



Supporting people
who are deaf, have
hearing loss or tinnitus

SURVEY OF PEOPLE WITH HEARING LOSS AND TINNITUS:

**their views on new and
existing treatments**

August 2026

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Background

For 25 years, RNID's biomedical research programme has been dedicated to funding pioneering work that aims to speed up the development of effective treatments for hearing loss and tinnitus.

We developed a survey to help us understand how our communities experience hearing loss and/or tinnitus, what they think about existing treatments and management strategies and what they would like to see from new treatments. This feedback has helped us to develop our Research Strategy 2026-2031, ensuring that it is addressing the needs of people with hearing loss and tinnitus.

While originally envisaged as internal research, we are publishing the results in response to feedback from the hearing research community, who flagged that there is a lack of publicly available evidence from people with lived experience around their expectations and needs from treatments for hearing loss and tinnitus.

The survey was sent to our Research Panel, excluding panel members from the mailing list who had opted out of receiving research opportunities linked to biomedical research. It was also included in our monthly charity e-newsletter.

It was shared with panel members in September 2025, which resulted in 145 responses and was included in our charity newsletter in October 2025, which boosted the response rate to 214 people in total.

The findings are outlined below.

Demographics

As expected, given the composition of the Research Panel and our newsletter audience, the sample is heavily skewed towards older white women in the UK. The findings should therefore be interpreted as reflecting the views of this group of respondents, rather than being representative of the wider population.

Age

The sample of respondents is heavily skewed towards older adults, with nearly one third (30%) in the 65-74 age bracket, followed by people aged 55-64 and over 75 both making up 29% of the sample.

Total	N=214
18-24	0%
25-34	1%
35-44	2%
45-54	8%
55-64	29%
65-74	30%
75+	29%
Prefer not to say	1%

Gender

The sample is heavily skewed towards women, with nearly three-quarters (71%) selecting 'female' as their chosen gender.

Total	N=214
Female	71%
Male	27%
Non-binary	0%
Prefer another term	0%
Prefer not to say	0%

Ethnicity

The sample is overwhelmingly made up of people who are white, with 96% identifying this way.

Total	N=214
Asian or Asian British	2%
Black, Black British, Caribbean, or African	0%
Mixed or multiple ethnic groups	1%
White	96%
Other ethnic group (including Arab)	0%
Prefer not to say	1%

Location

The sample includes responses from people from across the UK and is broadly representative of the UK as a whole.

Total	N=214
Northern Ireland	2%
Scotland	9%
Wales	4%
England – North East	5%
England – North West	10%
England – Yorkshire and the Humber	4%
England – East Midlands	3%
England – West Midlands	10%
England – East of England	16%
England – Greater London	8%
England – South East	15%
England – South West	13%
I live outside the UK	0%
Prefer not to say	0%

Hearing loss

The sample is overwhelmingly made up of people with lived experience of being deaf or having hearing loss, with 97% identifying as having one of these conditions themselves.

A smaller, but still substantial proportion of respondents (71%) reported having tinnitus.

Do you have hearing loss?	N=214
Yes	97%
No	3%

Do you have tinnitus?	N=214
Yes	71%
No	29%

Caution for interpreting findings:

As individuals on our Research Panel who had opted out of biomedical research contacts were excluded from being sent this survey, the findings will disproportionately capture people who view hearing loss through more of a medical lens, who may not identify with Deaf culture or use BSL as their main or preferred language.

The following findings may therefore represent people who are more receptive and aligned with research into treatments, and do not reflect the views of our community as a whole.

Current treatments for hearing loss

- We asked people who said they had hearing loss whether they used a medical device to help them hear better. If they did, we asked them to tell us how well it helped them to hear in a variety of listening situations and how much it helped to reduce the effort it took them to listen.
- We asked all respondents with hearing loss to tell us how satisfied they were with current treatments for hearing loss and gave them an opportunity to explain their answer if they wished to do so.

Do you use a hearing aid, cochlear implant or other medical device to help you hear better?

Most respondents who use a medical device (or devices) to help them hear use hearing aids, either in one ear or both. Respondents who use cochlear implants had one implant and either a hearing aid or no device in the other ear. Respondents with BAHAs mostly had one in each ear but there were also respondents with a BAHA in one ear and either a conventional hearing aid or no device in the other. A small number of respondents (N=5) reported using no device at all to help them hear. The following results therefore largely relate to the performance of hearing aids – we are unable to disaggregate the results as the sample of responses from people using something other than a hearing aid is too small to analyse.

Total (N=208)	Left ear	Right ear
Hearing aid	84%	88%
Cochlear implant	2%	1%
Bone-anchored hearing aid (BAHA)	4%	3%
Middle ear implant	0%	0%
Other hearing device	1%	0%
No device	9%	7%
Prefer not to say	0%	0%

How well does your device help you to hear?

When asked a general question about how well their medical devices help them to hear, most respondents (62%) said they helped them to hear well or very well. Only 17% of respondents said their hearing device(s) didn't help them to hear well.

This suggests that overall, most respondents feel that they benefit from their hearing device(s).

Total	N=203
Very well	13%
Well	49%
Neither well nor not well	21%
Not very well	14%
Not well at all	3%

When asked about more specific listening situations, however, such as listening in background noise, or listening to music, the results were more mixed. The responses to these questions suggest that hearing devices do not provide uniform benefit across all situations, and that there are everyday situations in which people using hearing devices still struggle to hear well.

How well does your device allow you to hear when there is a lot of background noise?

When listening in background noise, only 14% of respondents said their devices helped them to hear well or very well, with 70% of respondents saying their device did not help them to hear well.

