

#### **Sleep Management for people with tinnitus - Claire Gatenby (Chief Hearing Therapist at the Norfolk and Norwich University Hospital)**

Most of us have certain 'beliefs' about sleep. We think that we need 8 solid hours of complete oblivion, and that we should wake up feeling 'bright and breezy'. The reality for most of us, however, is quite different! Understanding some of the science behind sleep can help us to get beyond what we think we 'should feel' and to use sleep as a tool in managing tinnitus.

#### Why do we sleep?

Sleep has a lot of different functions. It helps cell recovery, restoration of the body, and gives your mind a chance to process all the information it has received during the day. Sleep is also when the growth hormone is released.

#### What is sleep?

Far from being '8 hours of oblivion', sleep is actually a series of 'stages'. You may have heard of REM (Rapid Eye Movement) and non-REM sleep. During periods of REM sleep, your eyes move very quickly side to side. This is the time when you have dreams. After about 90 minutes of REM sleep, you move into a cycle of non-REM sleep. This is separated into four levels, ranging from 1 (light sleep) to 4 (deep sleep). Non-REM sleep lasts about 90 minutes too. The cyclic nature of sleep is why it is very normal to wake during the night as you come out of one cycle and start another, and you will find that most people first wake 1.5 to 3 hours after falling asleep. REM cycles increase in length and frequency during the night, and so the second half of the night is likely to involve more periods of wakefulness and dreams.

#### Sleeping patterns

Sleeping patterns change with age. As we get older, we sleep less deeply and for fewer hours. Older people can wake on average 9 times a night and the amount and quality of sleep needed varies from person to person. It is worth remembering that everyone has daily biorhythms, which mean you have a natural energy dip in the afternoon. A normal night will include periods of dreaming, being still, moving about, waking and thinking. A normal day will have fluctuations in energy and mood. It really important to understand that all of this is a normal experience and is not related to tinnitus.

#### Sleeping problems

If you have any comments or questions regarding the Tinnitus Support Group, please contact:  
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Insomnia is a specific condition that makes falling asleep extremely hard. Experiencing occasional broken nights of sleep is not insomnia. 1 in 10 people experience insomnia, and this rises to 1 in 5 in the over 65s. Insomnia can lead to low mood, poor physical health and stress. When you have insomnia, it is really easy to get into a vicious cycle of poor sleep, stress about not sleeping, and more poor sleep. Negative thoughts only serve to make this cycle worse. Remember that everyone experiences poor sleep sometimes, and that insomnia feeds on worry, safety behaviours and inaccurate beliefs.

### Tinnitus and sleep

Studies have shown that there is no difference in tinnitus between people who do and don't sleep well. However, this probably doesn't feel true when you are experiencing tinnitus at night! If you wake in the night and hear your tinnitus, you are likely to find that automatic negative thoughts increase how much attention you pay to the tinnitus and lack of sleep. The quietness, darkness and lack of distraction gives a starker contrast between the environment and the experience of tinnitus, and this causes our perceptions to change. This is why many people report having 'louder' tinnitus at night. Night time is often the first time in a day that we stop and think, feeding our negative thoughts further.

Sleeping tablets can help in the short term, but they do not treat the underlying problems. This can mean you end up needing a higher dose to achieve a good night's sleep, or lead to dependency. Try to remember that many people have poor sleep and no tinnitus, and that 50% of people with tinnitus sleep well. These two facts mean that *it is possible to have tinnitus and sleep well*.

### Sleep management

There are lots of things you can do to improve your sleep:

- Recognise sleep for what it is - stop aiming for 8 hours of oblivion!
- Keep a sleep diary - without using a clock, log how many hours you are in bed, how long you are awake, what you are like the next day
- Identify and challenge your negative automatic thoughts, for example, 'I won't sleep; I'll go mad; I won't be able to function tomorrow; I'll have bad tinnitus all night; my tinnitus will be worse tomorrow'
- Set a 'thinking time' during the day. Use this time to mull over concerns or decisions, rather than waiting until bedtime
- Relax - lower your stress levels. Remember about the autonomic nervous system (see August 2014 newsletter for a full explanation)

