Liverpool University Hospitals

Patient information

Tinnitus and Sleep Loss

Audiology Department – Aintree Hospital

Tinnitus and Sleep Loss

Tinnitus is experienced by a large number of people. Most people who have tinnitus are not troubled by it.

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

About half of the people who are troubled by tinnitus find that it affects their sleep.

However half of people with troublesome tinnitus sleep well, so it is important to remember that just because you have tinnitus it does not mean your sleep will be affected.

Sleep disturbances can affect almost everyone at some stage in their lives. Mild sleep disturbances are very common.

Does Tinnitus wake you up?

A normal night's sleep includes several stages from light to deep sleep. A normal sleep pattern also includes several awakenings, the first after a few hours of sleep.

Natural awakenings are usually forgotten by the morning but if we worry about our tinnitus during them, they will last longer and will be remembered the following morning.

It is most likely that tinnitus does not actually wake us up, but it is the first thing we hear during one of these natural awakenings.

Sleep changes with age

As we get older we experience less deep sleep and more awakenings. Sleep becomes lighter and more fragmented, which may make tinnitus more noticeable during the night.

How important is sleep?

The exact reason of sleep is not known. Some people think that sleep helps energy levels but the evidence for this is not completely clear.

The effects of long term sleep disturbances are unclear. There are large differences between people on how well they feel after little sleep.

Many of us perform well on little sleep. So, we need to act sensibly and be aware of our limitations, but for many a loss of sleep may not have the devastating consequences that most of us fear.

Worrying about sleep loss is one of the things most likely to keep it going. Talk to your doctor

Sleep loss can be related to some other medical conditions which may be treatable. Many GPs offer medicines to help people sleep. With medical guidance the use of medicines can help to reduce symptoms of sleep loss, in the short term.

Hints and Tips to Help You Improve Your Sleep

Sleep hygiene

- Exercise Fit people tend to sleep better than people who do not exercise. Avoid exercise just before bed.
- Diet snacks before bedtime should be light and fluid intake should be limited. Do not snack if you wake up during the night.
- Caffeine coffee, tea and cola intake should be limited during the evening and night.
- Alcohol regular use should be avoided as it disrupts your sleep pattern.
- Environment your bed and mattress should be comfortable and room temperature should be about 18 degrees.

Establishing an optimal sleep pattern

- Go to bed when 'sleepy' not by habit, or because it is a set time.
- Put the light out immediately you retire.
- Do not read or watch TV in bed these are waking activities.
- If you are not asleep in 20 minutes, get up and sit in another room doing a relaxing activity until you feel 'sleepy' again. Repeat this as often as is necessary and if there are any long awakenings during the night.
- Set your alarm and get up at the same time each morning.
- Do not nap during the day.
- Do not take recovery sleep to compensate for a previous bad night's sleep.

Relaxation

- Wind down during the second half of the evening the body needs rest as well as sleep.
- Set a work/activity deadline 90 minutes before bed.

- Practice a relaxation routine when in bed. Concentrate on breathing deeply and slowly, tense and relax muscles.
- Practice a relaxation routine at other times during the day.

Sound therapy devices

- Use a bedside sound enrichment device or a radio set very low so as you have to strain to hear what is said or set just off station so there is interference.
- Sound therapy devices should be left on 24hrs a day so that you are not going into a very quiet room.

Dealing with intrusive thoughts

- Do not try too hard to fall asleep.
- Tell yourself that 'sleep will come when it is ready' 'relaxing in bed is almost as good'
- Try to keep your eyes wide open in a darkened room and as they naturally try to close tell yourself to 'resist for a few seconds.' This 'tempts' sleep to come.
- Repeat and sub vocalise a semantically neutral word e.g. 'the'. This means saying a word without making any sound.
- Perform visual imagery techniques with the aid of a bedside sound enrichment device.

Rehearsal and planning sessions

- Set aside 20 minutes in the evening, sit quietly with pen and paper.
- Treat this session as the divide between day time activities and evening time.
- Reflect on the day objectives and achievements.
- Consider problems and loose ends reallocate time to deal with these if necessary.
- Write down the first or next positive step of action to take and when you will take it.
- If new thoughts intrude when in bed 'refer' them to the next day.

Sleep restriction

- Restrict the amount of time that you spend in bed.
- Monitor your sleep over a two week period using a sleep diary.
- Calculate the average amount of sleep you get each night.
- Spend only that average amount of time in bed each night.
- Get up at the same time each morning.

- The time that you go to bed is calculated by deducting the average amount of sleep time from your set getting up time.
- Try this new schedule for several weeks and when you feel that you are sleeping better you may gradually go to bed earlier.

Further support

Aintree Tinnitus Support Group

Further support can be obtained from the Aintree Tinnitus Support Group. Meetings are held on the first Wednesday of the month (excluding January and August) at Aintree University Hospital. Time 6.00pm – 7.30pm Venue Room 2.11 2nd Floor Clinical Sciences Building http://www.aintreehospitals.nhs.uk/hospital_services/aintree_tinnitus_support_grou

p.asp

Tinnitus UK

The British Tinnitus Association Ground Floor, Unit 5 Acorn Business Park Woodseats Close Sheffield S8 OT Telephone helpline 0800 018 0527 Telephone office 0114 250 9933 Mini com 0114 258 5694 www.tinnitus.org.uk

RNID Information Line

Telephone 0808 808 0123 Text phone 0808 808 9000 SMS 0780 000 0360 informationline@hearingloss.org.uk

RNID website information:

https://rnid.org.uk/information-and-support/tinnitus/

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

The Audiology Department can be contacted on: Tel No: 0151 529 0328 / 0329 Email: audiology@aintree.nhs.uk

Text phone: 0151 529 4195

Email: audiology@aintree.nhs.uk

Author: Audiology Department Review date: March 2026

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل انتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعية الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والكترونياً.

所有經信托基金批准的患者資訊均可以其它格式提供,包括其它語言、易讀閱讀軟件、大字

體、音頻、盲文、穆恩體(Moon)盲文和電子格式,敬請索取。

در صورت تمایل میتوانید کلیه اطلاعات تصویب شده توسط اتحادیّه در رابطه با بیماران را به اشکال مختلف در دسترس داشته باشید، از جمله به زبانهای دیگر، به زبان ساده، چاپ درشت، صوت، خط مخصوص کوران، مون و بصورت روی خطی موجود است.

زانیاریی پیو مندیدار به ونهخوشانه ی له لایه **تر استه وه** پهسهند کر اون، ئهگم داوا بکریت له فور ماته کانی تر دا بریتی له زمانه کانی تر، نیزی رید (هاسان خونیندنه و)، چاپی گهوره، شریتی دمنگ، هیلی موون و ئهلیکتر ونیکی همیه.

所有经信托基金批准的患者信息均可以其它格式提供,包括其它语言、易读阅读软件、大字体、音频、盲文、穆恩体(Moon)盲文和电子格式,敬请索取。

Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.