Total	N=203
Very well	2%
Well	12%
Neither well nor not well	17%
Not very well	49%
Not well at all	21%

How well does your device allow you to listen to music?

More respondents reported that their device helped them to listen to music, with 45% saying they gained benefit from their device, and 33% saying they did not gain benefit.

Total	N=203
Very well	16%
Well	29%
Neither well nor not well	24%
Not very well	20%
Not well at all	13%

How much does your device reduce how much effort it takes you to listen?

Over one-third (34%) of respondents said that their devices reduced their listening effort to a significant degree, with only 6% reporting no benefit at all. Overall, 94% of respondents said that their hearing devices reduced how hard they found it to listen to some degree.

Total	N=203
A great deal	13%
A lot	21%
A moderate amount	42%
A little	18%
Not at all	6%

How satisfied are you with current treatments for hearing loss e.g. hearing aids and cochlear implants?

We asked all respondents with hearing loss, including those who did not report using a hearing device about their satisfaction with current treatments for hearing loss. Overall, the response was mixed, with 39% saying they were satisfied to some degree, and 29% saying they were unsatisfied to some degree. One in three respondents (33%) said they were neither satisfied nor unsatisfied.

Total	N=208
Very satisfied	7%
Satisfied	32%
Neither satisfied nor unsatisfied	33%
Unsatisfied	23%
Very unsatisfied	6%

Respondents were given the opportunity to explain their answer to this question. Most answers identified the problems that people have experienced when using or obtaining hearing devices. The main themes identified were:

1. Difficulty understanding speech, especially in background noise

This was the strongest and most consistent theme. People said that their hearing aids amplify sounds but do not provide the clarity needed to follow conversations, especially in social, noisy, or group situations.

Example quotes:

- “They don’t seem to fix the one thing everyone wants – to hear speech more clearly.”
- “Everything’s amplified, including background noise... It’s hard to pick out specific things like conversation.”
- “Great in quiet situations but hopeless in places with background noise. Speech in noise programmes don’t help at all.”

2. NHS provision and access is limited or inconsistent

Many expressed frustration with NHS hearing aid provision, delayed appointments, slow repairs, limited follow-up and variation between services or regions.

Example quotes:

- “I think it should be quicker to get more up to date technology on the NHS.”
- “I am waiting for hearing aids – 2 years since referral by GP.”
- “It takes ages to get an appointment, and they never reply when I have a problem or query.”
- “Having hearing aids is very useful, but there are no follow-up checks.”

3. Hearing aids help, but only partially

Satisfaction with hearing aids was generally qualified; they are seen as useful or ‘better than nothing’, but they do not restore normal hearing, and people still struggle to listen when using them.

Example quotes:

- “Without hearing aids, I wouldn’t be able to hear much at all... Hearing aids still don’t give perfect hearing in all settings.”
- “My hearing loss is severe, so the hearing aid helps but I still struggle and have to concentrate hard.”
- “Hearing aids can only help so much, but in the right conditions they are very useful.”

4. Desire for better technology and more personalised options

People frequently wanted newer, smarter or more personalised technology, such as Bluetooth, phone apps, rechargeable batteries, better speech in noise options, and more choice generally.

Example quotes:

- “Would love a hearing aid that really helps to reduce background noise... Would also love rechargeable aids.”
- “I would like all audiology departments to have a wider range of choices in the aids they supply.”
- “Bluetooth connectivity is a game changer for work-related online meetings, music and assisting with phone calls.”

5. Comfort, fit and practical usability problems

Several respondents described their hearing aids as uncomfortable, difficult to wear with glasses, prone to breaking or hard to use in daily life.

Example quotes:

- “They are uncomfortable and fall out/fall off.”
- “I cannot use my hearing aid when I wear my glasses, as my hearing aid comes out.”
- “My hearing aids are in-ear... they break a lot. They also don’t function well when it’s windy.”
- “NHS aids make my ears hurt.”

It is important to note, however, that some people reported very positive experiences, especially with specific audiology teams, Bluetooth-enabled aids, or other devices, such as cochlear implants and BAHAs.

Example quotes:

- “My cochlear implant has changed my life.”
- “The BAHA has made it possible for me to hear and live my life.”

The answers to these questions overall suggest that while many people find their hearing devices bring them noticeable benefit, there is still scope for improved treatments for hearing loss.

Summary

- Most people who responded to the survey reported using some form of medical device to help them hear. Although general satisfaction with their device(s) was high, a significant number complained that they did not work well in noisy environments, did not allow them to enjoy music, and only reduced listening effort to a small degree.
- Other themes that came up in the answers to this section was the limited effectiveness of medical devices in real-world listening, particular challenges for people with complex or severe hearing loss (including access to cochlear implants), the emotional and social impact of hearing loss, and a desire for new future-focused treatments.
- Beyond the treatments themselves, there was also dissatisfaction with NHS service provision and access, and some complaints that NHS hearing aids are outdated. There were also some issues raised around hearing aid design (too bulky, conflict with glasses etc).

What do people with hearing loss want from new treatments?

We asked everyone who took the survey questions about what kind of treatments they would like to see for hearing loss. This included telling us in their own words what they want from new treatments, and what their ideal treatment for hearing loss would look like.

We also asked how willing they would be to take treatments of different types and involving different procedures, and if they would prefer to use a hearing aid or take a medical treatment for their hearing loss, assuming both worked equally well.

In your own words, what do you want from new treatments for hearing loss?

While the most common themes arising from responses to this question centred around what new treatments should bring in terms of improvement to hearing, other themes also came out from the analysis, around improved access to hearing healthcare, improved social connection and improved awareness and empathy being part of better treatments.

