PHYSICAL HEALTH / 01

Stress, Ear Fullness & Hearing Your Heartbeat

Understanding physical sensations without dismissing them.

Ear fullness

A blocked, pressured or muffled feeling can arise from wax, middle-ear fluid, Eustachian tube dysfunction or other ear conditions. The Eustachian tube helps equalise pressure in the middle ear. Jaw tension may also contribute to discomfort. An examination can help distinguish possible causes.

Tinnitus

Tinnitus means hearing a sound without a corresponding external sound. It may be ringing, buzzing, humming or hissing, in one or both ears. It can occur with or without hearing loss.

Pulsatile tinnitus

A rhythmic whooshing or beating sound may follow the heartbeat. This can have several physical causes, including blood-flow changes. It needs appropriate investigation rather than an assumption that it is stress. Ask for an urgent GP appointment if the sound matches your pulse. If it begins suddenly, seek urgent assessment immediately.

Stress and physical symptoms

Stress can increase muscle tension, arousal and awareness of sensations. This may make an existing sound more intrusive, but it does not establish what caused the sound. A calmer nervous system and medical assessment can work alongside one another.

What have I noticed about my ears or hearing?

The sensation-attention cycle

Why a sound or sensation can become more prominent when we feel worried.

01 A sensation appears

You notice pressure, a sound or a change in hearing.

02 The brain prioritises it

Uncertainty may prompt the brain to give the sensation more attention.

03 The body becomes alert

Worry may increase tension and arousal, making it harder to settle.

04 Checking increases

Repeated listening, comparing or searching for reassurance can keep attention focused on the sensation.

05 The sensation feels more intrusive

The sound may seem harder to ignore, even without a measurable change in its intensity.

Interrupting the cycle gently

When medically appropriate, try noticing the urge to check, then returning attention to an ordinary activity. You do not need to force the sound away. Record meaningful changes rather than repeatedly testing your hearing. Never delay seeking care for a new or significant symptom.

When do I notice myself checking more often?

Supporting your nervous system

Choose approaches that feel accessible. Stop any exercise that increases discomfort.

Ground through your surroundings

Notice three objects in the room, the support of the chair and the contact of your feet with the floor. If focusing inside your body increases distress, keep your attention on external objects instead.

Gentle breathing

Allow your breathing to remain comfortable. If it feels natural, breathe out a little more slowly than you breathe in. Avoid breath-holding, forced deep breathing or any exercise that makes you dizzy.

Release unnecessary tension

Let the shoulders settle and allow the jaw to rest without clenching. Avoid forceful jaw or neck manipulation, pressing on blood vessels or repeatedly trying to pop your ears.

Make sound comfortable

Gentle background sound, such as quiet radio or a fan, may reduce the contrast between tinnitus and a silent room. Keep volume comfortable and protect hearing in genuinely loud environments.

Build a manageable routine

Make space for rest, regular meals, hydration and enjoyable activity. Ask for written communication or quieter environments if hearing difficulties make everyday life more demanding.

Two supportive strategies I would like to try:

Getting the right medical support

Use this guide alongside professional assessment, not instead of it.

Emergency assessment

Go to A&E; or call 999 for tinnitus accompanied by sudden hearing loss, facial weakness or spinning vertigo, or tinnitus following a head injury. Call 999 for suspected stroke. Sudden hearing loss, even if it feels like a blocked ear, needs immediate assessment; do not wait for a routine appointment.

Urgent assessment

Contact your GP urgently for heartbeat-synchronous tinnitus. If it starts suddenly, seek immediate urgent assessment. NHS 111 can direct you if you cannot access urgent care. Arrange review for persistent or worsening fullness, pain, discharge, one-sided tinnitus or hearing changes.

What might happen at an appointment?

A clinician may examine the ear, review your medicines and arrange hearing testing. Middle-ear pressure testing (tympanometry) may be useful if middle-ear problems are suspected. NICE recommends imaging for pulsatile tinnitus; the appropriate scan depends on clinical findings.

Questions to take with you

- What might explain my fullness and hearing changes?
- Could I have a hearing test and middle-ear pressure assessment?
- Does the rhythmic sound need imaging or an ENT referral?
- What changes should prompt urgent or emergency care?
- Can I have the findings and next steps in writing?

My questions and accessibility needs:

My symptom & support reflection

Complete occasionally or when a meaningful change occurs. Avoid using this as a repeated checking exercise.

Date, onset and duration; left, right or both ears:

What changed? Fullness, sound, hearing, dizziness or pain:

What helped me cope? What support or assessment do I need?

A personal message from Maggie

I want you to feel able to listen to what your body is communicating without feeling that you have to monitor every sensation. You deserve to have your physical symptoms taken seriously, and to receive support for the emotional impact they may have. Seeking answers and caring for your nervous system can happen together. Give yourself permission to ask questions, request adjustments and take things at a pace that feels manageable.

Trusted information and support

NHS – Tinnitus: https://www.nhs.uk/conditions/tinnitus/

NICE – Tinnitus (NG155): https://www.nice.org.uk/guidance/ng155

NICE – Hearing loss in adults (NG98): https://www.nice.org.uk/guidance/ng98

Tinnitus UK – information and support: https://tinnitus.org.uk/

Educational wellbeing resource for adults. Not a diagnosis or individual medical advice.

Anything else I want to remember: