

# Tinnitus – causes and therapies

You'll find this factsheet useful if you have tinnitus (noise in your ear(s) or head). It explains what tinnitus is, what it can be linked to, and what therapies and products can help you to manage it.

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**i** If you'd like this factsheet in Braille, large print or audio, please contact our Information Line – see last page for contact details.



## Medical disclaimer

The information given in this factsheet is not medical advice and, by providing it, neither Action on Hearing Loss nor our audiology specialists undertake any responsibility for your medical care, or accept you as a patient. Before acting on any of the information contained in this factsheet, or deciding on a course of treatment, you should discuss the matter with your GP (family doctor) or other medical professional who is treating you.

## What is tinnitus?

Tinnitus is the name for sounds that some people hear in their ear(s) or head that have no outside source. It affects around 10% of adults in the UK – and many children.

There are two types of tinnitus:

- **Subjective tinnitus** is the most common type, affecting around 10% of adults in the UK – and many children. Most often, this type of tinnitus is linked to hearing loss or damage in the ear (we explain this link in more detail on [page 4](#)). It is called ‘subjective’ because only the person with tinnitus can hear the sounds.
- **Objective tinnitus** is very rare. It is the awareness of a sound within the body such as blood flow or muscle activity in or around the ear. This type of tinnitus is called ‘objective’ because a clinician, using a stethoscope placed near the affected ear(s), can also hear it.

## What does tinnitus sound like?

If you have tinnitus, you may hear ringing, hissing, buzzing, roaring, humming and other noises. You may hear a single sound or two or more. The noises may be continuous or come and go.

For a small number of people, tinnitus can even sound like fragments of tunes or songs. This is known as ‘musical hallucination’. The musical tune is often familiar and can range from simple tones to songs or even orchestral music.

Other people hear a rhythmical or pulsing noise that usually beats in time with their heart. This rare type of objective tinnitus is known as ‘pulsatile tinnitus’. It’s usually related to a change in blood flow in the blood vessels in, or near, the ears, or increased awareness of that blood flow.

 For more information about these rare types of tinnitus, see our factsheets *Musical hallucinations* and *Pulsatile tinnitus*. To hear an example of what tinnitus can sound like, visit [actiononhearingloss.org.uk/tinnitus](http://actiononhearingloss.org.uk/tinnitus) and listen to the audio file.

## Is there a cure for tinnitus?

While there are practical steps people can take to manage their tinnitus, there are no safe and effective cures to silence it – yet. Our tinnitus research is focused on better understanding how tinnitus starts and progresses, so this knowledge can be used to develop a range of cures (we tell you more about this research on [page 15](#)).

Of course, if you have tinnitus that has an underlying cause – for example, an ear infection – successfully treating that may get rid of your tinnitus. That's why it's important to see your GP early on, so they can check for a cause that can be easily treated.

The good news is that most people find that their tinnitus slowly improves over time. This is because the brain gradually learns to 'filter out' tinnitus, so you reach a point where you no longer find it bothersome. This process is called 'habituation' – it is the main goal of tinnitus therapies.

## How does tinnitus affect people?

Tinnitus can affect people in different ways. Many people who have tinnitus aren't troubled by it and may only notice it occasionally. But others find that their tinnitus has a serious impact on their quality of life, leading to sleep problems, stress, anxiety and depression (for some).

How loud tinnitus is, or what it sounds like, doesn't seem to make a difference to whether it troubles people or not.

If you've recently developed tinnitus, you may be worried about the cause. Some people fear that it's a sign of a serious illness, but this is very rarely the case. You may be worried that your tinnitus might get louder and that you'll never be able to enjoy complete silence again.

However, worrying about tinnitus focuses your attention on it, which may make it worse (we explain this link on [page 5](#)). If you find yourself in this cycle, remember that support and therapies are available to help you cope with tinnitus and, ultimately, habituate it, so that it no longer bothers you (we tell you more about tinnitus therapies on [page 8](#)).

## What causes tinnitus?

The information in this section focuses on **subjective** tinnitus. Exactly how and why it occurs isn't yet fully understood, and research is ongoing. But it's thought that tinnitus is the sound of increased activity in the brain caused by a reduction in activity within the cochlea (the hearing organ in the inner ear) or the hearing nerve. This may occur if changes take place in the cochlea as a result of a disorder, such as hearing loss or Ménière's disease.