### Sleep plan:

You can start to improve your sleep by creating a sleep plan. This could include the following advice:

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- Go to bed and get up at the same time (set your circadian rhythm). Avoid the temptation to 'compensate' for lack of sleep by sleeping in after a 'bad night' - for most people, this will be likely to disrupt sleep patterns further.
- Sleep in a dark room. Light receptors at the back of the eye trigger the release of melatonin (sleep hormone) when they sense darkness. Start reducing light as you 'wind down' for the night, for example switch off main overhead lights, and stop using screen devices (these emit blue light, which prevents melatonin release).
- Remove timepieces from the room so that you don't monitor how long you are awake at night.
- Keep the bedroom for sleep. Read and watch television elsewhere.
- Avoid 'catnaps'! This 'banks' sleep during the day, making it harder to feel sleepy at night.
- Try keeping your eyes open. When you lie down with your eyes closed, your body will rest but not sleep. Many people find that once they try to keep their eyes open, all they want to do is close them and sleep!
- Quietly repeat a neutral word, such as 'the'.
- Distract yourself - count down in 7s from 10,000.
- If you are still awake after 20 minutes, get up and spend some time reading or thinking in another room.
- Use a calm visualisation, such as sitting by a river.
- Get daily exercise. Sleep is to recover from the day you have had, not to set you up for the one to come. This means that the more physically active you are, the better you are likely to sleep. Exercise also releases endorphins, which help with low mood.
- Limit your intake of caffeine, tobacco and alcohol. Avoid eating and drinking too close to bedtime. If you find having a drink close to bedtime helpful, make sure it is a hot and milky one.
- Take a warm bath.
- Use lavender oil on your pillow.

Remember that all these changes will take time to work. Commit to keeping this sleep plan for several weeks before you dismiss any of the suggestions.

### Sound and Light Therapy

Sound therapy can also be used to help with sleep. Television and radio can be too stimulating, but you can try listening to gentle environmental noises, such as waves or birdsong. You can get soundtracks on cd, download them from the internet, or even stream them for 10 hours from youtube!

Some people also find light boxes very helpful. These simulate dawn and dusk through a light bulb, and so help your body to wake up and wind down naturally.

### **A reminder about TSG bookings**

Thank you to everyone who has already contacted me to book places for the upcoming TSG meetings. Included with this newsletter is the 2015 calendar so that

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you can get future dates in your diaries. **Please be aware that you need to book to attend all TSG meetings, not just the ones with limited availability.** Also, please note that the February session booked up very fast, so do get your bookings in early.

### **A new co-ordinator for the TSG**

I will be moving on from the NDA at the end of February. I have very much enjoyed my two years here, and it has been good to get to know many of you during the time I have co-ordinated the Tinnitus Support Group. I'd also like to say a big thank you, as I have learnt a lot about the 'lived experience' of tinnitus from all of you at our meetings. I wish you all the very best for the future.

The good news is that the new TSG co-ordinator, Jess Freeman is already in place and very much looking forward to meeting you. Jess has been involved with the NDA for several years and can be contacted using the same email address and phone number as usual: [tinnitus@norfolkdeaf.org.uk](mailto:tinnitus@norfolkdeaf.org.uk) or 01603 404440.

Here are a few words from your new TSG co-ordinator:

Hello everyone, I am really looking forward to being your new TSG co-ordinator, and I cannot wait to get involved in running the groups and meeting all of you.

Unfortunately I will be unable to attend the next meeting, due to a prior commitment, however Pam Spicer from the NDA will be there on my behalf.

### **Next TSG meeting**

The next TSG meeting will be on Wednesday 4th March 2015, starting at 2:30pm. Dr David Baguley will be leading a session called 'Everything you ever wanted to know about tinnitus...but were too afraid to ask'. Dr Baguley is Consultant Clinical Scientist and Head of Service (Audiology/Hearing Implants) at Cambridge University Hospitals NHS Foundation Trust. He is a leading UK expert in his field; don't miss this valuable opportunity to learn and ask questions in a small group setting.

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