should always see your GP/medical professional.