While the exact cause of tinnitus isn't yet clear, we do know that tinnitus can be linked to different things, as the next section explains.

## What can tinnitus be linked to?

Most commonly, tinnitus is associated with **sensorineural hearing loss**. This type of hearing loss is caused by damage to the cochlea or hearing nerve, or both. Age-related ‘wear and tear’ in the inner ear is a common cause of sensorineural hearing loss. It can also be caused by exposure to loud noise and Ménière’s disease. In most cases, sensorineural hearing loss develops gradually – but, in rare cases, the hearing loss can be sudden.

Less commonly, tinnitus is associated with disorders causing **conductive hearing loss**. This type of hearing loss occurs when sounds can’t pass freely into the inner ear – usually because of a blockage or problem in the outer or middle part of the ear. Disorders causing conductive hearing loss include an ear-wax blockage and otosclerosis.

Sometimes, but uncommonly, tinnitus is associated with:

- emotional stress
- certain drugs
- ear infections
- ear, head or neck injuries
- neurological disorders – including acoustic neuroma
- metabolic disorders – including hypothyroidism, hyperthyroidism and diabetes.

However, for some people there is no recognisable link.

## The link between hearing loss and tinnitus

Two-thirds of people with tinnitus have a hearing loss. But a third of people with tinnitus have normal hearing, and many people with hearing loss don’t have tinnitus.

To understand the link between hearing loss and some cases of tinnitus, you first need to understand how the hearing system works:

- 1 Sound waves (vibrations) enter the outer ear and travel through the middle ear to the **cochlea** (the hearing organ in the inner ear), where they are converted into electrical signals by tiny sensory cells known as hair cells.
- 2 The **hearing nerve** transfers the electrical signals from the cochlea to the brain.
- 3 The **brain** analyses and recognises the electrical signals, so you hear them as sound.

When part of the ear or hearing nerve becomes damaged or doesn’t work properly, the electrical signals usually transferred to the brain are reduced or stopped, causing a temporary or permanent hearing loss. Research has shown that this can make the neurons (nerve cells in the brain) more sensitive, because they are searching for signals that aren’t being received from the ear, leading to hyperactivity.

It's believed that this hyperactivity makes the brain more aware of the electrical 'noise' from the neurons, which is heard as tinnitus. You can think of it a bit like turning the volume up on a speaker system when you're not playing any music – eventually, you'll start to hear a hum, which is just noise in the system.

What's more, if you have hearing loss, you may be more aware of your tinnitus. This is because you won't hear as many environmental sounds that could otherwise help to mask it. In this instance, hearing aids may help with both hearing loss and tinnitus ([see page 9](#) to find out more about this).

 For more information about the different types and causes of hearing loss, see our **Hearing health** range of factsheets.

## The link between exposure to loud noise and tinnitus

Exposure to loud noise can damage the tiny hair cells in the cochlea, leading to hearing loss and tinnitus.

Many people have had dulled hearing and an unwanted ringing sound in their ears after a night out in a noisy club or bar. This is called 'temporary threshold shift' and is thought to be the result of the hair cells becoming 'exhausted'. If you have experienced this, don't ignore it. Although your hearing may recover within a few hours, it's a sign that if you continue to be exposed to high levels of noise, your hearing could become permanently damaged.

### Protect your hearing

Remember, hearing loss and tinnitus caused by loud noise can be prevented, so it's important to take precautions. Make sure you use earplugs in noisy environments such as gigs and clubs, and limit the volume on your MP3 player. If you work in a noisy environment, your employer has a legal duty to protect your hearing. To find out more about how and why you should protect your hearing, see:

- our factsheet *Noise exposure*
- the British Tinnitus Association's 'plug'em' campaign: [plugem.co.uk](http://plugem.co.uk)
- the website of the Health and Safety Executive, a national independent watchdog for work-related health, safety and illness: [hse.gov.uk/noise](http://hse.gov.uk/noise)

## The link between stress and tinnitus

### Can stress cause or worsen tinnitus?

There is no conclusive evidence that stress *causes* tinnitus. However, there is evidence to support the idea that, for a substantial number of people, tinnitus *follows or coincides with* a period of stress.