1. Restoration, cure, or biological repair of hearing loss

By far the strongest theme that came through is that people want treatments that move beyond simple amplification of sound and actually restore hearing by repairing the damage to the inner ear that causes hearing loss, or prevent hearing loss getting worse.

Example quotes:

- “I would like my hearing loss to be cured.”
- “Regeneration of hair cells in the cochlea to restore lost hearing.”
- “Reversal of hearing loss, or at least to prevent it worsening.”
- “I want stem cell injections to regenerate the inner ear.”

2. Better speech clarity, especially in background noise

The strongest recurring practical need from any treatment, whether biological or device-based, is for it to improve the understanding of speech in background noise and group settings.

Example quotes:

- “Something which makes speech clearer, rather than just louder, would be wonderful.”
- “I would like speech to be amplified without all the background noises being amplified too.”
- “Cut out background noise and make speech clearer.”

3. Improved hearing aid technology and sound quality

A number of responses described the improvements they would like to see in existing hearing device technology, showing that there is an appetite for technological solutions as well as biological ones.

Example quotes:

- "I want something that sounds more like natural sounds to come through and that isn't as echoey."
- "Hearing aids that can be adjusted to sounds."
- "Better digital hearing aids."

4. Tinnitus reduction or cure

Despite not being prompted in this question, several respondents flagged that a treatment for hearing loss that also treated tinnitus would be very welcome.

Example quotes:

- "Get rid of the tinnitus."
- "Silencing the tinnitus would be a game-changer."
- "To stop the tinnitus noise, that would be a beautiful thing."

5. Access, affordability, and NHS availability

Many responses flagged the need for new treatments to be made available on the NHS, highlighting current inequity, waiting times, and variation across regions.

Example quotes:

- "Should be available on the NHS for all."
- "It should not be a postcode lottery on what kind of help you get."
- "More clinics. Shorter waiting times. Better technology."

6. More regular follow-up, aftercare, and audiology support

Respondents want better ongoing care rather than a single one-off provision of hearing aids, including regular reviews, easier repairs, maintenance advice and more frequent appointments with shorter waiting times. This theme reflects systemic dissatisfaction and a sense of neglect that is hard for people to separate when thinking about treatments.

Example quotes:

- "More regular check-ups – I haven't been offered any."
- "There needs to be better aftercare."
- "Regular, easy to access follow-ups."
- "Appointment with an audiologist within a reasonable time – not waiting two years."

7. Social participation, confidence, and reduced isolation

Many responses link treatment for hearing loss to the ability to join in conversations, maintain friendships, work, travel, and avoid exclusion.

Example quotes:

- “To be able to join in.”
- “I want to be able to socialise without it being exhausting, and without feeling excluded.”
- “I want to be able to interact with other people.”
- “To be able to socialise more confidently and not miss important information.”

8. Greater awareness, empathy, and reasonable adjustments

Respondents highlight the need for clinicians and the public to better understand hearing loss and make adjustments for it.

Example quotes:

- “More empathy for the experience of being deaf.”
- “Better understanding and deaf awareness.”
- “More information on what support is available would be helpful.”

Treatment preferences in people with hearing loss

We asked people with hearing loss about the different types of treatment for hearing loss that might be available in the future to restore or protect hearing and if they would be interested in undergoing each treatment type. We also gave people who said ‘no’ the opportunity to explain their answer. While there was a clear preference for drug treatments over surgical or biological (gene- or cell-based) therapies, there was still a high level of interest in these treatments, suggesting that people want treatments for their hearing loss first and foremost – the type of treatment is less of a consideration for them.

If there was a drug treatment available to restore or improve your hearing, would you be interested in taking it?

More than two-thirds (67%) of respondents said they would be interested in taking a drug to restore hearing, compared with only 6% who said they would not want to take such a drug.

Total	N=214
Yes	67%
No	6%
Don't know	27%

Would you be willing to take a drug treatment every day if it prevented your hearing loss from getting worse as you got older?

The responses to this question were nearly identical to the previous question, with more than two-thirds (67%) of respondents saying they would be willing to take a drug every day if it prevented age-related hearing loss, compared with only 7% who said they would not want to take such a drug.

Total	N=214
Yes	67%
No	7%
Don't know	27%

This shows that there is a clear appetite for drug treatments for hearing loss.

Would you be willing to have inner ear surgery to restore your hearing?

The responses to this question were less positive than for questions about taking a drug treatment for hearing loss, but even so, more than half (54%) of people said they would be willing to undergo surgical treatment to restore their hearing, with only 13% saying they would not be willing. As treatments that target the inner ear are likely to require some degree of surgical intervention, this is an encouraging result.

Total	N=214
Yes	54%
No	13%
Don't know	33%

Would you be happy to have a cochlear implant if you knew it would fully restore your hearing?

Current cochlear implants are unable to restore natural hearing and people using them may struggle to hear well, particularly in challenging listening situations. There is ongoing research to improve hearing through cochlear implants, ranging from improvements in surgical techniques and better signal processing through to completely new approaches to cochlear implants e.g. using light-based technology. We therefore asked people to consider if they would be willing to have a cochlear implant if it could fully restore hearing. The response was largely positive, though less positive than the previous questions, with just under half (49%) of respondents saying they would be willing to have such a cochlear implant, and 16% saying no.

Total	N=214
Yes	49%
No	16%
Don't know	35%

Would you be willing to have gene therapy/cell therapy to restore your hearing?

Even when asking about more experimental treatments like gene therapies and cell-based therapies, there was still a high level of interest in these treatments, with just under half (47%) of respondents indicating they would be willing to take such a therapy for both gene and cell therapies. In both cases, the number of people who said they would not be willing to have such a therapy (14% for gene therapy and 10% for cell therapy) was lower than for other questions around surgery and cochlear implantation. This reflects that some of the hesitation over these treatments may be due to a lack of knowledge about what they are and how they work (N.B. a brief explanation of each treatment was given as part of the question asked).

