



Hearing Health: What to Know, What to Do, How to Cope with Changes

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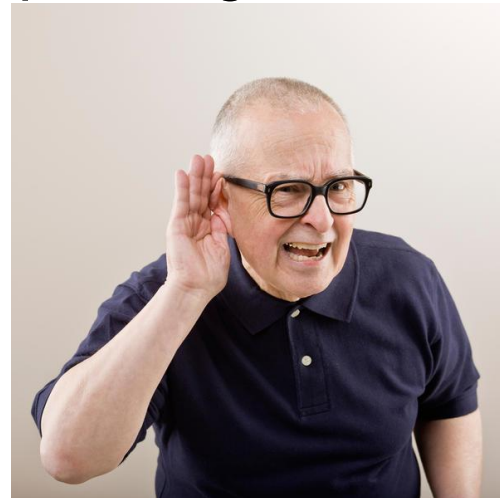


- 36 million Americans present with hearing loss
 - 17% of our adult population
 - At age 65, 1 out of 3 people have hearing loss
 - Third most prevalent chronic health condition facing older adults (Collins, 1997)
- Hearing loss is a major public health issue that ranks third in line after arthritis & heart disease as one of the most common physical conditions



Presbycusis: the loss of hearing that gradually occurs in most individuals as they grow older

- Gradual changes = less awareness
- Typically a high frequency, bilateral sensorineural hearing loss
- All patients are different depending on several environmental factors





- **Socially:**
 - require frequent repetition
 - have difficulty following conversations involving more than 2 people
 - think that other people are mumbling
 - have difficulty hearing in noisy situations
 - have trouble hearing children and women
 - have your TV volume turned up
 - answer inappropriately in conversations
 - have ringing in your ears
 - read lips or more intently watch people's faces when they speak with you



- **Emotionally:**
 - feel stressed out from straining to hear what others are saying
 - feel annoyed at other people because you can't hear or understand them
 - feel embarrassed to meet new people or from misunderstanding what others are saying
 - withdraw from social situations that you once enjoyed because of difficulty hearing



- **Medically:**
 - have a family history of hearing loss.
 - take medications that can harm the hearing system (ototoxic drugs)
 - have diabetes, heart, circulation or thyroid problems
 - have been exposed to very loud sounds over a long period or single exposure to explosive noise



- Strong link between degree of hearing loss and risk of developing dementia
 - Individuals with **mild** hearing loss were **twice** as likely to develop dementia as those with normal hearing
 - Those with **moderate** hearing loss were **three** times more likely
 - Those with **severe** hearing loss had **five** times the risk
- Positive correlation between degree of hearing loss and risk of dementia



- Schedule a hearing test/audiologic evaluation
 - Possible ENT consultation
 - Hearing aid consultation
 - The hearing aid consultation is informative, empowering, and at no charge to the patient
 - Tinnitus evaluation



- If hearing loss is confirmed, the types & styles of hearing aids are discussed with the patient
- There are many options to consider:
 - Type and degree of hearing loss
 - Listening needs of patient
 - Cosmetic wishes of patients
 - Financial considerations



- Realistic Expectations!!!
 - Active lifestyle?
 - Vision concerns
 - Dexterity
 - Family/friend support
 - Safety/Alerting devices