It's also known that stress can sometimes *worsen* existing tinnitus. So when you worry about it, and focus your attention on it, a vicious cycle arises: stress makes tinnitus worse, which, in turn, leads to greater stress.

## Does tinnitus cause stress?

Tinnitus may cause you to feel tense, overwhelmed and unable to cope. Some people – though not all – find that stress makes their tinnitus more noticeable, which, in turn, leads to further stress and anxiety.

If you find yourself in this cycle, don't worry, there are many things you can do to break out of it and reduce the impact that tinnitus has on your life. A good place to start is to learn how to relax and control your responses to stress (we tell you how relaxation exercises help on [page 9](#)).

 For more information, see our factsheet *Stress and tinnitus*.

## The link between drugs and tinnitus

Certain drugs can cause damage to the inner ear, resulting in hearing loss, balance problems and tinnitus – these are known as 'ototoxic drugs'.

Some ototoxic drugs can result in temporary hearing loss or tinnitus, whereas others can cause permanent hearing damage. However, there are very few ototoxic drugs that cause permanent hearing loss or tinnitus. They are rarely prescribed, and then usually only to patients who have a life-threatening illness.

The main drugs known to cause tinnitus as a side effect are:

- **Aminoglycoside antibiotics** – used to treat very serious infections such as meningitis.
- **Macrolide antibiotics** – used to treat lung and chest infections.
- **Quinine** – used to treat some cases of malaria.
- **Aspirin** – an over-the-counter drug (can be bought without a prescription) that's taken to relieve pain and reduce fever, or to help prevent blood clots forming; note that it does require high doses of aspirin to cause tinnitus (see box, [page 7](#)).
- **Non-steroidal anti-inflammatory drugs** – taken to reduce swelling.
- **Loop diuretics** – used to treat heart failure, high blood pressure and some kidney disorders.

If you are prescribed ototoxic drugs, your specialist should talk to you about the possible side effects in great detail. It is advisable to have your hearing tested before treatment and regularly throughout treatment, to monitor any possible changes to your hearing.

### Remember: everyone reacts differently to drugs

Even though someone else may think that a drug caused their tinnitus, or made it worse, it may not have the same effect on you. Also, if you've been prescribed medicine for a particular condition, it may be the condition, not the drug you're taking for it, that's making your tinnitus worse, particularly if the condition is making you anxious or stressed.

- **Cytotoxic drugs** – certain platinum-containing drugs, such as cisplatin, used to treat cancer.

Occasionally, some people find that when they come off a drug they have been on for a long time, too quickly, their tinnitus may worsen. It may help to withdraw from the drug more slowly and it's important to discuss this with your GP.

If you are concerned that a drug you have been prescribed is making your tinnitus worse, you should discuss it with your GP. There may be an alternative drug that doesn't list tinnitus as a side effect.

**Note: Never stop taking a prescribed drug, or change the dosage, without speaking to your GP first.**

### Aspirin and tinnitus

It's very unlikely that the small dose of aspirin used to treat headaches or flu, or to help prevent heart attack and stroke, will cause tinnitus. In the past, aspirin was prescribed in very high doses to treat some rheumatological conditions, and sometimes this did cause tinnitus. However, it usually disappeared once the aspirin was stopped or dosage reduced. Such large doses of aspirin are rarely prescribed now, because there are alternative, more effective drugs to treat these conditions.

If you think aspirin is causing, or worsening, your tinnitus, speak to your GP to see whether an alternative medicine would be more suitable, particularly if you're taking aspirin as a painkiller. When you stop taking aspirin, your tinnitus should disappear, or return to its previous level. If you are prescribed aspirin, do check with your GP before you stop taking it or change the dosage.

## I think I have tinnitus – what should I do?

The first step is to see your GP. This is crucial because your tinnitus may be caused by a temporary condition that your GP can treat, such as an ear infection or excess ear wax, hypertension (high blood pressure) or medications linked to tinnitus. If this isn't the case, your GP should refer you to the ear, nose and throat (ENT) or audiology department of your local hospital for further tests.

