TOWER BRIDGE HOSPITAL
LONDON

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open Mon–Sat, 9am–7pm (closed Sundays until September)
towerbridgehospital.co.uk

PATIENT INFORMATION · ENT

Tinnitus

why the goal is habituation, not silence

Tinnitus is the perception of sound with no external source — ringing, buzzing, hissing or humming. It is extremely common and usually not a sign of anything dangerous. There is no tablet that removes it, but there are approaches that reliably reduce how intrusive and distressing it is.

Seek urgent assessment if tinnitus is

- **in one ear only**, particularly with hearing loss on that side
- accompanied by **sudden hearing loss** — this is an emergency, treatable within days
- **pulsatile** — beating in time with your heartbeat
- accompanied by **facial weakness, severe vertigo or neurological symptoms**
- associated with **significant distress or thoughts of self-harm**

Sudden sensorineural hearing loss is a medical emergency: treated with steroids within days, hearing often recovers; left for weeks it usually does not. One-sided tinnitus and pulsatile tinnitus both need investigating rather than reassuring. If tinnitus is causing despair, please tell us — Samaritans are free on 116 123 at any hour.

What causes it

- **Hearing loss** — age-related or noise-induced. By far the commonest association.
- **Noise exposure** — concerts, power tools, headphones, shooting.
- **Earwax** or middle ear problems, which are easily reversible.
- **Medicines** — high-dose aspirin, some antibiotics, diuretics and chemotherapy agents.
- **Stress, anxiety and poor sleep**, which do not cause tinnitus but powerfully amplify it.
- Jaw joint and neck problems, and occasionally blood pressure or thyroid abnormalities.

Why it gets louder when you notice it

The brain amplifies signals it judges important. Once tinnitus is tagged as threatening, attention locks onto it, anxiety rises, and the perceived volume increases — which confirms the threat. This loop, rather than the sound itself, is what makes tinnitus distressing, and it is why treatments target the loop rather than the noise. It also explains why tinnitus is worst in silence, at night, and when you are stressed or tired.

What helps

- **Treat any hearing loss.** Hearing aids are the single most effective intervention for tinnitus with hearing loss — restoring input reduces the brain's amplification. Many people are surprised by this.
- **Sound enrichment.** Never sit in complete silence. Low-level background sound — a fan, an open window, quiet music, a sound generator — gives the brain something else to attend to. The aim is partial masking, not drowning it out.
- **Cognitive behavioural therapy** has the strongest evidence of any treatment for tinnitus distress. It does not change the sound; it changes the relationship with it, and the effect is substantial.
- **Sleep.** Tinnitus is worst at night, and poor sleep worsens tinnitus. Use sound enrichment in the bedroom and address insomnia directly.
- **Relaxation and mindfulness-based approaches**, which have reasonable evidence.
- **Remove wax**, and review any medicines that may contribute.

Helps

- Keeping busy and engaged — attention is finite
- Regular exercise and good sleep routine
- Background sound at all times, especially at night
- Reducing caffeine and alcohol if you notice a link
- Joining a support group, or Tinnitus UK's helpline

Makes it worse

- Sitting in silence to 'test' whether it is still there
- Monitoring and rating it repeatedly through the day
- Overprotecting your ears in ordinary environments, which increases sensitivity
- Searching online for cures at 3am
- Loud noise exposure without proper protection

Realistic expectations

For most people tinnitus does not disappear, but it does recede. Habituation — the brain reclassifying it as unimportant background, in the way you stop hearing a fridge hum — happens naturally for many people over months and can be actively supported. The great majority of people with long-standing tinnitus are not distressed by it. That is a realistic outcome to aim for.

Book an appointment if tinnitus is new, one-sided, pulsatile, associated with hearing change, or is affecting your sleep or mood. We offer wax removal and ENT review on site, arrange hearing assessment and imaging through our CQC-registered partners where indicated, and can refer for tinnitus-specific CBT.

ENT assessment and wax removal on site

Seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open Mon–Sat, 9am–7pm (closed Sundays until September)

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **ENT clinic** · **Earwax removal** · **Mental health** · **All patient leaflets**

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This leaflet is based on current NHS, NICE NG155 and British Tinnitus Association guidance on tinnitus assessment and management. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.