Gene therapy

Total	N=214
Yes	47%
No	14%
Don't know	39%

Cell therapy

Total	N=214
Yes	47%
No	10%
Don't know	43%

Overall, there was broad acceptance of all types of potential treatments to restore or protect hearing, although a lack of knowledge of what more advanced therapies like gene therapy involve reduced acceptance of these types compared to drug treatments. Nonetheless, there seems to be a marked appetite for treatments.

Respondents who answered 'no' to any question were given an opportunity to explain their answer. Some themes that came through include:

1. Age, comorbidities, and practicality

- "I wouldn't want to have any surgical or gene therapy at my age."
- "I have many co-morbidities so that most operations are out of the equation."
- "I am now nearly 85 so with waiting lists and having to travel long distances to get treatment, it may not be practical for me."

2. Risk aversion or fear of making things worse

- "Interventions might risk the hearing I have left."
- "I would rather stick with what little hearing I have in case any of those treatments were unsuccessful."
- "Concerned that it might make my tinnitus worse."

3. Insufficient information and need for evidence

- "I need to know more before saying yes."
- "I would need to be sure of the evidence base."
- "Have no idea how any of these treatments would be of benefit to me."

4. Hesitancy towards experimental or new treatments

- "I would let other people try new treatments first."
- "I wouldn't like to try any treatments that were experimental."
- "I am a little wary of new treatments that intrude into the body."

5. Perceived low need or preference for acceptance

- "My hearing loss is not so serious that I would want to accept these quite major treatments."
- "Currently my hearing loss is not so severe. Unsure how I would feel if it got the point where it had a big impact on my life."
- "Rather stay as deaf as normal."

6. Treatment-specific objections

- "I would hate to have a hole drilled into my skull e.g. for a cochlear implant."
- "I have some hearing left in my right ear; a cochlear implant would remove that – I'm not prepared to risk it."
- "A cochlear implant would not help my type of hearing loss."

7. Ethical and value-based concerns

- "I think there are more serious conditions that would benefit from these things."
- "I am against gene therapy as it often comes from experiments on fetuses."
- "I don't believe being deaf is a problem I need to fix."

Assuming both treatments worked equally well in improving your hearing, which would you prefer: to use a hearing aid, or take a medical treatment?

There is a clear preference for medical treatments for hearing loss over hearing aids, with over half of respondents (51%) saying they would prefer a medical treatment to a hearing aid, even if both worked equally well. However, nearly 1 in 3 respondents (29%) said that under these circumstances, they would prefer a hearing aid, showing that even if medical treatments were available, there would still be an appetite for hearing aids. This suggests that there is still a need to improve existing medical hearing devices.

Total	N=214
Hearing aid	29%
Medical treatment	51%
Don't know	20%

Tell us in your own words what your ideal treatment for hearing loss would be

The most common themes arising from the responses to this question centred around the desire for treatments to restore hearing, but there were also themes centred around improvements to technology, the need to address tinnitus and other symptoms, and a desire to be kept better informed by clinicians about available treatment options.

1. Full restoration or reversal of hearing

Most respondents mentioned that they wanted their hearing to be returned to normal or near-normal, ideally without having to continue to use hearing devices.

Example quotes:

- "Complete restoration of hearing."
- "Something which would return my hearing to 'normal' so that I wasn't reliant on hearing aids."
- "Being able to hear properly again."
- "Anything that restored my hearing would be great."

2. One-off curative or long-lasting treatment

Many people expressed a preference for a single intervention that restores hearing or prevents hearing loss, rather than having to have multiple treatments.

Example quotes:

- "A one-off minor operation, akin to laser eye surgery, that restored my hearing."
- "A one-off intervention to restore hearing. I would rather not take medicine lifelong but would if no alternative."
- "A one-off or limited surgical procedure rather than ongoing treatment or surgeries."
- "A magic take once pill with no side effects please!"
-

3. Safe, low-risk treatment with few or no side effects

A number of respondents said they would only consider medical or surgical options if the risks, side effects and long-term consequences were acceptable.

Example quotes:

- "Presuming any treatment was safe and without unpleasant side effects, I'd be willing to use whatever was thought best for my case."
- "For every benefit there is a counter-effect. I want to know the pluses and minuses!"
- "Medical treatment would be preferred if there were no side effects."
- "Some form of treatment that was guaranteed not to make your condition worse."

4. Non-invasive or non-surgical options

Several respondents expressed a preference for treatments that would not involve surgery or other invasive procedures.

Example quotes:

- "A non-invasive method to improve hearing."
- "Non-surgical medical intervention and accompanying psychological support to manage any transition."
- "An electrical non-invasive device."

5. Better hearing aids and hearing technology

Many responses expressed a desire for improved hearing aids rather than, or alongside, medical treatments.

Example quotes:

- "Very effective hearing aids."
- "I am happy with using hearing aids but would like them to have improved sound quality."
- "Hearing aids that allow as near normality as possible."
- "A hearing aid that gives me greater clarity consistently and allows me to hear music."

6. Better speech understanding in background noise

One of the clearest unmet needs that respondents wanted their ideal treatment to address is difficulty hearing speech in noisy and social settings.

Example quotes:

- "To have hearing aids better equipped to deal with background noise and able to deal with acoustics in a lot of buildings."
- "An inconspicuous hearing aid that cuts out background noise and music, and helps to identify the direction of sound."
- "In ear hearing aids that could block out surrounding noises but allow you to hear what you want."