Make sure you tell your GP how your tinnitus is affecting you – for example, is it making you anxious? Are you having trouble sleeping or finding it hard to cope? It's also important to tell your GP if you have any other symptoms such as hearing loss or balance problems – this will determine which type of hearing specialist you are referred to.

You can expect to wait 6–18 weeks from visiting your GP to seeing a specialist. See 'What else can help me manage my tinnitus?' on [page 14](#) for tips to help you deal with tinnitus in the meantime.

### What if I can't get a referral?

Although GPs are trained to a high level in a wide area of medicine, they are not tinnitus experts. Knowledge of tinnitus and tinnitus therapies can vary from doctor to doctor.

If you can't get a referral to see a specialist about your tinnitus, it may be because your GP isn't aware of the impact that tinnitus can have or the help that's available.

As mentioned earlier, it's important to tell your GP how your tinnitus is affecting you and if you have any hearing loss or balance problems. If you still can't get a referral, try seeing a different GP. Remember, you have the right to a second opinion.

## What will happen when I'm referred?

You will see either an audiologist (a hearing and balance specialist) or an ENT specialist. They will give you a thorough check-up to see if there are any obvious causes of your tinnitus. You'll also have a formal hearing test and you may be referred for scans if required.

If your tinnitus is troubling you, you will be referred for suitable support and tinnitus therapies. Most often, tinnitus therapies are provided by either a hearing therapist or a specially trained audiologist in your local hospital's audiology department. But the tinnitus therapies available in hospital audiology departments do vary, and you may need to be referred to a specialist tinnitus centre for some therapies, if they are deemed suitable.

Some hospitals have specialist tinnitus centres, but not all – you may need to travel a bit further to visit one.

## What therapies are available?

There's a range of therapies available to help you manage your tinnitus and reduce the impact that it has on your life. They all aim to help you habituate your tinnitus, which means training your brain to 'filter out' tinnitus, to the point that it no longer bothers you. Some therapies also aim to reduce the stress that can be associated with tinnitus.

Please note that what's recommended for you will depend on the nature of your tinnitus, how it affects you and whether you have any other hearing problems.

Your audiologist or tinnitus specialist may recommend one or more of the following options:

- hearing aids (if you also have hearing loss)
- sound therapy
- relaxation exercises
- mindfulness
- counselling
- cognitive behavioural therapy (CBT)
- seeing a clinical psychologist (you would most likely need to be referred elsewhere for this).

The next section explains what these therapies involve and how they can help.

## Hearing aids

If you have hearing loss as well as tinnitus, using hearing aids may help by:

- helping to compensate for your hearing loss
- making environmental sounds louder, which can mask or distract you from your tinnitus
- reducing your listening effort, improving communication and, thereby, reducing any stress and anxiety that may be associated with hearing loss.

Hearing aids are available from the NHS and the audiologist will discuss this option with you if you have hearing loss. You may alternatively want to try combination devices, which look like hearing aids and contain both a hearing aid and a sound generator that plays a soft ‘rushing’ noise. There is currently no evidence to support or suggest that hearing aids are ineffective as a form of tinnitus management.

 **Speak to your GP if you think you need hearing aids, and read our leaflet *Getting hearing aids*.**

## Sound therapy

Your tinnitus may seem louder in quiet environments – for example, at night when you’re trying to sleep. Sound therapy, also known as ‘sound enrichment’, aims to make tinnitus less noticeable through the use of either:

- **sound generators**, which fit behind, or in, the ear and produce soft ‘rushing’ sounds

- soothing sounds from **CDs** or **apps** (software applications) for your smartphone or tablet device
- other **sound therapy products** ([see page 13](#)).

Sound therapy works by reducing the contrast between your tinnitus and background sounds. It also helps your hearing system become less sensitive to tinnitus, because it distracts your brain from paying attention to tinnitus sounds. Over time, this helps with habituation.

You may have come across tinnitus retraining therapy (TRT), which involves a combination of more intensive sound therapy and long-term counselling. You may be referred for this if other therapies don’t work.

## Relaxation exercises

Many people notice their tinnitus more when they are worried or tired, which may increase their stress and anxiety levels further (see ‘The link between stress and tinnitus’, [page 5](#)). A regular relaxation routine can help you to manage your stress levels and break this cycle of stress and worry. As you become calmer and more relaxed, you may find it easier to manage your tinnitus.

