

Assessing and Treating Tinnitus-Related Anxiety and Insomnia

By Bruce Hubbard, PhD

Anxiety and insomnia are among

the most common health problems in the United States. Over the course of our lifetime, one in five of us will experience an anxiety disorder, and one in three, a spell of insomnia.^{1,2} Although genetics play a role, the primary trigger for anxiety and insomnia is stress.

There is no question tinnitus can be sufficiently stressful to trigger anxiety and insomnia. Indeed, many people describe the onset of tinnitus as traumatic. Not surprisingly, then, studies find that close to 50 percent of people with tinnitus distress meet diagnostic criteria for anxiety and up to 80 percent complain of insomnia.^{3,4}

In my experience, untreated anxiety and insomnia are the greatest cause for concern with tinnitus. These conditions make it harder to cope with tinnitus and can block habituation and recovery. It is critical, then, that you or your loved one know how to respond to these problems if they occur. In this article, I provide tips for addressing tinnitus-related anxiety and insomnia and accessing the right help.

Tinnitus-Related Anxiety

The most common emotion associated with tinnitus is anxiety. Anxiety ranges in intensity from anxious anticipation to sheer panic. The functional impact of tinnitus distress on sleep, concentration, and leisure is partly due to the sound of tinnitus, and largely due to the anxiety tinnitus can trigger.

In the Assessment & Treatment for Tinnitus-Related Anxiety chart (p. 39), you can see levels of anxiety severity and steps you can take to address it. Self-help strategies can be effective at mild to low-moderate levels, but at high-moderate to severe levels, a consultation with a qualified healthcare professional is strongly recommended.

Finding the Right Help for Anxiety and Panic

In seeking anxiety treatment, your primary care physician is a good place to start. He or she may prescribe medication and/or refer you to a behavioral health specialist. Cognitive behavioral therapy (CBT) and Acceptance and Commitment Therapy (ACT) are the treatments of

choice for anxiety. These approaches involve strategies that help us calm down, function better, and turn our attention to adapting and moving on. A behavioral health professional who is experienced treating tinnitus distress would be your best bet, but these experts are hard to find. So, a therapist who treats both anxiety and insomnia would be great. For more information on anxiety assessment and treatment, see www.ADAA.org.

Medication for Anxiety

Medication is an evidence-based treatment for anxiety and panic. Effective medications include short-acting benzodiazepines (e.g., lorazepam, clonazepam), which can be used as needed or daily for brief periods to stabilize acute anxiety (and



insomnia; see Sleep Disturbance Assessment & Treatment chart). Antidepressants, such as selective serotonin reuptake inhibitors (SSRIs; e.g., escitalopram, sertraline), are commonly prescribed for anxiety and panic. Medications like these can be used on a temporary basis to relieve tinnitus-related anxiety and promote recovery.

In its tinnitus guidelines, the American Academy of Otolaryngology (ENT physicians) suggests that, for tinnitus-related anxiety, antidepressants “could be indicated and useful.”⁵ Yet, there is concern in the tinnitus community that antidepressants, especially SSRIs, which are the most prescribed antidepressant, cause and worsen tinnitus.

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If you are concerned about a medication causing or worsening tinnitus, I strongly encourage you to read *Drugs and Tinnitus* by otolaryngologist and tinnitus expert Don McFerran.⁶ Regarding anecdotal reports of medications triggering tinnitus, Dr. McFerran states, “In fact, when these claims are subjected to proper scientific scrutiny the number of drugs that genuinely cause

tinnitus is extremely small.” The one scientific study on the effect of an antidepressant (SSRI) on tinnitus volume found *no change*.⁷ In my opinion, the benefits of trying an antidepressant for tinnitus-related anxiety far outweigh any potential risks.

Tinnitus experts agree that overdependence on benzodiazepines can inhibit tinnitus habituation. However, under the guidance of a qualified expert, these medications can be used effectively to promote anxiety reduction and tinnitus distress recovery.

Tinnitus-Related Insomnia

It’s not surprising that sleep disturbance is the number one

Assessment & Treatment for Tinnitus-Related Anxiety

Mild

- Recurrent feeling of unease and worry, attention to tinnitus during periods of quiet and low activity
- Mildly impaired sleep and concentration

- Self-help materials, apps
- Relaxation, meditation, yoga
- Brief course of cognitive behavioral therapy (CBT)
- Short-acting anxiety medication (benzodiazepine), as needed

Moderate

- Persistent feeling of unease
- Frequent fear of the worst
- Tinnitus hypervigilance more than 50 percent of the time
- Moderately impaired sleep and/or concentration
- Periods of restlessness

- CBT with exposure
- Acceptance and Commitment Therapy (ACT)
- Short-acting anxiety meds, as needed
- Possible selective serotonin reuptake inhibitors (SSRIs) (antidepressant)
- Short-acting sleep medication

Severe

- Feeling of impending doom
- Persistent fear of the worst
- Persistent hypervigilance
- Panic attacks
- Severely impaired sleep and/or concentration
- Persistent restlessness

- CBT
- ACT
- Consult with medical professional (for example, primary care physician, psychiatrist)
- SSRI / Benzodiazepine
- Sleep medication

complaint of people with tinnitus distress. You, at the end of the day, your tolerance spent, listening to tinnitus and worrying, is the perfect formula for a sleepless night.