7. Treatment for tinnitus

Some respondents prioritised addressing tinnitus as much as, or more than, hearing restoration.

Example quotes:

- "It is not the loss of hearing that bothers me, it's the ringing."
- "I would prefer a medication to remove the tinnitus."
- "I could live with the hearing loss if the tinnitus was gone."

8. Biological repair: gene or cell therapy

There was a high level of interest in regenerative biological treatments that address the underlying causes of hearing loss.

Example quotes:

- "Repair of damaged hair cells or auditory nerve."
- "I have genetic sensorineural hearing loss, so I'm keen to see how gene therapy pans out – it might be the key."
- "A way of restoring the damaged cochlear cells so that my hearing is restored."
- "New hair cells or nerve cells that function as they should."

9. Less visible, more discreet or easier-to-manage devices

Some respondents wanted devices that are hidden, smaller, more comfortable and less of a burden.

Example quotes:

- "Something non-visible and relatively easy to manage."
- "Anything that would improve my hearing without a visible aid."
- "Discreet, digital hearing aids."
- "Hearing aids are still cumbersome and often need recalibrating."

10. More advice, information, access and support

Respondents wanted clear information about treatment options and better access to audiology services and knowledgeable clinicians.

Example quotes:

- “An opportunity to discuss with someone with knowledge of the range of available treatments or devices.”
- “Easy access to face-to-face advice, and treatment appointments that are appropriate and timely.”
- “Better local treatment readily available when I want it.”
- “I would want more information before I made a decision.”

Summary

- Respondents identified restoring hearing and preventing hearing loss from getting worse are the two main things they want from treatments. Other areas of priority included improved medical devices, particularly so that they work better in real-world situations.
- Most modes of treatment (e.g. drug treatments, surgical approaches, advanced therapeutics) were ranked as more acceptable than unacceptable. For all treatment modes asked about, more people would be willing to take them than not, although many people were undecided, and wanted more information. Drug treatments were the most acceptable, followed by surgical treatments and gene/cell therapies.
- In general, people would prefer a medical treatment over hearing aids. Even when assuming both work equally well, there is a real appetite for medical treatments for hearing loss.
- There is a strong requirement that treatments are safe with low side-effects. Most respondents wanted a one-time treatment for biological restoration, as well as thorough, accurate information from clinicians about the treatment options available and their risks/benefits.

Current tinnitus management strategies

- We asked people who said they had tinnitus what strategies they used (if any) to help them manage their tinnitus.
- We also asked whether a hearing device, if they used one, had any effect on their tinnitus symptoms.
- We also asked them to tell us how their tinnitus affects their life in a variety of situations and if they think it has had an impact on their mental health.
- We asked all respondents with tinnitus to tell us how satisfied they were with current management strategies for tinnitus and gave them an opportunity to explain their answer if they wished to do so

Do you use any strategy to help you manage your tinnitus?

Most respondents with tinnitus (68%) don't use any particular strategy to manage their tinnitus, with sound therapy (11%) being the most common strategy used. Respondents who said 'other' reported a variety of methods, mostly centred around distraction e.g. background noise from the TV or environment, music or audiobooks, or keeping occupied. Mindfulness and relaxation techniques were also mentioned, while some reported that they have habituated to their tinnitus over time.

Total	N=152
Sound therapy	1%
Cognitive behavioural therapy	3%
Tinnitus retraining therapy	1%
Tinnitus counselling	5%
Other	20%
I don't use any strategy to manage my tinnitus	68%

If you use a medical hearing device, does it help with your tinnitus?

The responses to this question were mixed, which was asked of everyone who said they had tinnitus. Nearly half of respondents (43%) said they used a hearing device and that it helped with their tinnitus, but more than one third (34%) said that their device didn't help, suggesting that while hearing devices can help people with their tinnitus, the effect is not universal.

Total	N=152
Yes	43%
No	34%
Don't know	13%
I don't use a medical hearing device	10%

Impact of tinnitus on daily life

We asked people with tinnitus about the impact it had on their daily life, in terms of its impact on their sleep, work (or education), and mental health. The responses were mixed, with some people reporting a significant impact on these aspects of their life, while others reported very little impact. This suggests that people's experiences of tinnitus and its impact vary significantly.

How much does your tinnitus affect your sleep?

More than one third (36%) of respondents said that their tinnitus had a moderate to great impact on their ability to sleep. Almost the same number (33%) reported that their tinnitus did not affect their sleep at all.

Total	N=152
A great deal	9%
A lot	7%
A moderate amount	20%
A little	32%
Not at all	33%

How much does your tinnitus affect your ability to do your job/study?

Close to half (42%) of respondents said that their tinnitus had a moderate to great impact on their ability to do their job or study, although the level of impact was heavily skewed towards moderate. Over one third (34%) reported that their tinnitus did not affect their ability to do their job or study at all.

Total	N=152
A great deal	3%
A lot	11%
A moderate amount	28%
A little	24%
Not at all	34%

Do you think your tinnitus has negatively affected your mental health?

While nearly half of respondents (45%) said they thought that their tinnitus had negatively affected their mental health, a similar amount (40%) said that they didn't think it had had a negative effect.

Total	N=152
Yes	45%
No	40%
Don't know	15%

How satisfied are you with current management strategies available for tinnitus?

We asked all respondents with tinnitus about their satisfaction with current management strategies for tinnitus. The response was more negative (with 31% saying they were unsatisfied to some degree) than positive (with 12% saying they were satisfied to some degree), but over half (57%) of respondents said they were neither satisfied nor unsatisfied, indicating that there is no real consensus on this question. Overall, the results suggest that while a small number of people find that current management strategies work for them, there is significant scope for improved treatments for tinnitus.