You can learn to control your responses to stress through relaxation exercises, which are taught in many tinnitus clinics within audiology departments. The exercises usually involve deep breathing, progressive muscle relaxation and rhythmic exercises. They can be done anywhere at any time, and you can now also download apps for smartphones and tablet devices that offer all of the above.

You could also try local adult education classes in relaxation techniques, yoga or mindfulness.

## Mindfulness

Mindfulness is a simple form of meditation that involves paying more attention to the present moment – to your own thoughts and feelings, and the world around you. It can help you to be aware of what is happening to you without judging it or fighting it.

Practising mindfulness has been shown to have a range of positive effects. When looking at mindfulness and tinnitus, we don't expect it to change the nature of the tinnitus, but it may help to change the relationship you have with it.

Mindfulness may change your perception of tinnitus in a positive way, so that you don't find your tinnitus as threatening as you did. It may also help you to notice signs of stress or anxiety earlier, and help you deal with them better.

Mindfulness sessions are not available in all audiology departments and you may need to be referred to a specialist tinnitus centre.



Find out more about mindfulness on the NHS Choices website: [nhs.uk/Conditions/stress-anxiety-depression/Pages/mindfulness.aspx](https://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/mindfulness.aspx)

## Counselling

There are different types of counselling that can help with tinnitus management (see opposite), but not everyone with

tinnitus will require it and be able to get it from the NHS. You can speak to your audiologist or tinnitus specialist about the options available to you.

## Tinnitus counselling

This type of counselling is usually delivered in specialist tinnitus centres by hearing therapists or audiologists who have a specialist understanding of tinnitus. It aims to reduce tinnitus distress and help you to manage your tinnitus in several ways, by:

- providing information about tinnitus to help you understand it – this can help to relieve your fears and help you to accept your tinnitus
- showing you that your tinnitus can be managed effectively using simple techniques
- encouraging you to accept that most people eventually learn to live with their tinnitus, and ignore it
- letting you know what's available to support you, and signposting you to other sources of useful information and support in your area.

Some private healthcare providers also offer tinnitus counselling.

## Private counselling

Private counselling involves talking to a counsellor who either practises independently or through an agency such as a counselling centre. Most counsellors will not have specialist knowledge of tinnitus. But private counselling may be useful if aspects of your life are making you feel unhappy

or anxious, such as bereavement or relationship difficulties. Stress can make your tinnitus seem worse, whereas talking about difficulties in your life may make your tinnitus seem better.

You usually have to pay for private counselling. However, you may be able to get free or reduced-rate independent counsellors through the NHS.

The experience and qualifications of counsellors can vary greatly, so make sure any counsellor you see is recognised by the British Association for Counselling and Psychotherapy ([see page 16](#) for details).

## Cognitive behavioural therapy

Cognitive Behavioural Therapy (CBT) helps you to examine your thought patterns and beliefs, and the way you do things, in order to understand why you react in certain ways. Therapy may be provided one to one or in a group session (see box, right). Clinical psychologists and psychotherapists are most likely to offer CBT. However, there is very limited access to these specialists on the NHS.

In some audiology services, hearing therapists also offer CBT, and, rarely, it is offered by a specially trained audiologist. It's best to speak to your audiologist about what is available – you may need to be referred to a specialist tinnitus centre to receive CBT if it's recommended as a suitable therapy.

### How CBT can help with tinnitus

What you think about your tinnitus affects how you feel about it. It may be that the more attention you pay to your tinnitus, the worse you feel.

Although not designed as a specific tinnitus treatment, CBT can be very helpful:

- It can teach you coping techniques to deal with negative feelings and distress, so your thoughts and feelings can become more positive.
- It can help you to change how you think about tinnitus and what you can do about it, reducing your distress – you start to tolerate the noises and they eventually become less noticeable.

In a course of CBT, you are usually asked to keep a diary of the times that your tinnitus is most annoying or distressing, making a note of the nature of the distress and any thoughts that go with it. For example, you might write: 'Tonight I feel upset and scared about the cause of my tinnitus. I worry about my health.'

