LIVING WELL

Tinnitus Is Loudest When Life Goes Quiet

The noise may not disappear, but hearing care, sound support and cognitive behavioural therapy can make it less disruptive.

The sound no one else can hear

The room is quiet, but your ears are not. A ring, hiss, buzz, click or roar follows you into bed, interrupts your work or sits behind every conversation. It may be soft or loud, high or low, and present in one ear or both. For some people it is an occasional nuisance. For others, it changes how they hear, work and sleep.

That range helps explain why the phrase "what helps tinnitus?" has no single answer. Tinnitus is a sound experience, not one disease with one remedy. Possible causes include age-related hearing loss, exposure to loud noise, ear or sinus infections, heart or blood-vessel problems, hormonal or thyroid changes, certain medicines, Ménière's disease and, less commonly, brain tumours.

Treatment therefore depends partly on what is driving the noise. Hearing aids may be useful when hearing loss is involved. Sound-masking devices can provide another sound to listen to. Medicines may have a role when there is an underlying condition, while coping-based approaches aim to reduce how much the tinnitus intrudes on daily life.

That distinction matters. A treatment may help tinnitus take up less space without switching off the sound itself. This is not a consolation prize. If the noise currently controls your sleep, attention or mood, reducing its impact can be a meaningful result.

Start with what changed

Before searching for a way to drown out the ringing, look at what has happened around it. Loud noise near the ear, or repeated exposure to loud sounds, can lead to noise-induced hearing loss. Concerts, sporting events, fireworks, lawn mowers and power tools are among the activities that can expose you to harmful sound levels.

Clues to hearing loss can be easy to rationalise away. Speech may seem muffled. You may struggle with conversations in restaurants, high-pitched sounds, telephone speech or the difference between certain consonants. You might ask people to repeat themselves or turn up the television or radio. Ringing in the ears is itself one possible sign.

If you have these signs, or you are regularly exposed to loud noise, arrange a hearing test. Early detection and protection matter because noise-related hearing loss can become permanent. A hearing assessment can also show whether hearing loss is part of the tinnitus picture and whether hearing aids belong in the conversation.

Some combinations need broader medical attention. Tinnitus accompanied by severe dizziness, hearing that comes and goes, muffled hearing, ear pressure or pain, or loss of balance can occur with Ménière's disease, an inner-ear disorder that commonly affects one ear. At that point, this is not simply a question of finding a more soothing background sound; describe the full cluster to a healthcare professional.

The best-supported psychological approach can reduce tinnitus's hold on life, but the evidence does not promise silence.

The best evidence changes the target

The strongest directly relevant evidence in the supplied research is not for a pill or supplement. It is for cognitive behavioural therapy (CBT), a group of psychological treatments that works with patterns of thought and behaviour. For tinnitus, the goal is to change the burden created by the sound rather than promise that the sound will vanish.

A 2020 systematic review included 28 randomised studies and 2,733 adults who had experienced tinnitus for at least three months. Compared with no intervention or a waiting list, CBT may have reduced tinnitus-related damage to quality of life at the end of treatment. On the 100-point Tinnitus Handicap Inventory (THI), the estimated difference was nearly 11 points; seven points was considered the minimum clinically important difference.

The certainty of that finding was low, so it should not be inflated into a guarantee. Compared with usual audiological care, CBT probably reduced the tinnitus impact score by about six points-smaller than the review's stated threshold for a clinically important difference. Against other active approaches, the estimated advantage was also modest and based on low-certainty evidence.

The trials tell you what CBT is most likely to help: your response to tinnitus and its effect on daily life. They do not establish that CBT removes the underlying sound. The evidence also cannot tell us whether the benefits reliably remain at six or 12 months, because follow-up evidence at those points was absent.

What coping can and cannot promise

CBT may also produce a small reduction in depression associated with tinnitus, although the review judged that evidence uncertain because of its quality. Results for anxiety and general health-related quality of life were limited or unclear. That is an important boundary: one encouraging result does not prove that every connected difficulty will improve.

The safety findings were broadly reassuring but not definitive. Across several studies comparing CBT with no intervention, six reported no serious adverse effects and one reported that a participant receiving CBT worsened. Other comparisons also recorded small numbers of people deteriorating. The review concluded that adverse effects may be rare, while calling for more investigation.

Sound support remains another option, particularly when quiet makes tinnitus harder to ignore. General clinical guidance includes sound-masking devices among possible approaches, alongside hearing aids, medicines and coping strategies. But the supplied systematic review does not establish sound masking alone as the best answer. It evaluated CBT, including one small comparison with tinnitus retraining therapy that used sound generators.

So be wary of any promise that treats all tinnitus as one problem. The honest aim is to identify contributing conditions, check your hearing and choose support that matches the disruption you are experiencing. The best-supported psychological approach can reduce tinnitus's hold on life, but the evidence does not promise silence.

Monday's step takes a sound-masking device

On Monday, identify the place where tinnitus most interferes: perhaps the desk where concentration slips or the bedroom where quiet makes the sound prominent. Put a sound-masking device in that setting and use it as a practical support, not as a test you can fail. The evidence supplied here supports masking as a treatment option, not a guaranteed way to eliminate tinnitus.

If you also notice muffled speech, difficulty following conversation in noise, trouble with telephone speech or a habit of increasing the television volume, make a hearing-test appointment. The appointment matters more than guessing whether your tinnitus "counts" as hearing loss.

Write down any severe dizziness, changing hearing, ear pressure or pain, or balance loss so that you can describe the pattern clearly to a healthcare professional. Treatment depends on the cause, and those details may shift the conversation from coping support toward assessment of an inner-ear disorder or another medical explanation.

For the coming week, success is not a perfectly quiet head. It is one noisy moment made more

manageable with a sound-masking device, plus a hearing test arranged if the warning signs fit. That is small enough to do-and concrete enough to begin.

Where this comes from

- Tinnitus

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/tinnitus.html
- Meniere's Disease

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/menieresdisease.html
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  JAMA psychiatry, 2022 · https://pubmed.ncbi.nlm.nih.gov/33471111/
- A systematic review and meta-analysis of trauma-focused cognitive behavioral therapy for children and adolescents.

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- Cognitive behavioral therapy for insomnia in patients with mental disorders and comorbid insomnia: A systematic review and meta-analysis.

  Sleep medicine reviews, 2022 · https://pubmed.ncbi.nlm.nih.gov/35240417/
- Cognitive behavioural therapy for tinnitus.

  The Cochrane database of systematic reviews, 2020 · https://pubmed.ncbi.nlm.nih.gov/31912887/