Total	N=152
Very satisfied	3%
Satisfied	9%
Neither satisfied nor unsatisfied	57%
Unsatisfied	17%
Very unsatisfied	14%

Respondents were given the opportunity to explain their answer to this question. The main themes identified were:

1. Lack of support, treatment or management advice offered

The strongest recurring theme is the lack of any support being offered. Many respondents said that they had never been offered tinnitus-specific help, therapies, coping strategies or advice, even when asking for that support.

Example quotes:

- "I have not been offered any support even though I have asked for help."
- "No treatments were offered or suggested."
- "I have never been offered any strategies by the NHS."
- "I don't feel I've been offered any help to manage tinnitus."

2. Being told that there is nothing that can be done/having to live with it

Another prominent theme was a sense of resignation after being told by GPs or audiologists that there is no cure for tinnitus and that people will simply have to learn to cope with it.

Example quotes:

- "When I was diagnosed with tinnitus, I was told to learn to live with it. No other advice was offered."
- "Basically I was told there was nothing they could do, go away and deal with it."
- "Few people get help with managing tinnitus... GPs say there is nothing that can be done and they will just have to get used to it."

3. Hearing aids help some people manage their tinnitus

Another common theme was that people found their hearing aids could reduce or mask their tinnitus, but that it would return when they were removed e.g. at night while sleeping.

Example quotes:

- “For me, hearing aids solve the problem and as I wear them all day, my tinnitus doesn’t bother me.”
- “Wearing hearing aids largely blocks my tinnitus but I get a lot at night when not wearing them.”
- “I am usually well able to ignore my tinnitus with my hearing aids in.”
- “Hearing aids have a tinnitus function to block out the sound.”

4. Tinnitus is not bothersome to some respondents

A substantial number of respondents reported that their tinnitus was low-level, intermittent or manageable, meaning that they did not feel greatly affected by it.

Example quotes:

- “My tinnitus is very mild and irregular... It’s never intrusive enough to bother me.”
- “I haven’t looked into it because I only get it occasionally for short periods.”
- “My tinnitus is quite mild.”

5. Current strategies are limited and ineffective, and largely focused on coping rather than treating

Many respondents described existing strategies for tinnitus as being too simple, not helpful in the long term, or aimed at masking and accepting it rather than addressing and treating the cause.

Example quotes:

- “The strategies are basically to add noise to mask it, rather than anything to eliminate it.”
- “I have tried everything thrown at me and nothing worked, so I gave up.”
- “I was given all the various ‘therapies’ for tinnitus management – none were particularly helpful long-term.”
- “There seems to be a big gap in treatment for tinnitus – the options offered are rather basic and don’t work for many of us.”

Summary

- Most respondents with tinnitus reported that they do not use particular strategies for managing their tinnitus, but overall, there was dissatisfaction with their effectiveness, with most strategies only working for some people. The most helpful thing for some people was their hearing aid, but others reported that their hearing aids made their tinnitus worse. Overall, people's own strategies seemed to work best (mostly distraction-based strategies).
- A significant minority of respondents (between one third and one half) said their tinnitus caused problems with sleeping and impacted on their ability to work or study. Nearly half said they believed it negatively affected their mental health demonstrating the impact that tinnitus can have.
- Overall, people's satisfaction with management strategies was more negative than positive, although many people had no strong opinion.
- Reasons for lack of satisfaction ranged from lack of access to treatment (or being told there is nothing to help them), the heterogeneity of tinnitus meaning that there is no strategy that is guaranteed to work for everyone, that current strategies only work to mask the symptoms of tinnitus rather than eliminate it, and a lack of explanation and knowledge from clinicians around what tinnitus is and what is available to help. There is a definite desire for more advanced and effective treatments for tinnitus.

What do people with tinnitus want from new treatments?

We asked everyone who took the survey what kind of treatments they would like to see for tinnitus. This included telling us in their own words what they want from new treatments, and what their ideal treatment for tinnitus would look like.

We also asked how willing they would be to take treatments of different types and involving different procedures, as a treatment for their tinnitus.

In your own words, what do you want from new treatments for tinnitus?

By far the most common theme arising from responses to this question was the need for tinnitus to be completely eradicated. Other responses acknowledged that if this was not possible, then a treatment that reduced the symptoms – the loudness and intrusiveness – would also be acceptable.

Other themes centred around specific aspects of life with tinnitus, such as the need for help with sleeping and mental health, and the need to prevent tinnitus was also mentioned. As with hearing loss, improved awareness and empathy from healthcare professionals was seen as being part of better treatments.

1. A complete cure or eradication

By far the strongest and most frequent theme that came through is a wish for tinnitus to stop entirely.

Example quotes:

- “Eradication, nothing less.”
- “A complete cure.”
- “For it to stop... If there was an effective treatment, it would transform my life.”

2. Reduction in volume or intensity

While most respondents want treatments that can stop their tinnitus entirely, many would accept a meaningful reduction in tinnitus loudness or intensity if a total cure was not possible.

Example quotes:

- “Remove, or at least reduce, the ringing.”
- “To reduce the level of tinnitus so that it is not a constant presence.”
- “To be able to tone down the tinnitus.”

3. Silence or respite from constant noise

While linked to the themes above, respondents frequently described wanting silence, quiet and relief from the sound, even if only temporary.

Example quotes:

- "I have never heard silence... I would love to hear silence."
- "Just one word - SILENCE."
- "Just a break from the noise."

4. Better sleep and night-time support

Several respondents mentioned tinnitus disrupting their sleep and therefore a need for treatments that work all the time, including at night.