Your therapist will help you look at the reasons behind your strong reactions to tinnitus; they will discuss your thoughts with you and suggest different ways of doing things. You will be encouraged, and given help, to challenge your ways of thinking and find the best way of approaching your tinnitus.

### Group sessions

A therapist may suggest you take part in a group session to help you manage your tinnitus. The group (facilitated by the therapist) will meet for a number of sessions. As a group, you will explore how to challenge negative thoughts, share experiences and gain support.

## Support from a clinical psychologist

Clinical psychologists work in healthcare or social care settings, including hospitals and health centres. They help people with psychological problems such as anxiety or depression to understand the causes and effects of their problems, and to reduce their distress.

You may be referred to a clinical psychologist if you are in a lot of distress due to tinnitus and other therapies have not worked. You may need a referral from your GP, however, as access to clinical psychologists through NHS audiology services is very rare.

If referred, you may see a clinical psychologist on a one-to-one basis, or in group therapy sessions with others who have tinnitus.

Psychologists help people with all types of problems and a referral certainly doesn't mean that you are in danger of 'going mad'. A clinical psychologist's role differs from that of a psychiatrist, who has qualified in medicine and can prescribe drugs.

### Treatment offered

A clinical psychologist may offer strategies to help you cope better with the effects of tinnitus, including:

- ways to help you recognise and assess how tinnitus is affecting you
- therapies to help with anxiety or depression
- cognitive behavioural therapy ([see page 11](#)) to change your thoughts and beliefs about tinnitus
- suggestions for relaxation and visualisation exercises
- counselling
- hypnosis
- finding ways of improving your sleep and your social environment in order to reduce the negative effects of your tinnitus.

### What about other tinnitus therapies I see advertised?

Many tinnitus 'treatments' advertised in the press or on the internet don't have enough robust research evidence behind them for us to support their use at this time.

Your audiologist or tinnitus specialist will explain which tinnitus therapies are available on the NHS – and these have been proven beneficial. We are funding research into new treatments and possible cures ([see page 15](#)), and will update this factsheet when advances are made.

## Can complementary therapies help?

There is very little conclusive evidence to prove or disprove the usefulness of a particular complementary therapy in relation to tinnitus, but these therapies *may* help to reduce the stress and anxiety associated with it.

'Complementary therapies' fall outside of mainstream healthcare. They are usually used alongside conventional treatments.

‘Alternative therapies’ are used instead of a mainstream treatment – but there can be some overlap between the two.

The availability of complementary and alternative therapies on the NHS is limited and in most cases the NHS will not offer such treatments. But do speak to your GP if you are thinking of trying one.

Complementary therapies include:

- acupuncture
- chiropractic
- herbal medicine
- homeopathy
- osteopathy.

Osteopathy and chiropractic are regulated in the same way as conventional medicine. There is no professional statutory regulation of other complementary or alternative therapies, but professional bodies and voluntary registers can help you find therapists with certain qualifications, who agree to practise to a certain standard. See the NHS Choices website (below) for more information.

**Note:** Herbal medicines may cause side effects such as headaches and stomach upsets. It’s important to take things in moderation, as large doses of vitamin and mineral supplements have been shown to have negative health effects.

 Find out more on the NHS Choices website: [nhs.uk/Livewell/complementary-alternative-medicine/Pages/complementary-and-alternative-medicine.aspx](https://www.nhs.uk/Livewell/complementary-alternative-medicine/Pages/complementary-and-alternative-medicine.aspx)

## What products can help with tinnitus?

There’s a wide range of products available to help you habituate your tinnitus with sound therapy ([see page 9](#)).

- **Behind-the-ear** or **in-the-ear sound generators** that play soft ‘rushing’ sounds can be prescribed by your audiologist, or bought, if suitable.
- **Bedside and desktop sound generators** (often called ‘tinnitus relaxers’) play a range of environmental and soothing sounds to create a peaceful atmosphere and distract you from your tinnitus. There’s a range of different sound generators available – some are designed for use at night, and some come with a variety of extra features, such as aromatherapy fragrances and coloured lights.
- You can buy **CDs** or **download albums** of relaxing sounds such as birdsong.
- You can connect **sound pillows** (normal pillows that have speakers inside) and **pillow speakers** to your tinnitus relaxer, stereo or personal music device. They are useful, as they let you listen to sounds in bed without disturbing your partner (if you have one), and without the discomfort of earphones or headphones.
- If you have hearing loss as well as tinnitus, you may benefit from a **combination device**, which contains both a hearing aid and a sound generator.