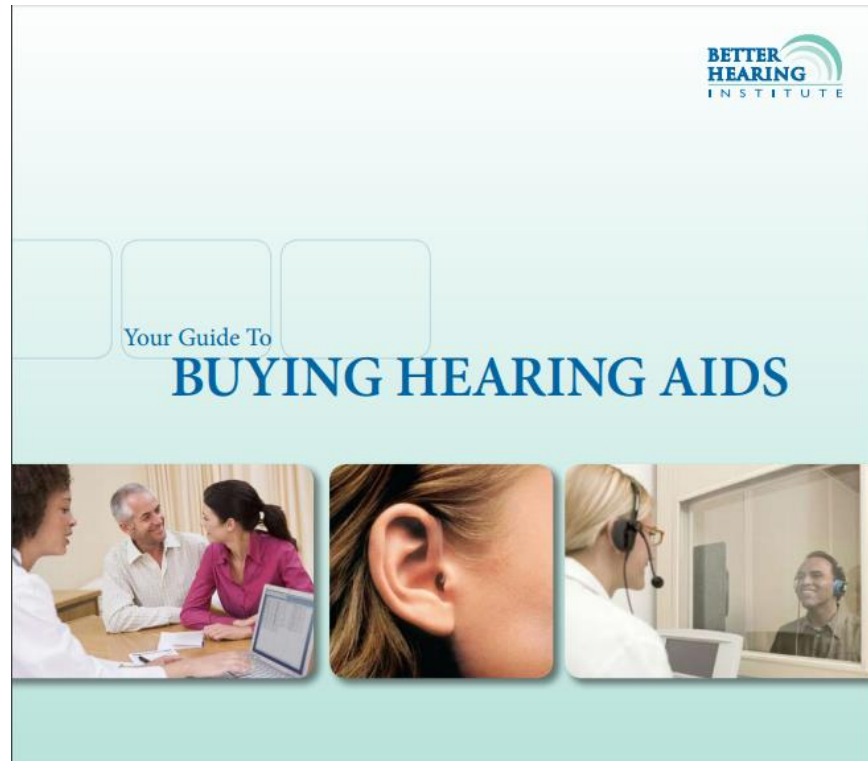
What Hearing Aids DO NOT do:



- Hearing aids ***do not restore hearing***
- Hearing aids ***do not change the hearing mechanism***
- Hearing aids ***do not make sound more clear, although they may make the message clearer***
 - (because soft sounds are made louder, the user may experience a more complete message)



- <http://www.betterhearing.org/hearingpedia/hearing-aids/guide-buying-hearing-aids>





- Goal of the hearing aids is to provide audibility of sounds
- Assistive listening devices
- Communication strategies



- Any type of device that can help you function better in your day-to-day communication situations.
- May include:
 - Telephone Devices
 - Television Devices
 - Alerting Devices
 - FM Technology
 - Bluetooth Technology



- There are some situations where people may still have trouble with your hearing aids alone.
- These may include:
 - Communicating in a noisy restaurant
 - Watching television
 - Conversation in a car
 - Hearing at a theatre, lecture or meeting
 - Telephone
 - Being alerted to a smoke alarm or alarm clock



Listening Environment

- Distance: Loudness is closely related to distance. Getting closer will make sounds louder and easier to understand in the presence of background noise.
- Vision: Watching mouth movements will be easier from a short distance; 3-6 feet is best
 - If you need glasses, wear them!
- Lighting
- Wall Coverings
- Background Noise



Group Setting

– Number of Speakers

- You can only listen to one person at a time
- Sit where you can see as many people in the group as possible
- You may miss the beginning of the message when the speaker changes

– Noise

- When several people are speaking at the same time, their voices become background noise and interfere with understanding



Background Noise in Restaurants



- Pick the restaurant, if possible
 - Avoid sports bars
 - Carpeted restaurants
 - Chairs with rollers
 - Sound absorbent materials on the tables and walls
- Make reservations ahead of time and/or ask for accommodations
 - Seated away from kitchen, hostess stand, bathrooms etc
- Acknowledge hearing loss to dining companions and waiter/waitress
- Sit with the majority of the background noise behind you
 - Specifically true for patients with hearing aids
 - Allows directional microphones to work to their full advantage



- Encourage person to wear their hearing aids
- Get the listeners attention
- Do not shout
 - Natural voice intonation
- Slow down
- Get close
- Speak clearly
 - No need to exaggerate
 - Pause between phrases
- Time/length of conversation





- State the topic
- Rephrase/reword
- Use gestures, facial expressions
 - Patients rely on visual cues; be aware of body language
 - Eye contact
 - Keeps hands away from face
- Confirm details
 - “Did that make sense?”
- Notice background noise
- Be patient!

How to Make an Appointment



- Duke Otolaryngology of Durham
 - 919.220.2020
- Duke Otolaryngology of Person County
 - 336.597.9200
- Duke Otolaryngology of Raleigh
 - 919.862.5730
- Duke Hospital-Department of Speech Pathology and Audiology
 - 919.684.3859
- Duke Otolaryngology of South Durham (Southpoint)
 - 919.766.2524