Example quotes:

- "I would like to be able to sleep without having the radio on."
- "Treatments that can help you have a decent night's sleep."
- "Sleeping aids to assist at night."

5. Treatments to improve daily functioning and quality of life

Respondents flagged the need for new treatments to stop tinnitus from interfering with concentration, conversations, work, hearing, and many everyday activities.

Example quotes:

- "To make it so that the sounds don't interfere with everyday life."
- "New treatments should bring clarity to the speech of others in a conversation."
- "Anything that can improve a person's quality of life."

6. Practical, safe, non-invasive treatments

Respondents want treatments that are easy and convenient to use, safe, and with few or no side effects.

Example quotes:

- "Relatively easy to take with few side effects."
- "Non-invasive, no side effects."
- "Something effective and safe. Could be medication or a procedure."

7. Devices or masking/blocking approaches

Some respondents described devices or other sound-cancelling approaches that could block, mask or override the tinnitus sound without interfering with the ability to listen to wanted sounds.

Example quotes:

- "A device that cancels the noise."
- "An aid/device that blocks the disturbing sounds, without blocking speech or music."

8. Personalised treatments

Several respondents mentioned wanting treatments tailored to individuals, taking into account the type or cause of tinnitus, as well as someone's individual circumstances and experience.

Example quotes:

- "Treatments based on type of tinnitus, depending on whether it is inner ear or brain generated sounds."
- "Bespoke, personalised, easy to use."
- "Understanding and tailored treatment."

9. Better clinical understanding, recognition and support

Respondents want tinnitus to be taken seriously by clinicians, and for them to provide better information, diagnosis, emotional support and services.

Example quotes:

- "Far more therapists and a greater understanding of tinnitus by the medical profession."
- "Being taken seriously would be a massive start."

10. Research into causes, prevention, and brain/nerve mechanisms

Some respondents want to see more research into tinnitus, particularly around causes and brain mechanisms, as well as research into preventing and treating it.

Example quotes:

- "A better understanding of causes and of measures I could take to prevent it developing."
- "Find out what part of the brain is causing the tinnitus and how to correct what has malfunctioned."

Treatment preferences in people with tinnitus

We asked people with tinnitus about the different types of treatment for tinnitus that might be available in the future and if they would be interested in undergoing each treatment type. We also gave people who said 'no' the opportunity to explain their answer. There was a clear preference for device-based methods over other, more medical treatments, such as drug treatments or surgical procedures. However, there was still a high level of interest in these treatments, suggesting that as for hearing loss, the main thing people want is a treatment for tinnitus – the type of treatment is less important to them.

If there was a drug treatment available to silence or reduce your tinnitus, would you be interested in taking it?

The willingness to take a drug treatment for tinnitus was found to be similar to that of hearing loss, with 63% of respondents saying they would be willing, against 9% who said no.

Total	N=152
Yes	63%
No	9%
Don't know	29%

Would you be willing to take it every day?

This question was only asked of people who responded 'Yes' to the previous question. The willingness of those respondents to take such a drug every day is striking, with 93% of respondents indicating that they would be happy to take a daily treatment.

Total	N=95
Yes	93%
No	1%
Don't know	6%

These findings show that there is a clear appetite for drug treatments for tinnitus.

Would you be willing to have surgery to silence or reduce your tinnitus?

Responses were much less positive than for questions about taking a drug treatment, with just over a third (37%) of respondents saying they would be willing to undergo surgical treatment for their tinnitus, and 16% saying they would not be willing. Nearly half (47%) of respondents said they didn't know, which could indicate an unwillingness to commit without more information about what the surgery would involve.

Total	N=152
Yes	37%
No	16%
Don't know	47%

Would you be willing to use a non-invasive brain stimulation treatment to silence or reduce your tinnitus?

Non-invasive brain stimulation techniques were more acceptable to the people surveyed than surgical treatment, and nearly as acceptable as a drug treatment, with more than half (56%) of respondents indicating that they would be willing to use this mode of treatment, and only 10% saying no. However, over a third (34%) said they didn't know, which again hints at unwillingness to commit without more information about what this would involve. (NB a brief explanation of this treatment was given as part of the question asked.)

Total	N=152
Yes	56%
No	10%
Don't know	34%

Would you be willing to use a device, such as a hearing aid or other assistive device, to silence or reduce your tinnitus?

Use of a device like a hearing aid was the most acceptable option as a treatment for tinnitus to the people surveyed, with 80% saying they would be happy to use such a device as a treatment for tinnitus. This could be a reflection of familiarity with the technology. This question received the most positive response of any treatment across both conditions.

Total	N=152
Yes	80%
No	5%
Don't know	14%

Overall, there was broad acceptance of most types of potential treatments to silence or reduce tinnitus, although there was a marked degree of uncertainty around surgical treatment for tinnitus.

Respondents who answered 'no' to any question were given an opportunity to explain their answer. Some themes that came through include:

1. An individual's tinnitus severity is too mild to justify treatment

- "My tinnitus isn't nearly bad enough to warrant surgery."
- "My tinnitus is mild enough not to worry me in everyday life or disturb my sleep. I can live with it."
- "My tinnitus is intermittent and not really a problem."

2. Concerns about surgery or invasive procedures

- "I wouldn't want to have any invasive surgery or any treatment on my brain."
- "Fear of surgery at my age, it could be terminal."
- "My doctors are not keen on me having any surgeries."

3. Fear of brain stimulation or brain-related risks

- "I would be terrified about having a treatment that modified my brain activity."
- "I don't like the idea of brain stimulation as the brain is a delicate organ that could very easily get damaged."
- "I am wary about electric brain stimulation, as it sounds like the kind of treatment used in old asylums."