- There are now many **tinnitus apps** available for Android and Apple mobile devices. They have a wide range of sounds to choose from, and some apps allow you to customise sounds for your needs. If you have a smartphone or tablet device, it's worth finding out what's available.

Your audiology department may be able to provide you with sound-therapy products, if they have a budget for such equipment. The type of product you may be offered will depend on what's available and what's most appropriate for your needs.

You can also buy tinnitus products from online stores, including the Action on Hearing Loss shop: [actiononhearingloss.org.uk/shop](https://actiononhearingloss.org.uk/shop)

### **Soothing sounds around the house**

You may already have things at home that can distract you from listening to your tinnitus – for example, desktop fans make a soft 'whirring' sound and radios tuned off-station produce a 'sssh' noise, which you may find soothing.

## What else can help me manage my tinnitus?

### Improve your general health

Having a well-balanced diet and taking regular exercise should help your overall wellbeing and give you a more positive outlook. Your GP can give you advice about exercise and improving your diet.

It was previously thought that caffeine was a contributing factor to tinnitus, and some people found that reducing their caffeine intake (by having less coffee, tea, chocolate and cola) helped their tinnitus and their sleep. However, recent research has demonstrated that reducing your caffeine intake does not reduce tinnitus, and that any benefits from doing this are coincidental. Of course, if you do find that reducing your caffeine intake helps your tinnitus, keep doing it.

 For tips on reducing stress, see our factsheet *Stress and tinnitus*.

### Meet others with tinnitus

Some people find sharing experiences with others who are in a similar position very helpful. You could try a local tinnitus support group, which is run by people with tinnitus or health professionals.

The British Tinnitus Association has a comprehensive list of support groups across the UK on its website ([see page 16](#)). You can also contact others through our online Tinnitus forum ([see page 15](#)).

## Talk to your family and friends

The impact that tinnitus can have is often underestimated. Once your family and friends know how tinnitus affects you, they'll be better equipped to support you.

 Those close to you may find our factsheet *How to help friends and family with tinnitus* helpful.

## What tinnitus research is Action on Hearing Loss funding?

There are currently no medicines on the market specifically approved to treat tinnitus – we're looking to change this. We're funding a range of projects that focus on improving our understanding of how tinnitus starts and progresses, so that this knowledge can be used to develop effective treatments.

We've awarded a grant to researchers at Newcastle University, who aim to develop a new technique to measure tinnitus more accurately by monitoring brainwave activity. This new technique will help researchers take potential new treatments that have been tested in the laboratory to the next stage – testing in people, a critical step in developing new medicines.

This research should make the development of effective medicines to treat tinnitus easier and, hopefully, encourage more investment in this area.

 Find out more at [actiononhearingloss.org.uk/biomedicalresearch](https://actiononhearingloss.org.uk/biomedicalresearch)

## Where can I get further information about tinnitus?

### Action on Hearing Loss

Our other **Tinnitus** factsheets are:

- *Stress and tinnitus*
- *Pulsatile tinnitus*
- *Musical hallucinations*
- *How to help friends and family with tinnitus.*

You can order these from our Information Line ([see last page](#) for contact details) or download them from our website at [actiononhearingloss.org.uk/factsheets](https://actiononhearingloss.org.uk/factsheets)

You can also find lots of helpful information about tinnitus on our website: [actiononhearingloss.org.uk/tinnitus](https://actiononhearingloss.org.uk/tinnitus)

### Tinnitus Helpline

For tinnitus information and support, contact our Tinnitus Helpline:

Telephone: **0808 808 6666**

Textphone: **0808 808 9000**

SMS: **0780 000 0360**

Email: [tinnitushelpline@hearingloss.org.uk](mailto:tinnitushelpline@hearingloss.org.uk)

### Tinnitus forum

Get in touch with a supportive group of people with tinnitus through our online Tinnitus forum. Share what works for you, and pick up some other great tips: [actiononhearingloss.org.uk/tinnitusforum](https://actiononhearingloss.org.uk/tinnitusforum)

## Social networking

You can also get in touch with us, and others, through Facebook and Twitter:

Facebook: [facebook.com/actiononhearingloss](https://www.facebook.com/actiononhearingloss)

Twitter: [twitter.com/actiononhearing](https://twitter.com/actiononhearing)

## Other organisations

### British Association for Counselling and Psychotherapy (BACP)

BACP can give you a list of therapists in your area.