The Sleep Disturbance Assessment & Treatment chart breaks down levels of insomnia and steps you can take to address them. At mild to moderate levels, relaxation strategies, in combination with good sleep habits, supplements, and over-the-counter medicines, can be useful. At more severe levels, these strategies combined with stronger prescription medications may be necessary.

Reduce Your Reaction to Tinnitus

A fundamental rule of insomnia treatment is to first address any health-related concerns that may be causing the insomnia. In our case, the source is clear: anxious, hypervigilant

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attention to tinnitus. Addressing your reaction to tinnitus, then, is the first step to better sleep.

Relaxation techniques and sound enrichment are the simplest strategies. There are many good resources on these approaches for sleeping with tinnitus, so I won't review them here. Yet, these simple strategies are only as helpful as our ability to respond to tinnitus in an emotionally neutral manner when we hear it. To do this, I recommend mindfulness of sound.

Mindfulness of sound helps us hear our tinnitus effectively, without

being distracted and overwhelmed by worried thoughts and anxious, irritable feelings. Mindfulness can help soften the perception of tinnitus by redirecting attention to other sounds and sensations. Practice mindfulness of sound during your waking hours so that you can most effectively apply it for sleep, concentration, and leisure.

Any strategies you try for sleeping with tinnitus should be applied in the context of cognitive behavioral therapy for insomnia, or CBTi, an evidence-based treatment for insomnia.

Information on CBTi can be found at <https://www.cbtforinsomnia.com>.

Sleep Disturbance Assessment & Treatment

Mild

Occasional difficulty initiating and maintaining sleep. May wake between 3:00 and 5:00 a.m. and remain awake for an hour or more before falling asleep. Sleep has been problematic for at least one month.

- Self-help materials: Follow sleep hygiene recommendations; relaxation exercises, apps, YouTube
- Self-guided course in cognitive behavioral therapy for insomnia (CBTi)
- Supplements and over-the-counter medications, for short-term use

Moderate

Difficulty initiating and maintaining sleep two or three nights a week. May wake early, between 3:00 and 5:00 a.m. and be unable to fall back to sleep. Trouble functioning during the day. Duration at least a month.

- Self-help CBTi
- CBTi with an expert healthcare professional
- Supplements & OTC medications
- Prescription medication, as needed

Severe

Difficulty initiating and maintaining sleep with early wakeup and no return to sleep most nights of the week. Significant impairment in functioning. Problem has been Occurring for at least one month.


- Consult with medical professional (for example, primary care physician, psychiatrist)
- CBTi with healthcare expert
- Prescription sleep medication, as needed.

Medications and Supplements

Primary care physicians are the first stop for insomnia treatment. They may prescribe medication and/or refer you to a sleep specialist. There are many over-the-counter options for insomnia, from supplements, like melatonin and CBD oil, to the antihistamine Benadryl (diphenhydramine), which can cause drowsiness. There is a wide range of prescription options for insomnia. I recommend working with your physician to find the best solution. Medications and supplements are intended to be used on a temporary basis while the stressors pass and you resume your prior quality of sleep.

Staying Focused on Your Recovery

Tinnitus distress takes a hole out of our lives, but with the right understanding, knowledge, and strategies, we can get a grip on tinnitus, stabilize our emotional

reaction, and guide ourselves through recovery and habituation. For many of us with tinnitus, getting a handle on anxiety and insomnia are required stops along the way. 



On developing tinnitus distress in 2005, Bruce Hubbard, an experienced clinical psychologist, turned for help to the only evidence-based treatment, cognitive behavioral therapy (CBT). Following his recovery, Dr. Hubbard founded CBT for Tinnitus, LLC, to provide global access to online training and coaching to people struggling with tinnitus distress and tinnitus education for professionals. He has published numerous articles and podcasts on CBT, mindfulness, and tinnitus. His webinar, Cognitive Behavior Therapy for Tinnitus, sponsored by the Anxiety & Depression Association of America (ADAA), has received close to 400,000 views.

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