4. Doubts about effectiveness or evidence base

- "I would need to research the evidence base to be sure of the efficacy of the treatments."
- "I cannot see how such a device could be of use."
- "I don't think it will work."

5. Existing health conditions, age, or already have something that helps

- "I have had treatment for several serious health conditions."
- "I manage it ok with my hearing aids."

Tell us in your own words what your ideal treatment for tinnitus would be

The most common themes arising from the responses to this question centred around the desire for treatments that silence tinnitus, with interest in all types of treatments except for surgical approaches. There were also themes centred around improvements to information provision and clinical guidance, as well as better access to support and tinnitus services.

1. Desire for a cure or permanent elimination

Most respondents wanted their tinnitus to stop completely and ideally permanently.

Example quotes:

- "My ideal treatment would be to have it gone permanently."
- "Something that would stop it totally."
- "A cure with no need for further treatment."

2. Reduction or masking of tinnitus

Some responses were more focused on reducing the loudness of tinnitus or making it less noticeable and intrusive.

Example quotes:

- "Something that reduces or removes the noise."
- "Something to make it unnoticeable inside my head."
- "Anything to quieten it at night when trying to sleep."

3. Non-invasive or non-surgical treatments

There was a strong theme around wanting the least invasive option possible, and many respondents explicitly rejected surgery as an option.

Example quotes:

- "The least invasive treatment possible."
- "Find a non-invasive way to stop the intrusive sounds."
- "Safe, proven, non-invasive treatment without side effects."

4. Tablets, drops, or drug-based treatment

Many respondents saw drug-based medication as an ideal or acceptable route for treatment, provided it is effective and safe.

Example quotes:

- "A tablet."
- "Ideally, a medication to stop the ringing."
- "My ideal treatment for tinnitus would be taking a drug daily to help reduce the noises I hear."

5. One-off or short course treatment

Several responses indicated a preference for a single procedure or treatment, or a short course of treatment rather than ongoing daily management of symptoms.

Example quotes:

- "A short course of treatment with permanent effects, rather than a daily pill."
- "A one-off fix, with no ongoing need for further treatment."
- "A one-off treatment to cure or significantly reduce symptoms."
- "A minor one-off procedure that silenced my tinnitus."

6. Safe, low-risk and with no side effects

A frequently mentioned theme was that treatments should not make tinnitus worse or cause any other adverse effects.

Example quotes:

- "Something painless without side effects."
- "Guaranteed not to worsen it."
- "Medication would be ideal as long as there are no awful side effects that are worse than the tinnitus."

7. Hearing aid-, device- or technology-based treatments

Several respondents mentioned hearing aids, wearable devices, in-ear devices or other technology to cancel, mask or reduce tinnitus.

Example quotes:

- "A hearing aid that can reduce the tinnitus substantially."
- "A tiny ear insert that cancels out the tinnitus."
- "A wearable device so that any unforeseen side effects could be reversed or stopped easily by taking it off."

8. Brain stimulation, neuromodulation or regenerative approaches

A smaller group were interested in treatments based on neurological or biological interventions.

Example quotes:

- "Non-invasive brain treatment."
- "I like the idea of brain neuromodulation."
- "Re-establish brain pathways to remove or reduce tinnitus."
- "A drug or gene therapy."

9. More information, education and professional guidance

Many respondents felt they could not describe an ideal treatment because they did not have enough information about the risks, benefits or available options.

Example quotes:

- "I'm not entirely sure as I don't know enough about these treatments."
- "I have no knowledge of their benefits and costs, so I cannot make an informed decision."
- "Something that I could be educated about, to allay any fear."
- "Whatever my consultant considered worth trying."

10. Support, clinician awareness and access to services

Some respondents highlighted broader needs, including better knowledge of tinnitus in clinicians, more access to support and services and more awareness-raising.

Example quotes:

- "More therapists and a greater understanding of tinnitus in the medical profession."
- "More tinnitus clinics at GP surgeries."
- "For audiology services to provide access to mental health services at any age to help deal with tinnitus."
- "More warning about damage from loud environments such as loud music and workplaces."

Summary

- One of the strongest responses we got from this survey was the need for a cure for tinnitus that eradicates it entirely. Some respondents realised that this would not necessarily be feasible but said any reduction of loudness or intrusiveness would be welcome.
- Acceptance of all treatment modes is higher than non-acceptance, but in general, levels of acceptance were lower than the corresponding values for treatments for hearing loss. Non-invasive treatments were strongly preferred over surgical solutions.
- There was a strong call for technology-based solutions, although medical treatments were still considered desirable. Many respondents said that they wanted their tinnitus to be addressed through their hearing aids or other listening devices, but medical treatments were still desired. Ideally, such a treatment would be one-off, although many said they would be willing to take a drug every day.
- There was a clear requirement for strong supporting evidence before respondents would take new treatments. As for hearing loss, people wanted there to be significant evidence of effectiveness and safety, as well as better communication and understanding from clinicians.
- Overall, respondents were open to "anything that helps".

Conclusion

The findings from this survey show strong enthusiasm for treatments for both hearing loss and tinnitus; they also indicate that current treatments and management strategies are not fully meeting people's needs.

People want treatments that can:

- repair damage to the auditory system and restore hearing
- prevent hearing loss from developing in the first place
- stop existing hearing loss from getting worse
- silence, or at least reduce, the perception of tinnitus.

People also want treatments, including medical devices for hearing, to provide better hearing in real-world listening situations, such as background noise.

There is also a desire that such treatments are accessible for everyone, and that clinicians are aware of and knowledgeable about these treatments so they can provide thorough, accurate and reliable information to help people make informed treatment decisions.