BACP House  
15 St John's Business Park  
Lutterworth  
Leicestershire  
LE17 4HB

Telephone: **01455 883 300**  
Textphone: **01455 560 606**  
Email: [bacp@bacp.co.uk](mailto:bacp@bacp.co.uk)  
Website: [bacp.co.uk](http://bacp.co.uk)

### British Tinnitus Association (BTA)

The BTA campaigns for better services for people with tinnitus. It supports a network of local tinnitus groups across the UK, has a range of publications and produces a members' magazine, *Quiet*.

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

Telephone: **0800 018 0527**  
Email: [info@tinnitus.org.uk](mailto:info@tinnitus.org.uk)  
Website: [tinnitus.org.uk](http://tinnitus.org.uk)

## Products to help with tinnitus



We sell many products that create soothing sounds to help you relax, sleep and manage your tinnitus. Contact our Customer Services team to find out more or to request our free catalogue:

Telephone: **01733 361 199**  
Textphone: **01733 238 020**  
Email: [solutions@hearingloss.org.uk](mailto:solutions@hearingloss.org.uk)

Or shop online at:  
[actiononhearingloss.org.uk/shop](http://actiononhearingloss.org.uk/shop)

## Information you can trust

The Information Standard certifies us as producers of high-quality, evidence-based information.

Thank you to **Magdalena Sereda, Senior Research Fellow, NIHR Nottingham Biomedical Research Centre**, for helping us to review and update this factsheet, published November 2017.

For a list of references for this factsheet, please email us at [references@hearingloss.org.uk](mailto:references@hearingloss.org.uk)

## Did you find this factsheet helpful?

We'd love to know what you think of this factsheet – please email us at [reviewpanel@hearingloss.org.uk](mailto:reviewpanel@hearingloss.org.uk)

If you'd like to join our Readers' Panel, to help us create new publications and improve existing ones, please let us know.

## Further information from Action on Hearing Loss

Our expert information covers everything you need to know about:

- hearing loss and deafness
- tinnitus
- ear problems and treatments
- hearing aids and cochlear implants
- useful products and technology
- communication tactics and support
- benefits and grants
- your rights.

Visit our website [actiononhearingloss.org.uk](https://actiononhearingloss.org.uk) or call our Information Line ([see last page](#)) for information, support and publications. You can also find out about services in your area, our hearing research, and how you can get involved.

## Please help us support others

We provide our leaflets, factsheets and Information Line service free of charge to anyone affected by deafness, tinnitus or hearing loss in the UK. We rely on the generosity of our supporters to help us do this. We would be very grateful if you would consider making a donation - of as little or as much as you can afford.

Please send a cheque, payable to Action on Hearing Loss, to:

**Freepost RTLX-CZKX-BTTZ**  
**Action on Hearing Loss**  
**1-3 Highbury Station Road**  
**London N1 1SE**  
(No stamp needed)

Donate online at [actiononhearingloss.org.uk/donate](https://actiononhearingloss.org.uk/donate)  
Or make a donation over the phone by credit or debit card:

 **0203 227 6182**  
 **0203 227 6185**

Thank you.

Our purpose is to help people confronting deafness, tinnitus and hearing loss to live the life they choose. We enable them to take control of their lives and remove the barriers in their way.

To find out more about what we do and how you can support us, go to [actiononhearingloss.org.uk](http://actiononhearingloss.org.uk)

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### Action on Hearing Loss Information Line

Telephone **0808 808 0123**  
Textphone **0808 808 9000**  
SMS **0780 000 0360**  
(standard text message rates apply)  
Email **[information@hearingloss.org.uk](mailto:information@hearingloss.org.uk)**

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### Join us



Action on Hearing Loss



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**Action on Hearing Loss is the trading name of The Royal National Institute for Deaf People.**  
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